

TRANSITION PLAN

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

FOR THE STATE OF ARKANSAS

The CMS-approved Arkansas transition plan can be found at:

<https://www.medicaid.gov/medicaid/hcbs/downloads/ar/ar-approved-plan.pdf>

Providers and other stakeholders are advised to review detailed crosswalks between the federal rule and state regulations for various types of services in Appendix C: Assisted Living (pages 59–75); Adult Day Care/Adult Day Health Care (pages 76–85); Residential Settings for People with Developmental Disabilities (pages 86–133). A full report on assisted living self-assessments of compliance can be found at:

https://humanservices.arkansas.gov/images/uploads/daas/Assessment_of_Arkansas_HCBS_Residential_Settings_report_Dec2015.pdf.

A report on adult day care and adult day health care can be found at:

https://humanservices.arkansas.gov/images/uploads/daas/Assessment_of_Arkansas_HCBS_Non-Residential_Settings_report_Dec2015.pdf. Note that much of the information that follows dates from 2014 and 2015.

SITE-SPECIFIC ASSESSMENTS

Types of Settings/Residents and Funding Authorities	<ul style="list-style-type: none">• 952 Medicaid beneficiaries reside in Assisted Living Facilities (Level II) in Arkansas• 138 Medicaid beneficiaries receive services at Adult Day Care or Adult Day Health Care Facilities• 962 Developmental Disability Services (DDS) Medicaid beneficiaries reside in provider owned or controlled apartments or group homes <p>1915(c) Waivers impacted by the HCBS Settings Rule include:</p> <ul style="list-style-type: none">• AR.0195 DAAS — ARChoices in Homecare (ARChoices) Waiver• AR.0400 DAAS — Living Choices Assisted Living (LCAL) Waiver• AR.0188 DDS — Alternative Community Services (ACS) Waiver• AR.0936 Partners for Inclusive Communities — Autism Waiver <p>Types of residential/non-residential settings potentially at risk:</p> <ul style="list-style-type: none">• Assisted Living Facilities — Residential settings• Adult Family Homes — Residential settings• Provider owned or controlled apartments and group homes — Residential settings• DDS Staff Homes• Adult Day Care Facilities — Nonresidential settings• Adult Day Health Care Facilities — Nonresidential settings
Compliant/Non-Compliant	<p>The state sent a self-assessment tool to 45 assisted living providers, of whom 37 responded. Among non-residential providers, 24 out of 31 responded. The self-assessment tool for residential providers is Appendix D of the state transition plan (pages 135–141). For non-residential providers, see Appendix</p>

ARKANSAS TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	E (pages 143–147). The state also developed site visit tools for surveyors to apply to residential providers (Appendix F, pages 149–194) and non-residential providers (Appendix G, pages 196–211). Finally, the state developed surveys for residential beneficiaries (Appendix G, pages 212–249) and non-residential beneficiaries (Appendix H, pages 250–264).
Reasons for Non-Compliance	<p>Assisted Living:</p> <p>“[S]ome ALFs ... are in effect isolating residents due to the location of the ALF in relation to the broader community. Some ALFs also report that they do not have a way to ensure privacy for residents using the common-use telephone or computer. Cameras are also present in approximately half of all ALFs surveyed. Less than half of ALFs report using barriers to prevent resident access to particular areas within the setting.</p> <p>A small number of ALFs have restricted visiting hours, and half of the ALFs reported not posting visiting hours. Some ALFs indicate that residents do not know how to schedule a person-centered planning meeting; residents may not be able to explain the process of developing and updating their person-centered plan, residents do not attend the planning meeting, and the meeting may not be at a convenient time/place to ensure resident attendance.</p> <p>Not all ALFs reported that residents have a lease or written agreement to ensure housing rights. Some ALFs also suggest that residents may not understand the relocation process or how to request new housing.”</p> <p>Adult Day Care and Adult Day Health Care:</p> <p>“One-third of ADCs/ADHCs describe barriers to prevent resident access to particular areas within the setting.</p> <p>Some ADCs/ADHCs indicate that clients do not engage in regular non-work activities in the community. Additionally, some ADCs/ADHCs do not require informed consent prior to using restraints or restrictive interventions. A small number of ADCs/ADHCs reportedly do not provide clients the opportunity to update or change their preferences, provide information on individual rights, nor do they provide information to clients on the process for requesting additional (or making changes to their current) home and community-based services.”</p>
Transition plans	

