

HCBS Feedback Worksheet - Transition Plan Grid Analysis

Source Breakdown						
	Email	Phone	Correspondence	Fax	Session Attendees	Total of All
Grand Totals	29	0	0	0	0	29
Stakeholders	3	0	0	0	0	3
Per Cent of Source Group	10.3%	0.0%	0.0%	0.0%	0.0%	10.3%
Advocacy Groups	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Providers/Provider Organizations	3	0	0	0	0	3
Per Cent of Source Group	10.3%	0.0%	0.0%	0.0%	0.0%	10.3%
LME-MCOs	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stakeholder Committee	23	0	0	0	0	23
Per Cent of Source Group	79.3%	0.0%	0.0%	0.0%	0.0%	79.3%
State Gov	0	0	0	0	0	0
Per Cent of Source Group	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Accept/Consider Breakdown		
	Accept - A	Consider - C
Grand Totals	5	24
Stakeholders	0	3
Per Cent of Source Group	0.0%	12.5%
Advocacy Groups	0	0
Per Cent of Source Group	0.0%	0.0%
Providers/Provider Organizations	1	2
Per Cent of Source Group	20.0%	8.3%
LME-MCOs	0	0
Per Cent of Source Group	0.0%	0.0%
Stakeholder Committee	4	19
Per Cent of Source Group	80.0%	79.2%
State Gov	0	0
Per Cent of Source Group	0.0%	0.0%

Note: Each point of feedback is individually counted specific to affiliation, e.g. 1 person could have 20 points and each is counted as a separate entity.

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Feedback	Affiliation	Source	Accept - A Consider - C	Date Received	Action Plan/Disposition
Diana, DDRinc.org, HCBS TransPlan Feedback. Hello, in the HCBS transition plan the services that are affected are mentioned as well as the standards that must be met. I was wondering if it is possible to get a list of general statutes that will be revised in order to meet the standard and criteria for HCBS. Thank you for your assistance.	Providers/Provider Orgs	Email	A	22-Nov-16	A copy of the NC DHHS Rules Review Worksheet regarding the rules which are in conflict with the federal mandate was attached in a PDF file and sent by email to the provider. The Rules Review Worksheet will also be posted on the state's HCBS website.
Matthew Herr, DRNC, HCBS TransPlan Feedback. We want to reiterate the Plan technically only applies to North Carolina's 1915(c) waiver programs; home and community based services should be available to all North Carolinians with disabilities who want to live, work and spend time in their communities.	Stakeholder Committee	Email	C	16-Dec-16	The HCBS regulation applies only to Medicaid waiver services.
Matthew Herr, DRNC, HCBS TransPlan Feedback. Tens of thousands of North Carolinians with disabilities are waiting for waiver services, or are residing in institutional settings because they do not have access to community supports. Without broad, meaningful access to HCBS services, the promise of community integration and the requirements of Olmstead will remain unmet for too many North Carolinians for the foreseeable future.	Stakeholder Committee	Email	C	16-Dec-16	Thank you for your feedback.

