

# TRANSITION PLAN

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

### FOR THE STATE OF MINNESOTA

The CMS-approved Minnesota transition plan and supporting documents, such as a provider toolkit, can be found at: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/hcbs-transition/>

For a guide to help providers comply with the new rules, see:

[https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide\\_tcm1053-318393.pdf](https://mn.gov/dhs/assets/102517-hcbs-best-practices-guide_tcm1053-318393.pdf)

For a focus on new consumer rights in HCBS settings, see an online tutorial at:

<https://www.youtube.com/watch?v=905SUoA2QYU>

For information designed for consumers on what the HCBS changes mean for them, see:

[https://mn.gov/dhs/assets/03072017-HCBS-flyer-What-does-HCBS-rule-mean-for-me-accessible\\_tcm1053-284054.pdf](https://mn.gov/dhs/assets/03072017-HCBS-flyer-What-does-HCBS-rule-mean-for-me-accessible_tcm1053-284054.pdf)

#### SITE-SPECIFIC ASSESSMENTS

<b>Types of Settings/Residents and Funding Authorities</b>	For a complete listing of services funded under the 1915(c) and 1115 waivers, see pages 23–24. The state transition plan document does not include the words “assisted living.” The document describes “housing with services” with “customized living” services.
<b>Compliant/Non-Compliant</b>	Of 1204 “customized living” settings: <ul style="list-style-type: none"><li>• 1015 (84%) were found to be in complete compliance</li><li>• 12 (1%) were not in compliance but can become compliant with modifications</li><li>• 9 (0.75%) opted out of the program</li></ul> Of 189 Adult Day settings: <ul style="list-style-type: none"><li>• 126 (67%) were in complete compliance</li><li>• 8 (4%) were not in compliance but could become compliant with modifications</li><li>• 8 (4%) opted out of the program</li></ul>
<b>Reasons for Non-Compliance</b>	Not available
<b>Types of Remediation</b>	Not available

#### SETTINGS PRESUMED INSTITUTIONAL

<b>% Presumed Institutional (No. of Residents Affected)</b>	The STP identifies 3 “prongs” of types of settings that will receive site visits as a prelude to “heightened scrutiny.” <ul style="list-style-type: none"><li>• Prong 1: Located in a public or private institution that also provides inpatient treatment — 94 settings, not identified by service type</li><li>• Prong 2: Located adjacent to or on the grounds of public institutions — 32 settings, not identified by service type</li></ul>
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**MINNESOTA TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)**

	<ul style="list-style-type: none"> <li>• Prong 3: Settings that have the effect of isolating people who receive HCBS from the broader community — 11 Farmsteads or disability-specific farm communities; 3 Residential schools; 9 Gated or secured communities for people with disabilities; 161 Residential settings where the provider owns/operates multiple homes on the same street or adjacent property.</li> </ul>
<b>Type of Setting/Residents</b>	See above
<b>Reason for Presumption</b>	See above
<b>Heightened Scrutiny Process</b>	<p>We will evaluate all presumed not to be HCBS settings by assembling results from:</p> <ul style="list-style-type: none"> <li>• Provider attestation and desk audits</li> <li>• Site-specific compliance plans from the provider attestation</li> <li>• On-site visits and observations</li> <li>• Setting-specific transition plans from on-site assessment findings</li> <li>• Public comments</li> </ul>

**NON-COMPLIANCE COMMUNICATION**

<b>% Cannot/Will Not Comply (No. of Residents Affected)</b>	<p>The STP states that “MN Department of Human Services has no indication that any providers will not become compliant with the HCBS rule requirements.” Nonetheless, they note that “Settings that reported they were unwilling or unable to comply with the HCBS requirements were given the choice to opt out. We identified settings that chose to opt out of providing HCBS or that do not fully comply with the HCBS settings rule requirements by March and contacted the people affected as set forth in the transition protocol.”</p>
<b>Type of Setting/Residents</b>	Nine (out of 1188) “customized living” and eight (out of 181) Adult Day providers chose to opt out rather than comply.
<b>Reason for Determination</b>	<p>A total of 43 settings opted out served 175 people across all HCBS waiver programs:</p> <ul style="list-style-type: none"> <li>• 10 settings, serving 42 people, were acquired by other HCBS waiver providers with no disruption in service.</li> <li>• 14 settings, serving 15 people, were already in process of discontinuing HCBS waiver services. As required for all persons experiencing a transition, the HCBS waiver case managers use the Person-Centered, Informed Choice, Transition Protocol to assist a person when transition services and settings.</li> <li>• The remaining 19 settings, serving 118 people, closed between the period of the HCBS Provider Attestation and the completion of the HCBS Provider Attestation Desk Audit.</li> </ul>

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<p><b>Communication Strategy</b></p>	<p>The communications protocol for any required resident transitions can be found at:  <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3825-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3825-ENG</a></p> <p>DHS will issue a second notice via email and certified mail, no later than 90 days before the transition to notify:</p> <p>The provider of the intent to transition people from their current service(s) and/or setting.</p> <p>The lead agency to provide each person appeal rights information.</p>
<p><b>Assistance to Residents?</b></p>	<p>The person who receives services of the intent to transition him or her from current services(s) and/or setting, including contact information for the person’s lead agency, the LTC Ombudsman Office, the Senior Linkage Line, the Disability Hub, the HCBS transition website and the HCBS specific email box.</p>

**ONGOING MONITORING**

<p><b>Monitoring Procedures</b></p>	<p>To assure ongoing provider compliance with the requirements, MN DHS will use mechanisms that are already in place, to the extent possible, with some necessary revisions to accomplish the requirements of the CMS rule. The primary mechanisms are the provider-enrollment process, case management and licensing.</p>
<p><b>Quality Assurance Measures</b></p>	<p>The state worked with the University of Minnesota, Institute of Community Integration (ICI) to develop questions to measure a person’s experience with HCBS. ICI researched valid and reliable survey tools, ensuring questions were person-centered and asked in a manner that allowed us to capture measurable information. We will use the person’s experience assessment to trigger remediation at an individual level when a person’s experience differs from the requirements of the settings rule. The case manager will discuss individual remediation options with the person and document the person’s desired remediation action.</p>