SETTINGS PRESUMED INSTITUTIONAL

% Presumed Institutional (No. of Residents Affected)	<ul style="list-style-type: none"> 17 ALFs (serving 220 beneficiaries), 43 provider-owned or controlled apartments and group homes (serving 232 beneficiaries), and 8 ADCs/ADHCs (serving 35 beneficiaries) meet the CMS definition for possible heightened scrutiny consideration. Of the 17 ALFs identified, five of these settings are attached to a nursing home/facility, while four are adjacent to or immediately across the street from a hospital, nursing home, or public institution. The remaining 8 are located on the same street/block as other settings owned by the same provider.
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ARKANSAS TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	<ul style="list-style-type: none"> • Of the 43 provider-owned or controlled apartments and group homes, three are on the grounds of a Human Development Center (HDC) which is a public institution. Twelve of these settings are adjacent to or immediately across the street from a provider owned ICF/IID, DDTCS, or public institution. The remaining 28 settings are located on the same street/block as other settings owned by the provider. • Of the 8 ADC/ADHCs that meet the criteria for possible heightened scrutiny consideration, two are attached to another setting owned by the same provider, one is attached to a doctor's office, four may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS, and one is attached to another setting owned by the same provider and may have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving Medicaid HCBS.
Type of Setting/Residents	
Reason for Presumption	
Heightened Scrutiny Process	Individual settings (providers) may be asked for additional information to document the HCBS nature of the setting and how the setting is integrated and supports full access of individuals receiving home and community-based services into the greater community. This may include evidence that beneficiaries are involved in the community outside the setting; descriptions of community interactions and how close a setting is to community activities and public transportation (or how transportation is provided for individuals in the setting); campus maps/diagrams to distinguish one setting from another; descriptions of how a setting is connected (or not) with any related institutional facility including information about finances, shared administration or other staff, and shared resources such as transportation and eating facilities; and copies of updated policies/procedures.

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	The state plan does not include an estimate of the number of settings that cannot comply but indicates that such facilities will not even go through heightened scrutiny — and presumably will simply be terminated from the program. “We do not intend to submit settings for CMS review for heightened scrutiny unless we believe the setting does in fact have the qualities of a home and community-based setting.”
Type of Setting/Residents	
Reason for Determination	
Communication Strategy	If the provider cannot or will not come into compliance by the end of 2017, DHS will begin its process of transitioning beneficiaries from the non-compliant setting to a setting that meets all HCBS settings requirements. DHS

ARKANSAS TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	anticipates transitioning beneficiaries from non-compliant settings to compliant settings between March and December 2018. The State's transition strategy will include a detailed transition process that provides reasonable notice and due process for beneficiaries, a timeframe, a description of the State's process to ensure sufficient services and supports are in place prior to the transition, and assurances that affected beneficiaries will receive sufficient information, opportunity, and supports to make an informed choice regarding transition to a new compliant setting. (See pages 26 ff for more details.)
Assistance to Residents?	Every displaced beneficiary will receive a visit from a state appointed nurse. The DAAS nurse will be instructed to invite caregivers, family members, friends, case management entity, and anyone else that is important to this person. This face-to-face meeting should reflect everyone's sincere desire to ensure continuity of services while meeting the person's needs during this transition process.

ONGOING MONITORING

Monitoring Procedures	Licensed and certified settings are subject to periodic compliance site-visits by the DAAS Provider Certification Unit. HCBS Settings requirements will be enforced during those visits. DAAS expects every residential and non-residential setting to receive a visit at least once every three years. These visits will include a site survey and beneficiary experience surveys with a select number of Medicaid beneficiaries.
Quality Assurance Measures	