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Matthew Herr, DRNC, HCBS Transplan Feedback. We are concerned language in the Plan indicating any given MIE Survey will be "flagged" for follow-up only if a consumer answers all "threshold" questions on the Survey in a manner that suggests provider HCBS non-compliance.	Stakeholder Committee	Email	C	16-Dec-16	The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of compliances for HCBS including review and needed follow-up of all MIE surveys, as warranted. At this time the quarterly reporting to DHHS is specific to those surveys that have been triggered.
Matthew Herr, DRNC, HCBS Transplan Feedback. HCBS standards compliance does not exist on a continuum. A provider can only ever be compliant with HCBS standards or not compliant. The State risks fostering a weakened HCBS system and widespread Medicaid fraud if it does not investigate and take corrective actions against all providers that are measurably non-compliant with HCBS standards.	Stakeholder Committee	Email	C	16-Dec-16	The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of and ensuring compliance for HCBS rules. Allegations of fraud and abuse may be reported to DMA or the LME-MCO.
Matthew Herr, DRNC, HCBS Transplan Feedback. We do recognize the depth of investigation into allegations of provider non-compliance will often correlate with the magnitude of the alleged non-compliance. Any meaningful indication that a provider is falling short of the HCBS requirements requires follow-up, and we will consider it a failure of the HCBS implementation if the State chooses to systematically disregard reports of provider non-compliance by consumers.	Stakeholder Committee	Email	C	16-Dec-16	Non-compliance issues may be reported. All allegations of non-compliance will be investigated.
Matthew Herr, DRNC, HCBS Transplan Feedback. DHHS has received approximately 728 MIE Surveys from consumers which represent a small fraction of the total consumers receiving home and community based waiver services in the state. The Plan is unclear about whether the representative sample is going to be "representative" of services being provided statewide, by LME/MCOs, or by providers- each of which requires different "representatives" samples and provides very different kinds of information.	Stakeholder Committee	Email	A	16-Dec-16	DHHS has updated the HCBS Transition Plan to reflect the random sample for the MIE is per LME-MCO, per services authorized. For CAP-DA, the surveys will be randomly selected statewide.
Matthew Herr, DRNC, HCBS Transplan Feedback. The accuracy of representative sampling is largely premised on the assumption the population being sampled presents in a "normal" distribution. In our experience with other aspects of North Carolina's behavioral health system, this is unlikely to be the case. There can be wide variations in LME-MCO and provider compliance that may be occluded or over-represented when aggregated in state-wide "representative" data.	Stakeholder Committee	Email	A	16-Dec-16	DHHS has updated the HCBS Transition Plan to reflect the random sample for the MIE is per LME-MCO, per services authorized. For CAP-DA, the surveys will be randomly selected statewide.
Matthew Herr, DRNC, HCBS Transplan Feedback. It is substantively and mathematically inappropriate to use the tools of representative sampling to assess compliance measures that are fundamentally individualized.	Stakeholder Committee	Email	C	16-Dec-16	We disagree with your assertion and believe our sample is appropriate.
Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for identification or development of specific quality assurance/improvement measures that ensure compliance with the HCBS Final Rule.	Stakeholder Committee	Email	C	16-Dec-16	Providers will be monitored for compliance per the requirements of the rule.

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Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for continuation of a collaborative monitoring oversight process between the LME-MCOs/Local Lead Agencies and DHHS.	Stakeholder Committee	Email	C	16-Dec-16	Monitoring and oversight will be provided in accordance with the rule.
Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on what proposed measures will look like in practice for DHHS to explore the use of National Core indicators and other comparable data supporting ongoing compliance and monitoring efforts.	Stakeholder Committee	Email	C	16-Dec-16	DHHS receives and reviews data from NCI, however we have not opted not to use NCI due to the low sampling numbers for waiver participants. DHHS will continue to explore data sources as we move forward.
Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on the status of providers that are deemed to have "emerging integration." This is a catch-all term that includes all providers that are not fully HCBS compliant—those who are entirely non-compliant, somewhat compliant, or mostly compliant for a particular measure. It is difficult to review the pace and extent to which providers are coming into compliance with this metric	Stakeholder Committee	Email	A	16-Dec-16	DHHS has updated the HCBS Provider Self-Assessment Analysis document to include the total number of provider sites in full and out of compliance based on the provider self-assessment review process. DHHS has also updated the HCBS database to allow reviewers to document a site that has met full compliance status.
Matthew Herr, DRNC, HCBS Transplan Feedback. We need clarification on how "action plans come into compliance" are created for those providers and on the process for determining whether those plans are "sufficient."	Stakeholder Committee	Email	C	16-Dec-16	Plan of action plan are included within the comment section of the provider assessment and are reviewed as a part of the self-assessment. The provider submits it based on where the site is at in the compliance process of the individual being reviewed. Action plans should include proposed dates when action items will be completed and compliance met. The LME MCO/CAP-DA/DMA monitor progress at the 6 month and year status of each assessment.
Matthew Herr, DRNC, HCBS Transplan Feedback. (Transitions) We urge DHHS to clarify the specific roles that LME-MCO and DMA staff will play in the process in order to avoid confusion and ensure their obligations to consumers will be met.	Stakeholder Committee	Email	C	16-Dec-16	DHHS will work to further clarify the roles of all involved parties in the transition process.
Matthew Herr, DRNC, HCBS Transplan Feedback. The Plan only discusses notices of relocation being issued in March 2018, at the end of the Plan transition period, with the subsequent relocation or removal from the waiver by a consumer in June of that year, DHHS should develop a timeframe for giving notices or relocation and subsequent relocations/removals for after the Plan transition period ends.	Stakeholder Committee	Email	C	16-Dec-16	DHHS will develop timeframes/processes for relocations that occur after the transition plan period ends.
Bob Hedrick, NC Providers Council. HCBS Transplan Feedback. In addition to the cost of the activities must be within the financial means of the individual, and if staff support is needed for the individual to participate in the activity, an example is admission fee, these costs should also be included in the rate methodology for services. (Page 4, first bullet - Providing freedom and support to control individual schedules; and Page 8, Group Activities, and Community Activities.)	Providers/Provider Orgs	Email	C	16-Dec-16	Waiver requirements are part of the process for fiscal analysis for waiver services.

