

# TRANSITION PLAN

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

### FOR THE STATE OF ARKANSAS

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

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

#### SITE-SPECIFIC ASSESSMENTS

<b>Types of Settings/ Residents and Funding Authorities</b>	Arkansas provides HCBS through four 1915 (c) waivers: <ul style="list-style-type: none"><li>• Division of Aging and Adult Services (DAAS) ARChoices in Homecare (ARChoices) Waiver,</li><li>• DAAS Living Choices Assisted Living (LCAL) Waiver,</li><li>• Division of Developmental Disabilities Services Alternative Community Services (ACS) Waiver</li><li>• Partners for Inclusive Communities Autism Waiver</li></ul> 1915(c) waiver settings at risk: <ul style="list-style-type: none"><li>• Assisted Living facilities</li><li>• Adult family Homes</li><li>• Provider owned or controlled apartments and group homes</li><li>• DDS Staff Homes</li><li>• Adult Day Care (ADC) facilities</li><li>• Adult Day Health Care (ADHC) facilities</li></ul>
<b>Compliant/Non-Compliant</b>	Based on the provider self-assessment and subsequent site visits, nearly all settings are in various stages of partial compliance. Some are closer to being fully compliant with the HCBS Settings Rule while others will require technical assistance and remediation to become compliant.  Total number of settings compliant with HCBS Settings Rule: 5 DDS group homes and 4 DDS apartments  Total number of settings partially compliant, or with changes will likely comply with HCBS requirements: 34 ALFs, 84 provider owned and controlled apartments and group homes, and 18 ADCs/ADHC  Total number of settings that meet the CMS definition for possible heightened scrutiny consideration: 17 ALFs, 43 provider-owned or controlled apartments and group homes, and 8 ADCs/ADHCs
<b>Reasons for Non-Compliance</b>	Location of setting or isolating individuals from the broader community: attached to a nursing home/facility, adjacent to or immediately across the street from a hospital, nursing home, or public institution, or location on same street/block as other settings owned by same provider.  Some ALFs report a curfew, restricting access to home-like appliances, restricting meal time and/or choice, cameras present on premises, restricting or not posting visiting hours, and having assigned seats at meal times.

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	Some ALFs also report that they do not have a way to ensure privacy for residents using the common-use telephone or computer, and some ALFs report using barriers to prevent resident access to particular areas within the setting.
<b>Transition plans</b>	To assess compliance, an inter-divisional HCBS Settings working group created a provider self-assessment survey. Survey questions addressed neighborhood characteristics, home environment, community access and supports, services and supports planning process, and setting characteristics and personal experience. To validate results of the self-assessment survey, site visits were performed. Sites were given a 2-3 month timeframe to expect a visit. HCBS Settings working group will conduct provider trainings and tailored technical assistance to partially compliant and non-compliant providers. When needed, corrective action plans will be submitted. If the provider cannot or will not come into compliance, DHS will transition beneficiaries into a setting that meets all HCBS settings requirements.

**SETTINGS PRESUMED INSTITUTIONAL**

<b>% Presumed Institutional (No. of Residents Affected)</b>	<ul style="list-style-type: none"> <li>• 17 ALFs (serving 220 beneficiaries), 43 provider-owned or controlled apartments and group homes (serving 232 beneficiaries), and 8 ADCs/ADHCs (serving 35 beneficiaries) meet the CMS definition for possible heightened scrutiny consideration. Of the 17 ALFs identified, five of these settings are attached to a nursing home/facility, while four are adjacent to or immediately across the street from a hospital, nursing home, or public institution. The remaining 8 are located on the same street/block as other settings owned by the same provider.</li> <li>• Of the 43 provider-owned or controlled apartments and group homes, three are on the grounds of a Human Development Center (HDC) which is a public institution. Twelve of these settings are adjacent to or immediately across the street from a provider owned ICF/IID, DDTCS, or public institution. The remaining 28 settings are located on the same street/block as other settings owned by the provider.</li> <li>• Of the 8 ADC/ADHCs that meet the criteria for possible heightened scrutiny consideration, two are attached to another setting owned by the same provider, one is attached to a doctor’s office, four may have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS, and one is attached to another setting owned by the same provider and may have the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving Medicaid HCBS.</li> </ul>
<b>Type of Setting/Residents</b>	See above
<b>Reason for Presumption</b>	See above

