

TRANSITION PLAN

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

FOR THE STATE OF OHIO

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

www.medicaid.gov/sites/default/files/2023-09/oh-transition-plan-hcbs.pdf

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

www.medicaid.gov/sites/default/files/2023-08/oh-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	<p>The Ohio Department of Medicaid (ODM) serves as the single state agency for the administration of Ohio’s Medicaid program. Ohio currently administers seven HCBS waiver programs that are impacted by the new regulations: Assisted Living, Individual Options, Level One, MyCare Ohio, Ohio Home Care, PASSPORT, and Self- Empowered Life Funding (SELF). Relationships with key stakeholders and daily operation of five of Ohio’s HCBS waivers are delegated to the Ohio Department of Aging (ODA) and the Ohio Department of Developmental Disabilities (DODD). During the life of this project, Ohio closed two waivers (the Transitions Carve-Out Waiver in 2015, and the Transitions DD Waiver in 2017).</p> <p><u>ICF/IID Level of Care (LOC) Waivers:</u></p> <ul style="list-style-type: none">• Individual Options (IO)• Level One• Self- Empowered Life Funding (SELF) <p><u>Nursing Facility (NF)-LOC Waivers:</u></p> <ul style="list-style-type: none">• ODM currently operates:<ul style="list-style-type: none">○ Ohio Home Care○ MyCare Ohio• OHA currently operates:<ul style="list-style-type: none">○ Assisted Living○ PASSPORT
Compliant/Non- Compliant	<p>Initial compliance numbers:</p> <p><u>ICF/IID Level of Care Waivers</u></p> <p>Settings found compliant with HCBS characteristics:</p> <ul style="list-style-type: none">• Living Alone, living with family, shared living: 90.9% of waiver population, 31,341 individuals <p>Settings that could come into compliance with modifications:</p> <ul style="list-style-type: none">• Residential settings: 5.9%, 578 settings

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- Adult Day Waiver Services settings: 8.4%, 50 settings

Settings that are presumed institutional and may be subject to the Heightened Scrutiny process:

- Residential settings: 1%, 73 settings

Settings that cannot meet the HCBS characteristics:

- 0.1%, 4 settings

Residential Waivers

Settings found compliant with HCBS characteristics:

- Living Alone in a private residence OR living with family/friends in a private residence: all settings

Settings that could come into compliance with modifications:

- Residential settings: 89%, 298 settings
- Adult Day Waiver Services settings: 92%, 258 settings

Settings that are presumed institutional and may be subject to the Heightened Scrutiny process:

- Residential settings: 11%, 37 settings
- Non-Residential Adult Day Health waiver service settings: 8%, 22 settings

Settings that cannot meet the HCBS characteristics:

- No settings

October 2018 compliance numbers update:

ICD-IID Residential:

- Number of settings initially identified: 655
- Number of settings validated: 659
- Number of validated settings that comply: 570
- Number of validated settings that may comply with remediation: 0
- Number of validated settings submitted for heightened scrutiny: 2
- Number of settings that voluntarily terminated the contract: 20
- Number of settings the state terminated the contract: 8
- Variance: 59

ICF-IID Non-Residential Settings:

- Number of settings initially identified: 82
- Number of settings validated: 82
- Number of validated settings that comply: 50
- Number of validated settings that may comply with remediation: 0
- Number of validated settings submitted for heightened scrutiny: 0

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	<ul style="list-style-type: none"> • Number of settings that voluntarily terminated the contract: 7 • Number of settings the state terminated the contract: 1 • Variance: 24 <p><u>NF-LOC Residential Settings:</u></p> <ul style="list-style-type: none"> • Number of settings initially identified: 335 • Number of settings validated: 366 • Number of validated settings that comply: 274 • Number of validated settings that may comply with remediation: 0 • Number of validated settings submitted for heightened scrutiny: 60 • Number of settings that voluntarily terminated the contract: 32 • Number of settings the state terminated the contract: 0 • Variance: 0 <p><u>NF-LOC Non-Residential Settings:</u></p> <ul style="list-style-type: none"> • Number of settings initially identified: 280 • Number of settings validated: 269 • Number of validated settings that comply: 123 • Number of validated settings that may comply with remediation: 0 • Number of validated settings submitted for heightened scrutiny: 7 • Number of settings that voluntarily terminated the contract: 117 • Number of settings the state terminated the contract: 22 • Variance: 0 <p>NOTE: Ohio received approval of its corrective action plan (CAP) August 3, 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 CAP lists February 29, 2024, as the completion date to address findings from the CMS heightened scrutiny site visit, including all needed remediation to ensure compliance of the settings visited. The CAP sets March 31, 2025 as the date to complete 100 percent of transitions to HCBS compliant service settings or issue appeal rights for residential settings or nonresidential settings. Residential settings and Non-Residential Settings that fail to meet the HCBS setting requirements may be suspended, proposed revocation, or removal of licensure if the setting fails to meet HCBS standards. Final compliance statewide with HCBS settings rule will take place the later of March 31, 2025, or 6 months after the date CMS issues heightened scrutiny findings to the state.</p>
<p>Reasons for Non-Compliance</p>	<p>For some settings, three primary areas of concern were noted. The first was a need for service plans to be more person-centered. The second was a need to develop improved strategies for linking individuals with their communities. Finally, providers expressed a need for improved staff development/training</p>

