

# TRANSITION PLAN

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

### FOR THE STATE OF OKLAHOMA

The CMS-approved Oklahoma state transition plan and other information about the state's Medicaid programs can be found at:

<https://www.ohca.org/individuals.aspx?id=16904>

For details on proposed regulatory changes for Adult Day Health and Assisted Living settings, see Appendices A (pages A1–25) and C (pages A65–74).

#### SITE-SPECIFIC ASSESSMENTS

<b>Types of Settings/Residents and Funding Authorities</b>	Oklahoma administers/operates six 1915 (c) waivers. <ul style="list-style-type: none"><li>• There are approximately 26,106 individuals served in the State of Oklahoma through the 1915 (c) waivers.</li><li>• The settings represented in the 2 Nursing Facility Level of Care waivers are Assisted Living and Adult Day Health Centers.</li><li>• The other four waivers serve people with intellectual and developmental disabilities.</li></ul>
<b>Compliant/Non-Compliant</b>	The overarching general provision administrative rule applying to services for those with intellectual and developmental disabilities precisely follows the elements detailed in the HCBS Final Rule. As a result, it was determined that all such settings are compliant with the HCBS Final Rule.  During initial reviews in fiscal year 2016, DHS-Aging Services found 71% of the seven AL providers reviewed were in full compliance while the other two AL settings and all 29 ADH settings were not in compliance but could be with modifications. Three of six (6) AL providers reviewed for FY 17 were in full compliance while the other three (3) AL settings and all 28 ADH settings were not in compliance but could be with modifications.
<b>Reasons for Non-Compliance</b>	Examples of reasons a setting did not comply include: <ul style="list-style-type: none"><li>• The lack of community outing opportunities</li><li>• Unclear opportunities to provide change in Member needs and preferences</li><li>• Secure places for personal belongings</li><li>• Removal of gates, locked doors or other barriers to allow access to areas to the same degree of those not receiving HCBS</li><li>• Providing members with information regarding how to update or change services and/or providers</li></ul>
<b>Types of Remediation</b>	When the Oklahoma STP refers to compliance and remediation, they are referring to the state's obligation to bring its regulations into compliance with federal HCBS rules. For example, they state that "Remediation activities will consist of the development and addition of an overarching policy that will precisely follow language of the HCBS Final Rule that settings will have to abide by."

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

### SETTINGS PRESUMED INSTITUTIONAL

<b>% Presumed Institutional (No. of Residents Affected)</b>	Five assisted living settings and one adult day health setting were presumed institutional and identified for heightened scrutiny.
<b>Type of Setting/Residents</b>	See above
<b>Reason for Presumption</b>	The ADH setting was located on the grounds of a hospital. Four of the five AL settings were in close proximity to a nursing facility. The other AL setting had a 100 percent Medicaid population. The final rule does not include any information about the final determination of these cases.
<b>Heightened Scrutiny Process</b>	An initial review includes an onsite visit for observation as well as interviews. Upon completion of the review, a detailed report is compiled and the packet with supporting evidence that the setting is indeed HCBS is submitted electronically to the OHCA with a recommendation for Heightened Scrutiny Review. If DHS has determined the setting is not an HCBS setting, and institutional in nature, the information will be sent to OHCA for informational with recommendation to not pursue Heightened Scrutiny from CMS.

### NON-COMPLIANCE COMMUNICATION

<b>% Cannot/Will Not Comply (No. of Residents Affected)</b>	Of the seven AL settings initially reviewed, 2 terminated their Medicaid contracts. No other data on settings determined to be unable to comply.
<b>Type of Setting/Residents</b>	See above
<b>Reason for Determination</b>	Not applicable
<b>Communication Strategy</b>	Not described in the STP
<b>Assistance to Residents?</b>	Not described

### ONGOING MONITORING

<b>Monitoring Procedures</b>	Aging Services, Medicaid Services Unit, (MSU), Quality Assurance/Improvement (QAI) department Provider Audit team has begun formally conducting annual on-site provider agency reviews in all AL and ADH settings. Training of the TennCare Audit & Compliance Staff
<b>Quality Assurance Measures</b>	Along with its regular review, the state is using a Consumer-Focused Quality Care Review (C-FQCR) tool with a section dedicated for Home and Community Based settings compliance.