

Medicaid's Final Rule for Home and Community Based Setting Requirements

January 21, 2015



What we know and what our plans are so far...





The Centers for Medicare and Medicaid Services (CMS) put out a new rule in 2014.

The rule says what a community setting must be like for people getting Medicaid waiver services.









Three (c) waivers in North Carolina come under this new CMS rule. CMS

- North Carolina Innovations (Innovations)
- Community Alternatives Program for Disabled Adults (CAP/DA) the self directed option - CAP Choice
- Community Alternatives Program for Children (CAP/C)



The specific waiver services under this rule are:

- Innovations
 - -Residential Supports
 - -Day Supports
 - -Supported Employment
- CAP/DA and CAP Choice
 - -Adult Day Health
- In NC, no services under CAP/C come under this rule.



What does the rule mean?

People who get Medicaid waiver services and supports must have the same benefits of living in a community as others do.



Community Means:

- where people live;
- where people work; and
- the places people go.









Communities in North Carolina **Legal** be places where . . .



- your rights are respected;
- your home is not just in the community; it is part of the community;
- you can lead your life they way you choose, at home and away from home;



- you are side by side with everyone else at work and making a living wage;
- you control personal resources;
- you have a choice about services and supports and who provides these;
- you can be with friends and loved ones;



- you feel safe and are healthy;
- you are treated with the dignity and respect that we all deserve; and
- you are a valued member of the community.



So, how do we get there?

The rule tells us.



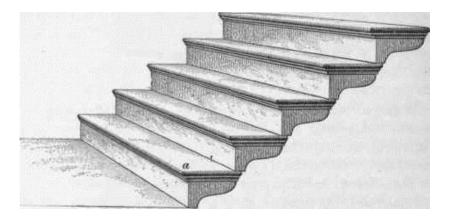
North Carolina must send a transition plan to CMS (CMS) by March 16, 2015 to show how it will meet this rule.





The North Carolina Transition Plan will show the steps

our state will take



... to give people the kind of life they want.



For our plan to work, we need help from:

- people who get waiver services and their families;
- people who want waiver services;
- agencies that help with the waivers on behalf of the Division of Medical Assistance (DMA);
- providers; and
- other valued stakeholders.



We will ask for that help by:

- Talking together about the plan at listening sessions.
- Putting the plan and other information on our website: http://www.ncdhhs.gov/hcbs
- Getting your feedback and ideas through email, phone, mail and in person.



Where to find us



The NC Department of Health and Human Services website is: http://www.ncdhhs.gov/hcbs

The "My Future, My Plan" email address is:

HCBSTransPlan@dhhs.nc.gov





We want to hear from you...

- Tell us what matters most to you in this process.
- Share with us what you see as the concerns with this rule/process.
- Tell us how we can be sure as many people know about this as possible.
- Share what you like about the plan/process.





We are still listening...

- Tell us what needs to change.
- Tell us what needs to stay the same.
- Will there be any negative outcome for you or others?
- Is there anything that will help you better understand the changes?



Sharing and Listening Sessions

We will have six sessions:

• **Lincolnton** 2/2/15

• Raleigh 2/3/15

Greenville 2/9/15

• Winston-Salem 2/10/15

• Wilmington 2/11/15

• Asheville 2/12/15



^{**} If a meeting is cancelled due to bad weather, we cannot schedule it again; but we will plan for a phone call.



Next Steps for the State

The State will look at their agreements/contracts with their responsible agencies to see if:

- these agreements help make the plan work, and
- if not, the State will make changes.



More Steps for the State

The State will look at their rules and regulations to see if:

- they help make the plan work, and
- if not, the State will make changes.



Another Step for the State

The Division of Medical Assistance (DMA) will make changes to the waiver policies and will submit waiver changes to CMS.



Next Steps with Providers

- The State will test a provider self assessment tool.
- Providers will look at their services and what the new rule says.
- The tool may be changed to make it better based on the test.
- All providers will be given the tool and trained on how to use it.



More Steps with Providers

- If a provider is not meeting the rule, they will tell the responsible agency how they are going to meet it and by what date.
- The responsible agency will review these plans and decide if the providers' plan will meet what the rule says.
- No matter what, services will continue for people if that is what they choose.



What if . . .

a provider chooses not to meet the rule?

- The people they support will be given a choice of another provider.
- Most importantly, services will continue.



Next Steps

• The State must make sure that the rule is met.



• CMS must approve the State's Transition Plan.



- We, the State of North Carolina, see a new future for improved community access and quality of life for people receiving waiver services.
- We will work with people who use home and community based services, their families, allies and others to become the change.
- Together, we will make this vision real.





To learn more, see:

- http://Medicaid.gov
- http://www.ncdhhs.gov/hcbs/
- http://www.ncdhhs.gov/dma/lme/Innovations.html
- http://www.ncdhhs.gov/mhddsas/providers/IDD/index.htm
- http://www.ncdhhs.gov/dma/services/capda.htm
- http://www.ncdhhs.gov/dma/medicaid/capchildren.html