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<p><b>Heightened Scrutiny Process</b></p>	<p>Prior to making a final referral to CMS for heightened scrutiny, DDS, DAAS, and DHS will:</p> <ul style="list-style-type: none"> <li>• Convene the HCBS Settings team to verify if location of the setting has an isolating effect. To identify settings for which heightened scrutiny process should be applied, DHS will elicit information about physical location of the setting via a survey based on reviewer observations and information provided by setting administrators or senior staff persons.</li> <li>• DAAS and DDS will conduct an on-site visit to verify the physical location and conduct beneficiary surveys</li> <li>• Individual setting may be asked for additional information to document the HCBS nature of the setting and how it is integrated and supports full access of individuals receiving home and community-based services</li> <li>• HCBS Settings team will pay particular attention to beneficiary rights and community integration to ensure settings submitted to CMS for review meeting the qualities of institutional</li> <li>• If review team determines setting is not isolating or institution-like, setting will be permitted and not subjected to CMS heightened scrutiny review</li> <li>• HCBS Settings working group will finalize the list of settings to be published for public comment prior to submission to CMS</li> </ul>
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**NON-COMPLIANCE COMMUNICATION**

<p><b>% Cannot/Will Not Comply (No. of Residents Affected)</b></p>	<p>Numbers not included in STP</p>
<p><b>Type of Setting/Residents</b></p>	<p>Not known</p>
<p><b>Reason for Determination</b></p>	<p>Not known</p>
<p><b>Communication Strategy</b></p>	<p>For any DAAS settings found to be non-compliant, all participants within the setting will be notified at no later than 30 days prior to transition. For DDS settings, this changes to a 90-day advanced notice. A formal notification will detail due process and timeline available for the person to transition. The Licensure and Certification Unit or Provider Certification unit will communicate with the current provider the intent to transition the person supported. The notifications will be sent simultaneously to both person supported and provider to ensure both parties are aware of the need to transition at the same time.</p>
<p><b>Assistance to Residents?</b></p>	<p>A DAAS nurse or DDS Specialist will schedule a face-to-face visit with the resident to discuss the reason and need to transition. This specialist will ensure the person is given ample opportunity to learn about the variety of</p>

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	<p>settings that are available and compliant with the HCBS Settings Rule. Once an informed decision has been made, a person-centered planning meeting will take place to define timelines and identify supports to ensure continuity of care. The new service provider will notify the DAAS or DDS Specialist of the transition meeting. The current service provider remains responsible for service delivery during the transition process. The DAAS nurse or DDS Specialist will ensure that the case management entity's first three monthly contacts will occur face-to-face.</p>
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**ONGOING MONITORING**

<p><b>Monitoring Procedures</b></p>	<p>Strategies to ensure ongoing compliance will include:</p> <ul style="list-style-type: none"> <li>• DAAS Provider Certification Unit will monitor and ensure settings compliance for existing providers and any new providers</li> <li>• Training on the HCBS Settings Rule for DAAS Registered Nurses completing assessments and developing Person-Centered Plans</li> <li>• Service monitoring by DDS ACS Waiver Staff</li> <li>• Licensure and Certification Reviews by DDS staff</li> </ul>
<p><b>Quality Assurance Measures</b></p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule. For example, the DAAS Quality Assurance team will incorporate requirements into policy for ongoing monitoring, training required for auditors and monitors, training process for handling concerns and other issues of noncompliance.</p>