

TRANSITION PLAN

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

FOR THE STATE OF KENTUCKY

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

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

Providers and other stakeholders are advised to review pages 6–17 for specifics on Kentucky’s assessment of its statutes, regulations, and monitoring processes.

SITE-SPECIFIC ASSESSMENTS

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| Types of Settings/Residents and Funding Authorities | <p>1688 settings, 146 providers, 6 1915(c) waivers</p> <p>Acquired Brain Injury</p> <p>Acquired Brain Injury — Long-Term Care</p> <p>Home and Community-Based</p> <p>Michelle P. (Developmental and Intellectual Disabilities)</p> <p>Supports for Community Living</p> |
| Compliant/Non-Compliant | <p>Level I (Staffed Residence, Group Home)</p> <ul style="list-style-type: none"> • Fully comply 0 (0%) • Need modification 1063 (81%) • Cannot comply 0 (0%) • Presumed institutional 249 (19%) <p>Level II (Adult Foster Care, Family Home Provider)</p> <ul style="list-style-type: none"> • Fully comply 0 (0%) • Need modification 373 (99%) • Cannot comply 0 (0%) • Presumed institutional 3 (0.8%) |
| Reasons for Non-Compliance | <ul style="list-style-type: none"> • The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community • Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices • Lease agreement • Individuals have the freedom and support to control their own schedules and activities |
| Remediation | <p>Two-step process</p> <ul style="list-style-type: none"> • First phase, easy fixes • Second phase, more difficult with budget implication will happen by 2019 • Plan includes a detailed list of types of remediation to deal with non-compliances (pages 45–50) |

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

SETTINGS PRESUMED INSTITUTIONAL

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|---|---|
| % Presumed Institutional (No. of Residents Affected) | |
| Type of Setting/Residents | |
| Reason for Presumption | <ul style="list-style-type: none"> • Multiple settings co-located and operationally related • Operated in multi-family properties with more than one unit occupied by individuals receiving Medicaid HCBS • Operated in a remote location (farmstead) |
| Heightened Scrutiny Process | <p>Each setting will have a 10-page setting Evidence Summary Package that includes information related to compliance with All Settings (for non-residential and residential settings) and Residential Setting Requirements (for residential settings) along with Transition Plan to deal with non-compliances. This package will also summarize participant and staff surveys, photos, and information submitted by each provider (as it is available).</p> <p>Evidence to overcome presumption as institutional will include:</p> <ol style="list-style-type: none"> 1. Consensus among stakeholders — agreement across the variety of stakeholders that the setting does overcome the presumption 2. Evidence of integration — individual has opportunities to indicate their personal preferences for going out into the community and has supports to go out into the community individually 3. Evidence of individual choice — individual is able to choose their activities and their setting(s) where they receive services 4. Evidence of autonomy — individual has opportunities for independence, including when setting their daily schedule |

NON-COMPLIANCE COMMUNICATION

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|---|--|
| % Cannot/Will Not Comply (No. of Residents Affected) | None |
| Type of Setting/Residents | Not known |
| Reason for Determination | |
| Communication Strategy | |
| Assistance to Residents? | <ul style="list-style-type: none"> • Determine how the lease agreement requirement will affect the availability of services and the relocation process • Require the service plan team/case manager to be involved in every move of the participant, ensuring the participant has a choice in every move or change in service provider |

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ONGOING MONITORING

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|-----------------------------------|--|
| Monitoring Procedures | <p>Monitoring will include surveys of participants and staff at both residential and non-residential settings. All survey questions are open-ended and are structured to generate conversation with specific details about the individual’s experience related to the following areas:</p> <ol style="list-style-type: none">1. Integration2. Setting selection/choice3. Rights/Privacy4. Autonomy/Schedule control5. Visitors6. Roommates <p>In addition to the survey questions, Kentucky requires state waiver staff to observe how staff speak to/treat the individuals, if the residence is physically accessible to the individual, if individuals are able to lock their bedroom doors, and if bedrooms are able to be personalized.</p> |
| Quality Assurance Measures | |