

TRANSITION PLAN

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

FOR THE STATE OF UTAH

The CMS-approved Utah transition plan can be found at: <https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ut-appvd-plan.pdf>

SITE-SPECIFIC ASSESSMENTS

Types of Settings/Residents and Funding Authorities	Utah provides residential and non-residential HCBS under eight 1915 (c) waivers. Types of settings include adult day care, day support services, residential services, supported living, and supported employment.
Compliant/Non-Compliant	Compliant settings are properties not isolating in nature.
Reasons for Non-Compliance	Not known
Transition plans	<p>To assess compliance, the State conducted a preliminary screening to categorize which settings are likely to be fully compliant, not yet compliant or not compliant. Development of the provider self-assessment was supported by the Exploratory Questions to Assist States in Assessment of Residential Settings tool. Tool included questions to identify any sites that may be presumed to have institutional like qualities. The State reviewed and validated self-assessment tool results through a desk review, technical assistance, interviews, and on-site validation reviews, conducted using a stratified random sample. The State will notify individual providers of assessment findings.</p> <p>When needed, provider remediation plans will be submitted. All settings still presumed to be institutional in nature will continue to the Heightened Scrutiny process. Provider status will be tracked, and participants will be offered a transition into a HCBS compliant setting if needed.</p> <p>Ongoing monitoring and quality assurance measures will be in place to track compliance to the HCBS Setting Rule through time.</p>

SETTINGS PRESUMED INSTITUTIONAL

% Presumed Institutional (No. of Residents Affected)	Numbers not included in STP
Type of Setting/Residents	Not known
Reason for Presumption	Not known

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<p>Heightened Scrutiny Process</p>	<ul style="list-style-type: none"> • State Transition Workgroup will analyze results of the provider assessment and validate results • The State and provider will work to create and a remediation plan or Corrective Action Plan when required • For providers needing assistance to come into compliance, the State will facilitate focus groups composed of stakeholders, provide technical assistance, and provide training and education of the Settings Rule • If setting is still presumed institutional in nature, an Evidence Summary Packet will be submitted to CMS for review after there is consensus among Settings Transition Workgroup and public input is compiled • Those determined not to be home and community based after heightened scrutiny is conducted by CMS, the State will proceed with dis-enrolling settings and transitioning beneficiaries affected
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NON-COMPLIANCE COMMUNICATION

<p>% Cannot/Will Not Comply (No. of Residents Affected)</p>	<p>Numbers not included in STP</p>
<p>Type of Setting/Residents</p>	<p>Not known</p>
<p>Reason for Determination</p>	<p>Not known</p>
<p>Communication Strategy</p>	<p>The state will send a notification letter to the Operating Agency that outlines the specific reasons for settings that must be transitioned and the due process procedure and timeline available to the person and if applicable his/her guardian/representative no less than 45 days prior to the transition. The Operating Agency will then send the current provider of service and the participant and/or representative/guardian a formal notification letter indicating the intent to transition the person supported no less than 30 days prior to the transition.</p>
<p>Assistance to Residents?</p>	<p>State will send a formal notification letter to the Operating Agency that outlines the specific reasons for settings that must be transitioned and the due process procedure and timeline available to the person and if applicable his/her guardian/representative no less than 45 days prior to the transition. The Operating Agency will then send the current provider of service and the participant and/or representative/guardian a formal notification letter indicating the intent to transition the person supported no less than 30 days prior to the transition. The Operating Agency will be responsible to inform and transition</p>

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	<p>individuals to compliant settings or to ensure participants understand that the receipt of continued services in these settings will not be funded by HCBS.</p> <p>The state will provide reasonable notice and due process to any participant that needs to transition to another setting. Through the person-centered planning process the Support Coordinator or Case Manager will ensure that the participant is provided information about alternative settings that comply with HCBS settings requirements and allow them to make an informed choice of an alternative setting. Services will be in place in advance of a participant’s transition and will be monitored to ensure successful placement and continuity of services.</p>
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ONGOING MONITORING

<p>Monitoring Procedures</p>	<p>Strategies to ensure ongoing compliance for all residential and non-residential providers will include:</p> <ul style="list-style-type: none"> • Conducting periodic Participant Experience Surveys; • Building questions from the HCBS Settings Rule into annual service planning processes; • Settings policy guidance as defined by provider manuals and State Implementation Plans; and • Ongoing provider certification that they have received information about and understand the HCBS Setting Requirements
<p>Quality Assurance Measures</p>	<p>Utah’s existing quality assurance system will include ongoing monitoring to ensure the settings continue to comply with the HCBS Settings Rule including:</p> <ul style="list-style-type: none"> • Ongoing incident report monitoring; • Case coordinator monitoring; and • Licensing; and • HCBS waiver reviews