




The Medicaid Community Rule for Waivers: Plain Talk about North Carolina's Plan for Change

About the Page. This page is part of North Carolina's (NC) Plan for the Medicaid Community Rule for Waivers. It tells you about the plan in plain talk - "clear and easy to read."


Some people will want to learn more. This page has Internet **links**¹ in it. When you want to find out more, click the link. Here is the link to the full Community Rule Transition Plan for the State of North Carolina: <http://www.ncdhs.gov/hcbs/>

The Big Picture

What's Going On? In 2014, the Centers for Medicare and Medicaid Services (CMS)  let all of the states know about a new rule. You can read the CMS Community Rule, click here: <https://federalregister.gov/a/2014-00487>. For short, we will call it the **Community Rule**.

What is the CMS Community Rule About? The rule is about Medicaid waiver services in the United States (US). Waivers are used to fund Medicaid home and community based services (HCBS). Most states have more than one HCBS waiver. **Waivers**² are different from state to state.

The Community Rule says waiver services must help people to live in the community in the same ways that others do. Here's one way to think about it: the rule will make waiver services more "**community-friendly**"³. The Community Rule gives states until 2018 to get waiver services in line with the rule.

What Does the Rule Mean for Waivers in North Carolina? In North Carolina (NC),  there are three (3), Medicaid HCBS waivers. They are: 1) Innovations; 2) CAP/DA and CAP/Choice; and 3) CAP/C. In NC, the rule will make changes to two of the waivers: Innovations and CAP/DA.

What about the CAP/C waiver? Children who are part of the CAP/C waiver get services in the home. These services are already helping children and families to be a part of the community. The CAP/C waiver in North Carolina won't be changed by this rule.

Will This Rule Make Changes in My Life? Do you get Medicaid waiver services now? If the answer is "yes," you will want to learn about this rule.

The Community Rule will help people who use waiver services become more a part of the community. The rule says that waiver services must be provided to each person in a way that gives that person the chance to be as much a part of the community as he or she can be.

How can a rule help people become more a part of the community? The rule will change some waiver services in ways that help people get the **personal outcomes**⁴ they want from their lives.



Will People Ask Me What I Want? Yes. The rule makes sure that you will be part of any changes to the waiver services that are in your life. Person-Centered Planning will play a big role in making the Community Rule real. Your Person-Centered Plan will be used to be sure that there is “nothing about you without you.”



What Does “Integrated into the Community” Mean? CMS said it should be about a person’s life and the personal outcomes he or she wants. CMS said that the meaning of “home and community-based” was *not* just where a setting was or what it looked like.

When Do These Changes Happen? It will take North Carolina time to make some of the changes needed. The start date for the Community Rule was March 2014. We must be following everything in the Community Rule by March 2018 if CMS says that date is okay.

What is going to Change?

Some Waiver Services Will Change More Than Others. Services that have the most to do with being a part of the community will change the most because of this rule. The services will change in ways that help people become more a part of community life.

The Community Rule will make changes to these services in NC:



- Residential Supports, Day Support and Supported Employment – these services are part of the Innovations waiver.
- Adult Day Health – this service is part of CAP/DA and CAP/Choice.

Is There a Plan for Making These Changes?



Yes, NC has a Transition⁵ **Plan.** All states must write a plan for the Community Rule. The plan turns the rule into action steps. The plan helps everyone understand the Community Rule and their part in it. The plan is the “who, what, when and how” for making the Community Rule real in people’s lives. The NC plan for the Community Rule is called the HCBS Transition Plan. CMS will look at North Carolina’s plan and let us know if we need to make changes.



Who is in Charge of Making the Community Rule Real in Our State?

In North Carolina, the Department of Health and Human Services (DHHS) must put a plan together for the state. The DHHS must also make sure that the plan is working in North Carolina. DHHS is in charge of making sure that the rule is followed in North Carolina.

DHHS will send NC's Community Rule Transition Plan to CMS on March 16, 2015. CMS will look at the plan. It will tell North Carolina if any changes need to be made. DHHS will let people know what CMS says about the Transition Plan.

DHHS is working closely with families and people with disabilities; people who are aging; **Local Management Entities-Managed Care Organizations (LME-MCOs); Local Lead Agencies**⁶; and providers. We will keep that work up all along the way.

Where are We Going?

The Goal of the Plan. Our goal sounds simple, but it is a big one: we want to improve personal outcomes for people who get waiver services.

DHHS does not have all the answers yet about what will or will not change. We can say this: the rule is not about doing away with any services. It is also not about making it harder to get services. It is about being sure that people's rights are protected. It is about being sure people are part of the community.

The Vision for the Transition Plan. The Community Rule is clear. People who use the waiver must have the chance to have the same **benefits**⁷ of living in a community as others do.



