

TRANSITION PLAN

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

FOR THE STATE OF CALIFORNIA

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

www.medicaid.gov/sites/default/files/2023-09/ca-transition-plan-hcbs_0.pdf

The CMS-approved California Corrective Action Plan can be found at:

www.medicaid.gov/sites/default/files/2023-09/ca-appvd-cap.pdf

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities	As of September 30, 2022, 280 CBAS (Community Based Adult Services) centers were certified and operating statewide, serving approximately 43,224 participants (42,238 Medi-Cal participants and 986 Private Pay participants.) CBAS centers operate in a variety of locations, in urban and rural areas, churches, strip malls, standalone buildings, business complexes, senior housing, and more. CBAS centers range in size from a licensed capacity of 40 to 400 persons per day.
Compliant/Non-Compliant	As of September 30, 2022, 280 CBAS centers were certified and operating statewide. <ul style="list-style-type: none">• Settings found to be fully compliant with HCBS settings criteria: 100% (280 centers)• Settings found capable of becoming fully compliant with HCBS setting modifications during the transition period: 100% (280 centers)• Settings found unable to comply with HCBS settings criteria: None• Settings found to be presumptively institutional in nature but for which the state will, subject to public comment, submit evidence for the application of heightened scrutiny: None Therefore, as of September 30, 2022, all surveyed CBAS centers were able to come into full compliance with the HCB Settings Requirements during their recertification surveys, no CBAS centers were presumptively institutional in 30 nature requiring heightened scrutiny, and no CBAS centers required closure due to non-compliance with the HCB Settings Requirements. NOTE: California received approval of its corrective action plan (CAP) on September 27, 2023. The CAP provides updated timeframes for completion of site-specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. The updated CAP sets August 15, 2024, as the completion date for settings to address findings related to CMS heightened scrutiny site visit. Final compliance statewide with the HCBS settings rule will take place the later of December 31, 2024, or 12 months post the date CMS issues heightened scrutiny findings to the state.

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<p>Reasons for Non-Compliance</p>	<p>Specific reasons for non-compliance were not detailed in the document.</p>
<p>Transition plans</p>	<p>In February 2015, the Department of Health Care Services (DHCS) and the California Department of Aging (CDA) convened and completed group exercises to develop greater understanding of the HCB Settings and regulations, to assist in considering the level of compliance of the CBAS program and individual centers statement with the regulations, and to participate in drafting content for the CBAS HCB Settings Transition Plan. In addition to stakeholder meetings, the DHCS and CDA developed webpages to share key documents to inform stakeholders on the regulations and to capture meetings materials and public comments made throughout the stakeholder process. Discussions during the stakeholder process made clear that there is a need for statewide provider training and education to promote consistent understanding of, and compliance with, the HCB Settings requirements. DHCS and CDA continues to partner with CBAS providers, Medi-Cal managed care plans and other stakeholders to develop and implement training and education strategy designed to reach CBAS providers, CBAS participants and their family/caregivers, and managed care plans.</p> <p>DHCS and CDA completed a comprehensive review of ADHC/CBAS laws, regulations, waiver provisions, policies, and other requirements to determine whether they are silent, conflict with, or align with the requirements of the HCB Settings regulations. To determine initial and ongoing levels of compliance, remediate non-compliance, and maintain full and continuous compliance, the State is using existing oversight and monitoring mechanisms required by state law. CDA is the lead state agency for CBAS provider oversight. The CBAS survey staff validates CBAS center compliance with HCB Settings requirements using the CBAS Provider Self-Assessment Survey Tool, the CBAS Participant Setting Assessment Survey Tool, and the CBAS Provider Self-Assessment Validation Tool, in combination with onsite observation, interviews, and review of documentation on an ongoing basis every two years during each center’s onsite certification survey.</p> <p>Through the CDA oversight and monitoring process, CDA reviews all CBAS centers to determine if they have the characteristics of an institution according to CMS criteria and are therefore presumed to be institutional. Centers having one or more of these institutional characteristics would trigger application of the State’s heightened scrutiny process.</p> <p>For settings determined to be institutional, the state will provide assistance to transition participants to a compliant setting. The state will continue to engage in ongoing monitoring and quality assurance activities to ensure the continuous compliance of all settings.</p>

SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*

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- *Category 3: Have the effect of isolating people from the broader community.*

% Presumed Institutional (No. of Residents Affected)	No settings were presumed institutional.
Type of Setting/Residents	N/A.
Reason for Presumption	N/A.
Heightened Scrutiny Process	<p>Through the CDA oversight and monitoring process, CDA reviews all CBAS centers to determine if they have the characteristics of an institution according to CMS criteria and are therefore presumed to be institutional.</p> <p>The State’s heightened scrutiny review process for the CBAS program consists of:</p> <ol style="list-style-type: none"> 1) a review of the evidence provided by the setting; 2) a review of the setting’s policies and services; 3) an onsite visit and an assessment of the setting’s physical characteristics; 4) a review of policies and procedures governing person-centered plan development and implementation; 5) provider and member interviews and observation; and 6) collection of evidence to submit to CMS for review in order to overcome the institutional presumption.

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	All settings comply with the HCBS rule.
Type of Setting/Residents	N/A
Reason for Determination	N/A
Communication Strategy	The center will send written notice (at least 30 days’ notice) to its participants and their authorized representatives that the center is not in compliance with the federal regulations, that the center will be closing due to its Medi-Cal decertification, and that participants will be provided assistance in transitioning to a setting compliant with the federal regulations and/or in accessing other services.
Assistance to Residents?	<p>Assistance to residents will include:</p> <ul style="list-style-type: none"> • participant referral, discharge, and relocation assistance services resulting from a person-centered planning process coordinated by the center’s multidisciplinary team involving the participant, family caregivers and/or participant’s authorized representative;

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	<ul style="list-style-type: none"> • coordination by the center with the CBAS participant’s managed care plan and other community service agencies providing services and supports to the participant, to ensure that services and supports are in place in advance of the participant’s discharge from the noncompliant CBAS center so there is no disruption of services; • coordination by the center with other CBAS centers and settings that follow the federal regulations for possible referral; • facilitate the person-centered planning to ensure participants have the supports necessary to make informed choices of services and setting options for continued service provision to meet participant needs.
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ONGOING MONITORING

<p>Monitoring Procedures</p>	<ul style="list-style-type: none"> • Ensuring that providers maintain an ADHC license in good standing at all times. • Monitoring for compliance with Medi-Cal Certification Standards. • Conducting certification renewal of each provider at least every two years which includes an application, desk review, onsite survey and any remediation of deficient practice. <p>For more specific monitoring procedure information see California’s January 1st submission here.</p>
<p>Quality Assurance Measures</p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule.</p>