

# TRANSITION PLAN

## For Complying with the CMS Home- and Community-Based Services Medicaid Rule

### FOR THE STATE OF ALASKA

The CMS-approved Alaska transition plan and other technical assistance materials can be found at:

<http://dhss.alaska.gov/dsds/Pages/transitionPlanHCBS/HCBStransition.aspx>

Providers and other stakeholders are advised to review the Appendices for: a review of state statutes and regulations for compliance with the HCBS rule (Appendix A, pages 53–80); settings quality checklist (Appendix B, pages 81–88); and provider self-assessment tool (Appendix C, pages 89–108).

#### SITE-SPECIFIC ASSESSMENTS

<b>Types of Settings/Residents and Funding Authorities</b>	<p>Alaska currently operates four home and community-based services waiver programs:</p> <ul style="list-style-type: none"><li>• Intellectual and Developmental Disabilities (IDD), serving those who experience only intellectual or developmental disabilities and who meet the level of care for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</li><li>• Alaskans Living Independently (ALI), serving those 21+ who experience only physical disabilities and meet the nursing facility level of care (NFLOC)</li><li>• Adults with Physical and Developmental Disabilities (APDD), for those 21+ who have both physical and developmental disabilities and meet NFLOC</li><li>• Children with Complex Medical Conditions (CCMC), serving those up to age 21 who meet NFLOC.</li></ul> <p>Categories of settings and HCBS funding sources include:</p> <ul style="list-style-type: none"><li>• Licensed assisted living homes, 231 sites, and group homes, 245 sites, (IDD, APDD, ALI)</li><li>• Licensed foster homes, 145 sites, (IDD, APDD, CCMC)</li><li>• Provider operated housing (IDD, APDD)</li><li>• Facility-based habilitation, 25 sites, and adult day, 17 sites, (IDD, APDD, ALI, CCMC)</li><li>• Employment sites, 28 sites, (IDD, APDD)</li><li>• Congregate meals, 21 sites, (all waivers)</li></ul>
<b>Compliant/Non-Compliant</b>	<ul style="list-style-type: none"><li>• Fully compliant: 5 (1%). The setting had the characteristics required for home and community-based services and was integrated in and supported full access by recipients to the greater community.</li><li>• Emerging compliant: 633 (83%). The setting did not meet all requirements but was partially integrated and provided some supports for access by recipients to the greater community; the provider would be able to bring the settings into compliance through remediation.</li><li>• Insufficient compliant (presumed institutional): 5 (1%). The setting had institutional qualities but SDS believed that the provider did provide</li></ul>

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	<p>services in a home and community based setting. SDS would submit evidence for heightened scrutiny to CMS for a determination of whether home and community-based services can be provided in the setting.</p> <ul style="list-style-type: none"> <li>• Non-compliant: 7 (1%). Nursing facilities, ICF/IIDS, hospitals, or located on the grounds of or adjacent to a public institution, as well as those settings that failed to submit a survey, submitted insufficient evidence to make a compliance determination, or indicated they did not intend to comply with settings requirements.</li> </ul>
<b>Reasons for Non-Compliance</b>	
<b>Types of Remediation</b>	The state plan does not include examples of remediation, except for going through a technical assistance course offered by the state but they expect all sites to complete remediation by March 2019.

**SETTINGS PRESUMED INSTITUTIONAL**

<b>% Presumed Institutional (No. of Residents Affected)</b>	As noted above, 5 settings were originally presumed institutional. After further guidance from CMS, it was determined that four sites were not isolating and did not require heightened scrutiny. Regarding the last one, the state noted “One home, on a campus with a tribal hospital, was originally identified for possible heightened scrutiny, but was subsequently determined to not need heightened scrutiny because the tribal organization is not a publicly owned institution.” They also noted that some Medicaid recipients receive services out of state because they are not offered in Alaska — and that the settings for those services would have to comply.
<b>Type of Setting/Residents</b>	See above
<b>Reason for Presumption</b>	See above
<b>Heightened Scrutiny Process</b>	Apparently, none require heightened security. As noted above, 7 sites (1%) were noncompliant. The state notes that “SDS anticipates that very few settings will be noncompliant, but if they are, the recipients living in those settings will receive a 30-day notice of the need to transition to compliant settings, outlining the process and including information on other service options.”

**NON-COMPLIANCE COMMUNICATION**

<b>% Cannot/Will Not Comply (No. of Residents Affected)</b>	
<b>Type of Setting/Residents</b>	
<b>Reason for Determination</b>	

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<b>Communication Strategy</b>	
<b>Assistance to Residents?</b>	

**ONGOING MONITORING**

<b>Monitoring Procedures</b>	Every setting will be monitored at least once every two years. Each month, a sample will be monitored, and settings will be monitored in response to complaints. The primary monitoring is to be done by Seniors and Disability Services, but other agencies (such as the licensing agency, the Commission on Aging, LTC Ombudsmen program, etc.) are requested to receive training to supplement that monitoring.
<b>Quality Assurance Measures</b>	In addition to on-site monitoring, each setting must do a person-centered satisfaction survey of residents or their legal guardians.