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<p>Bob Hedrick, NC Providers Council. HCBS Transplan Feedback. Providers are very supportive of meeting the individual needs of people receiving services, but in group settings where one on one support cannot be provided this becomes particularly challenging. In accommodating individual choice and in giving the opportunity of with whom and at what time/when the activities of interest can be provided, additional staff is required. DHHS must include the increased cost of this additional staffing in the rate methodology for services. (Page 4, first bullet – Providing freedom and support to control individual schedules; and Page 8, Group Activities, and Community Activities.)</p>	<p>Providers/Provider Orgs</p>	<p>Email</p>	<p>C</p>	<p>16-Dec-16</p>	<p>Waiver requirements are part of the process for fiscal analysis for waiver services.</p>
<p>Elaine Nell, Stakeholder. HCBS Transplan Feedback. The following statement on page 5 is concerning to me. It is presumed that individual's homes meet the HCBS Rule. I'm really confused about the statement because the HCBS Final Rule was referred to numerous times in CAP/C workgroup meetings throughout the past 6 months, and it is very clear it was being used as a reference in guiding policy decisions. In addition, the HCBS Transition Team did not appear to even include any CAP/C consumers/families so how do you know our thoughts about how the Final Rule impacts our children and families to officially as a state determine that it does not impact us?</p>	<p>Stakeholders</p>	<p>Email</p>	<p>C</p>	<p>16-Dec-16</p>	<p>The HCBS rule affects all of the states, 1915 (c) waivers and the rule should be followed when developing and amending all HCBS waivers. DHHS continues to seek representation from the CAP-DA and CAP-C communities for the HCBS Stakeholder Committee. The DHHS HCBS transition team is an internal DHHS group. The state transition plan focuses on service sites that have the potential of being separate from the community. CMS allows states to presume an individual's own/family home meets the setting rule unless it is determined the home was built for the purpose of isolating individuals from the greater community. CAP-C services are provided to individuals who reside in their family home or foster care. Foster care sites must be assessed.</p>
<p>Elaine Nell, Stakeholder. HCBS Transplan Feedback. One area particular comes to mind as applying to CAP/C and that is "conflict free case management." Depending upon how DMA interprets this phrase will determine the level of impact on CAP/C and the need for inclusion in the transition plan. For example, if per the Final Rule, as they said in CAP/C workgroup meetings, DMA will no longer be able to allow CAP/C case managers who regularly provide case management services to a client to continue completing the Continued Needs Reviews, this will significantly impact our kids and their care because an outside case manager will not know our medically fragile kids (especially the day to day of how their disability impact their lives or families nearby as well as a case manager we've worked closely with over the past year or more.</p>	<p>Stakeholders</p>	<p>Email</p>	<p>C</p>	<p>16-Dec-16</p>	<p>Conflict free case management is outside of the transition plan.</p>
<p>Elaine Nell, Stakeholder. HCBS Transplan Feedback. Please consider discussing the Final Rule and its potential impact with members of the CAP/C work group and /or additional CAP/C stakeholder's before just assuming it does not impact participants on the waiver.</p>	<p>Stakeholders</p>	<p>Email</p>	<p>C</p>	<p>16-Dec-16</p>	<p>Specific suggestions have been sent to the appropriate waiver staff within DMA.</p>