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	so staff would be better equipped to support people with accessing the community.
Transition plans	<p>The State conducted a systematic review of applicable State statutes, administrative rules, approved waivers, provider requirements (licensing, qualifications and waiver certification), service specifications, case management standards, administrative and operational processes, monitoring and operational oversight activities. Provider self-assessments were conducted, along with desk/administration reviews and on-site assessments. State staff will determine the level of compliance within each setting. Proposed remediation plans may include multiple strategies including waiver amendments, administrative rule revisions, training resources, service redesign, provider-level remediation plans, community education, on site assessments, and as a last resort, relocation. The State ensured that existing settings come into full compliance with the HCBS characteristics by adopting a new HCBS setting rule, modifying existing OAC rules, furnishing provider education, and modifying the State’s HCBS ongoing provider oversight function. For settings that remain out of compliance, the state will gather evidence and submit an evidence packet for the Heightened Scrutiny Process to CMS. For those settings that the state does not submit for heightened scrutiny review or for the settings that CMS determines, through heightened scrutiny review, do not meet the regulatory requirements for HCBS, the State’s established relocation team, led by the State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice. Once providers are compliant with all applicable requirements in the HCBS settings rule, or those unable to be compliant voluntarily unenroll or are terminated as providers by the state, overseeing agencies will continue to engage in the ongoing monitoring of 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.*
- *Category 3: Have the effect of isolating people from the broader community.*

% Presumed Institutional (No. of Residents Affected)	<p>Settings to be submitted for heightened scrutiny:</p> <p><u>ICF-IID Residential Settings:</u></p> <ul style="list-style-type: none"> • Category 2: 2 settings • 4 settings previously identified as presumptively institutional due to isolation that can demonstrate compliance by July 1, 2020. <p><u>NF-LOC Residential Settings:</u></p> <ul style="list-style-type: none"> • Category 1: 59 settings • Category 2: 1 setting <p><u>NF-LOC Non-Residential Settings:</u></p>
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	<ul style="list-style-type: none"> • Category 1: 6 settings • Category 2: 1 setting
Type of Setting/Residents	Specific setting descriptions or resident numbers were not provided.
Reason for Presumption	All settings submitted for Heightened Scrutiny were either located in or adjacent to a hospital, nursing facility, or other institutional setting.
Heightened Scrutiny Process	Using the setting evaluation tools developed with stakeholder input, the State completed an on-site assessment for each residential and nonresidential setting that was initially categorized as “presumed to have the effect of isolating individuals”. Interviews with individuals served and direct support staff were conducted to gain insights into the opportunities for integration in the setting. The respective state-level committees reviewed the evidence compiled for each setting. Examples of evidence reviewed included, but was not limited to photographs, summaries of interviews with individuals and staff, summaries of on-site observations, testimonials from members of the community, review of person-centered service plans and descriptions of the administrative and financial structure of the setting. The state-level committees determined the combined elements in each site-specific evidence package provided a comprehensive and cohesive description of how the setting had overcome the institutional presumption. Following the required public comment periods, the State submitted the heightened scrutiny evidence packages to CMS for review.

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	<p>ICF/IID Waivers:</p> <p>Settings that cannot meet the HCBS characteristics:</p> <ul style="list-style-type: none"> • Residential settings: 0.1%, 4 settings <ul style="list-style-type: none"> ○ 4 settings where providers indicated through the self-assessment survey that relocation might be necessary. An on-site visit was scheduled to occur no later than August 31, 2025. • Adult Day Waiver Services settings (under the Transitions DD Waiver): 2.8%, 13 settings
Type of Setting/Residents	In the ICF/ IID Residential Settings waiver, 31 individuals were affected.
Reason for Determination	Sites were a) located inside, on the grounds of, or adjacent to a public institution, b) located inside a private institution, or c) a DODD certified Adult Day Health Center under the Transitions DD waiver.
Communication Strategy	A detailed communication strategy between state staff and providers was not included in the STP.
Assistance to Residents?	For those settings that the state does not submit requests for heightened scrutiny review OR for the settings that CMS determines, through heightened scrutiny review, do not meet the regulatory requirements for HCBS, the

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	<p>State’s established relocation team, led by the State Long Term Care Ombudsman will work with individuals who choose to transition to an approved HCBS setting of their choice.</p> <p>The relocation process includes the following components:</p> <ul style="list-style-type: none"> • Timely notice and due process through in-person notification that the setting does not meet HCBS requirements • The choice of alternative settings selected through the person-centered planning process • Care coordination to ensure continuity of services and access to critical services are in place prior to the relocation • Post-relocation follows up
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ONGOING MONITORING

<p>Monitoring Procedures</p>	<ul style="list-style-type: none"> • Monitor ongoing compliance with standards via monitoring by Service and Support Administrators and ongoing provider compliance reviews. • DODD will incorporate setting evaluation in all provider compliance reviews, which take place at least once every three years. • An on-site evaluation will occur prior to enrollment of applicants seeking to provide residential and nonresidential HCBS. For individuals with an ICF-IID level of care, local service and support administrators (SSA) will ensure that new settings comply with the HCBS settings standards prior to adding the service to Individual Service Plans. • Additional mechanisms that contribute to the ongoing monitoring of the site-specific setting include, but are not limited to, case management oversight as outlined in the approved waivers, involvement of protection and advocacy entities, a complaint process, and participant experience surveys <p>More detailed monitoring information can be found in Ohio’s January 1, 2023 submission here.</p>
<p>Quality Assurance Measures</p>	<p>Use results from a nationally recognized, statistically valid survey, such as the National Core Indicators-Aging and Disability (NCI-AD) survey, to assess system-wide trends of waiver participants experience with community integration and access. In collaboration with the State Long Term Care Ombudsman Office, utilize the Resident Satisfaction Survey results, which can be cross walked to specific setting locations, to assess the individual’s experience with community inclusion.</p> <p>Other Quality Assurance monitoring methodologies will be utilized to incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule.</p>