

TRANSITION PLAN

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

FOR THE STATE OF IDAHO

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

<https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/HCBS/IdahoTransitionPlanV7.pdf>

See also the State HCBS website for a Provider Toolkit at:

<https://healthandwelfare.idaho.gov/Medical/Medicaid/HomeandCommunityBasedSettingsFinalRule/tabid/2710/Default.aspx>

For a chart that summarizes changes to state regulations that affect assisted living to comply with federal HCBS requirements, see pages 7–11 of the State Transition Plan. A similar chart for Adult Day Health services can be found on pages 16–18.

SITE-SPECIFIC ASSESSMENTS

Types of Settings/Residents and Funding Authorities	<p>The Aged and Disabled (A&D) Waiver, the Idaho Developmental Disabilities (DD) Waiver, the Act Early Waiver, the Children’s DD Waiver, and the 1915(i) programs for children and adults with developmental disabilities.</p> <p>In addition, Idaho has elected to include State Plan Personal Care Services provided in residential assisted living facilities (RALFs) and certified family homes (CFHs) within the purview of Idaho’s analysis and proposed changes in response to the new regulations. See pages 1–3 for a full listing of all of the state’s Medicaid authorities and who they serve.</p>
Compliant/Non-Compliant	<p>According to a voluntary baseline assessment, the percentages of compliant and non-compliant sites were:</p> <ul style="list-style-type: none">• Assisted Living (RALFs): 14 (37%) compliant; 24 (63%) non-compliant• Adult Day Health: 5 (63%) compliant; 3 (37%) non-compliant <p>In a subsequent, more comprehensive on-site assessment:</p> <ul style="list-style-type: none">• Assisted Living: 187 (79%) compliant; 50 (21%) non-compliant• Adult Day Health: All 8 sites were found to be in compliance.
Reasons for Non-Compliance	<p>Reasons for non-compliance were not included.</p>
Types of Remediation	<p>Of the 50 non-compliant RALFs, 48 submitted Corrective Action Plans that were approved and 2 were terminated from the Medicaid program.</p>

SETTINGS PRESUMED INSTITUTIONAL

% Presumed Institutional (No. of Residents Affected)	<p>Medicaid has identified that four Idaho Residential Assisted Living Facilities are attached to skilled nursing facilities. Evidence of HCBS compliance was gathered during the site-specific assessment for each of these RALFs and will be submitted to CMS for heightened scrutiny.</p> <p>No adult day health centers were found to have any of the three characteristics of an institution.</p>
Type of Setting/Residents	<p>See above</p>

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Reason for Presumption	See above
Heightened Scrutiny Process	<p>Any setting with a negative or “unknown” response to the questions assessing characteristics of an institution is subject to further evaluation. This evaluation includes:</p> <ul style="list-style-type: none"> • A site visit to each setting by Medicaid staff to assess if the setting meets the characteristics of an institution. • A review of documented procedures for how participants access the broader community. • Barriers to prevent or deter people from entering or exiting. Idaho will recognize exceptions to barriers utilized for safety measures for a particular individual as identified in their person-centered service plan. • Processes utilized to support social interactions with friends and family in and outside of the setting.

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	Two assisted living facilities with an unknown number of residents either chose not to comply or were denied license renewal.
Type of Setting/Residents	See above
Reason for Determination	Not indicated
Communication Strategy	<p>A formal notification letter, sent when the provider's Medicaid Provider Agreement is terminated, will indicate their current service setting does not meet HCBS requirements and will advise participants to decide which of the following they prefer:</p> <ul style="list-style-type: none"> • To continue receiving services from that provider without HCBS funding. • To continue receiving Medicaid HCBS funding for the services and change providers. • The participant will be asked to respond within 30 days from the date of the letter. • The letter will further indicate that, if the participant wishes to continue receiving Medicaid HCBS funding for the service, he or she must select a new provider who is compliant with Medicaid HCBS rules. It will direct participants to the appropriate entity for assistance.
Assistance to Residents?	The plan developer will revise the plan of service and follow the process of the specific program for authorizations. An updated person-centered plan will reflect the participant’s choice of setting and services.

ONGOING MONITORING

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Monitoring Procedures	Existing participant feedback mechanisms have been modified to include targeted questions about HCBS compliance in the participant’s service setting.
Quality Assurance Measures	A Quality Survey is used to assess services provided to A&D waiver and State Plan Personal Care Services participants.