

TRANSITION PLAN

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

FOR THE STATE OF TENNESSEE

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

<https://www.tn.gov/content/dam/tn/tenncare/documents/TNProposedAmendedStatewideTransitionPlanCV.pdf>

Providers and other stakeholders are especially advised to review pages 6–11 for specifics on how Tennessee has proposed to modify its statutes, regulations, and procedures to comply with the Federal HCBS rule.

SITE-SPECIFIC ASSESSMENTS

<p>Types of Settings</p>	<p>Total Residential Provider Settings: 704</p> <ul style="list-style-type: none"> • Residential Habilitation and Medical Residential: 170 • Family Model Residential: 290 • Supported Living: 144 • Assisted Care Living Facility: 99 • Adult Care Home: 1 <p>Total Non-Residential Settings: 541</p> <ul style="list-style-type: none"> • Community-Based Day: 167 • Facility-Based Day: 86 • Supported Employment: 99 • In-Home Day: 147 • Adult Day Care: 42
<p>Compliant/Non-Compliant</p>	<p>Total number and percentage of provider settings deemed 100% compliant with the HCBS Settings Rule: 170 settings or 14%.</p> <ul style="list-style-type: none"> • D Intellectually and Developmentally Disabled non-residential: 83 • DIDD residential: 73 • MCO non-residential: 9 • MCO residential: 5 <p>Total number and percent of providers settings who have identified at least one area that is currently out of compliance and have submitted a transition plan in order to come into compliance: 1048 or 84%.</p> <p>Total number and percent of provider settings deemed non-compliant and opting not to complete a transition plan: 27 settings or 2%.</p>
<p>Reasons for Non-Compliance</p>	<p>Of the transition plans received, the number and percent requiring action to come into compliance:</p> <ul style="list-style-type: none"> • Physical Location: 367 or 35% • Community Integration: 694 or 66% • Residential Rights (Residential Only): 408 or 39% • Living Arrangement (Residential Only): 552 or 53% • Policy Enforcement Strategy: 936 or 89%

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	<p>MCOs most often mentioned access to community activities and transportation.</p> <p>DIDD settings a had much more extensive list of issues related to resident rights and privacy.</p> <p>Facility-based day services had little planning for community integration.</p> <p>Family model settings had issues with lease agreements or tenant agreements.</p>
Transition plans	<p>Number and percent transition plans approved to occur:</p> <ul style="list-style-type: none"> • Within 6-9 months of submitting the provider self-assessment (September 30, 2015 through December 31, 2015): 654 or 62% • Within 1+ year (March 31, 2016 through March 30, 2017): 299 or 29% • Within 2+ years (March 31, 2017 through March 30 2018): 32 or 3% <p>More than 3 years (beyond March 31, 2018): 63 or 6%</p>

SETTINGS PRESUMED INSTITUTIONAL

% Presumed Institutional (No. of Residents Affected)	Total number and percent of provider settings presumptively non-home and community based will be determined upon conclusion of the state’s heightened scrutiny review process
Type of Setting/Residents	Not known
Reason for Presumption	Not known
Heightened Scrutiny Process	As part of the heightened scrutiny review process, providers will be asked to submit data regarding services provided. Providers whose data reflects large numbers of persons served spending most of their time in a facility-based setting with minimal to no community interaction will be targeted for review first.

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	Currently there are less than 20 people that will be transitioning (having to move) due to their provider (2% of providers) choosing to not comply with the final rule. A transition letter will be sent to the individuals impacted and their family if applicable, as well as a letter to the provider. Specific guidance has been described in the provider letter to ensure continuity of services
Type of Setting/Residents	Not known
Reason for Determination	Provider decision not to comply
Communication Strategy	At least 30 days advance notice that outlines the specific reason for the transition and the due process procedure and timeline available to the person

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<p>Assistance to Residents?</p>	<p>The contracted entity will ensure that the person is given ample opportunity to learn about the variety of settings that are available and are compliant with the HCBS Settings Rule.</p> <ol style="list-style-type: none"> a. The person should be afforded the opportunity to select from non-disability specific settings and select their roommates if applicable. b. Supports will be provided to the person to assist in transition choice and the caregiver’s schedule will be accommodated to support the person in making an informed decision about an alternate setting. c. Care Coordinators should be researching all possible, appropriate settings for this person to choose from. <p>Once a new provider has been selected, a person-centered planning meeting will take place to define the timelines for transition, as well as identify specific supports and services needed in order to make a safe transition.</p>
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ONGOING MONITORING

<p>Monitoring Procedures</p>	<p>Strategies to ensure ongoing compliance will include:</p> <ul style="list-style-type: none"> • Incorporating an Individual Experience Assessment into all initial and annual person-centered plan reviews. • The Plan of Care document utilized by the MCOs is being revised to a standardized template that aids in facilitating person-centered planning practices. • Annual consumer/family satisfaction surveys that include questions relevant to the HCBS Settings and PCP Rules. • Exploration of the use of national accreditation standards to support its ongoing compliance monitoring efforts. • Training of the TennCare Audit & Compliance Staff
<p>Quality Assurance Measures</p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings and PCP Rules.</p>