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DRNC - Now that LME-MCOs/Local Lead Agencies and providers have conducted informative HCBS self-assessments during the transition period, we urge against overreliance on these self-assessments after the transition period is over—when providers will actually be at risk of losing funds for HCBS non-compliance.	Stakeholder Committee	Email	C	16-Dec-16	Ongoing monitoring for HCBS compliance will be included at many different levels once the transition period is concluded. Ongoing monitoring efforts included; Innovations provider monitoring. Care coordination monitoring quarterly (monthly for residential). MIE surveys and LME-MCO annual monitoring. (CAP DA/C information should be added.)
DRNC: we applaud DHHS for exploring a number of additional ongoing compliance measures, including geo-mapping, that will continue beyond the transition period, although we seek clarification on several of those measures in this document. Without meaningful, ongoing oversight of provider HCBS compliance, the state risks having an HCBS system that may look good on paper but not in practice.	Stakeholder Committee	Email	C	16-Dec-16	The LME-MCO and Local Lead Agencies/DMA are responsible for the monitoring of and ensuring compliance for HCBS rules. Allegations of fraud and abuse may be reported to DMA or the LME-MCO.
DRNC -DHHS is far more likely to obtain meaningful non-compliance data by directly engaging with all consumers and encouraging their timely reporting of instances of HCBS non-compliance, rather than waiting for non-compliance to reveal itself through random, voluntary, periodic sampling.	Stakeholder Committee	Email	C	16-Dec-16	Non-compliance issues may be reported. All allegations of non-compliance will be investigated.
DRNC- one of the Plan's "ongoing compliance" measures is an annual "consumer satisfaction" survey, which is collected in addition to the proposed sampling of MIE Surveys each year. We seek clarification on how these two surveys differ and why, as collecting both of these seems redundant.	Stakeholder Committee	Email	C	16-Dec-16	They are two different surveys that serve two different processes. There is a consumer satisfaction survey that is part of the EQRO requirements. While some individuals on the waivers may be sampled, it is not tailored specifically to HCBS or the waiver population.
DRNC- We urge DHHS to consider simply sending out the MIE Survey to all consumers receiving HCBS services annually in the place of the "consumer satisfaction" survey and random MIE Survey sampling. Doing so would encourage timely reporting of HCBS non-compliance, streamline the ongoing monitoring process, and avoid the identified issues with "representative" sampling in this context, which are discussed above.	Stakeholder Committee	Email	C	16-Dec-16	In the interested of avoiding survey fatigue, we have chosen to use a sample.
DRNC - Without more information, we are unable to fully comment on the Plan or assess the robustness of the Plan's proposed ongoing compliance measures —although we do suggest including formal stakeholder involvement as much as possible in the development of those measures, particularly in whatever the continuing "collaborative monitoring oversight process" will be.	Stakeholder Committee	Email	C	16-Dec-16	We will continue to have stakeholder feedback in this process.
DRNC - We also ask that the Innovations Waiver Care Coordination Monitoring Tool be made publically available and open to stakeholder and public feedback	Stakeholder Committee	Email	A	16-Dec-16	The care coordination monitoring tool was vetted through the HCBS stakeholder committee and the members networks and LME-MCO /DD clinical directors and care coordination. The final version of the Care Coordination Monitoring Tool was implemented January 1, 2017.