This means each person:

- has the same legal and human **rights**⁸ that others in the community have;
- lives in a home that is integrated into the community;
- has choice about what they do in their daily life, at home and away from home;
- has the chance to look for jobs at the same wages set by law for everyone, in places where the work is side-by-side with everyone else;
- controls his or her personal **resources**⁹;
- has a choice about services and who provides these;
- can choose to be with friends and loved ones;
- feels safe and has what they need to be healthy;
- is treated with the dignity and respect; and
- is valued as a member of the community.

This rule says that what you need and want matters. The rule does *not* say that you get exactly what you want, when you want it. It *does* say that you must be given choices. It also says that it is fair to look at your resources.

For example, this rule says you can:

- control what you do and when;
- get food when you want to;
- decide if you want a roommate;
- choose your roommate;
- have privacy in your bedroom;
- have a key to your door;
- fix your room the way you like it;
- have visitors to your home when you want to;
- have the same right to stay in your home as other people do.

What if someone thinks this rule won't work for you? Changes to what the rule says can only be made when:

- there is a clear need in your life to do something different than what the rule says;
- you agree to the change;
- a real effort has been made to make this rule work for you;
- the change made to the rule is no bigger than it must be to meet your needs;
- the type of change and the reason for it are put in your Person-Centered Plan;
- data is used to let everyone know if the change to the rule is working for you or not;
- people look at the **data**¹⁰ at agreed upon times; and
- the change is not harmful.

How Will We Stay On Track?

CMS has given the states a lot of information to use in thinking about the state's waivers and the Community Rule. In some cases, CMS has not told states exactly what to do. CMS has given states questions to use in thinking about waiver services. DHHS will use information like this to see if providers are following the Community Rule. DHHS will help providers get in line with the rule by 2018.

We'll look at information for everyone getting waiver services under this rule. The information we study comes from providers. Information will help DHHS know what is working and where we need to work harder.

More about the Transition Plan

The Purpose. Why do we have a plan for the HCBS Community Rule? The plan has a **purpose**¹¹. It lets everyone know about the CMS Community Rule. It tells CMS that North Carolina understands the rule. It let people know what DHHS will do be sure that everyone is following the rule by 2018. Most importantly, the plan lets people and families know we are all working together to give people who use the Innovations, CAP/DA and CAP Choice waivers better lives in the community.

How Did North Carolina Write the Plan?



People Told DHHS What They Were Thinking: DHHS talked with many people for four months. These were people who know about and use waiver services. In the group were people who get Medicaid HCBS waiver services; family members; advocacy groups; and providers. People who work for the DHHS were there to listen. This group met many times from October 2014 through January 2015. We call this group of people the HCBS group.

There was a Draft Plan. DHHS and the HCBS Group worked together on a **draft**¹² Transition Plan. They worked on the draft from October 2014 to January 2015. DHHS put the draft plan on the Internet for 30 days. This helped people learn about the plan. DHHS asked people to share what they liked and what they thought needed to change.

DHHS Told People About the Plan. DHHS sent out mail and email about the plan. We sent mail and email to almost 80,000 people. We sent information to LME-MCOs/Local Lead Agencies and providers. The information helped everyone learn about the plan.

We Listened to Many People. From February 2 to February 12, 2015, DHHS had 11 **Listening Meetings**¹³; 378 people came. The meetings were all over the state. Some meetings were for anyone that came. 316 people came to these 6 meetings. DHHS worked with the NC Council on Developmental Disabilities (NCCDD) to have 5 more meetings. These were just for people with disabilities, people who were aging and families. 62 more people came to these meetings. DHHS also met with LME-MCOs/Local Lead Agencies and many providers. More than 1000 comments from people let DHHS know what was on their mind. They told us what it was that they liked about the plan and what they did not like.

More about the Ways People and Families Helped. All of the LME-MCOs have a Consumer and Family Advisory Committee (CFAC) and a waiver advisory group. These groups are made up of people who use services and their families. All got information about the plan. Another group worked with DHHS on the plan: the Stakeholder Engagement Group (SEG) on Medicaid **Reform**¹⁴. The SEG is a **cross-disability**¹⁵ group. People in this group came from different parts of the state. In all of these groups, we talked about the plan and listened.

We Asked People Who Knew More. When DHHS had questions, it asked for help. DHHS met or talked with staff of the National Association of State Directors of Developmental Disabilities Services (NASDDDS). This happened on December 23, 2014 and January 15, 2015.

We Asked for Public Comment. DHHS shared a draft of its plan and a guide for providers on January 21, 2015. DHHS put **the draft of the plan** and the guide on the Internet for 30 days. Click here to see the draft plan: <http://www.ncdhhs.gov/hcbs/index.html>. We wanted to know what people would say. This is called “public comment.” If people asked, we also sent out copies by mail. We put the plan in Spanish. It is also the Internet. People who are deaf or hard of hearing got the help they needed to work with us on the draft plan. The DHHS used plain language to make plan clear and easy to read. DHHS asked people: “What did you like about the plan? What should we change?”

What did People Say about the Draft Plan? To find out what people said, click here: <http://www.ncdhhs.gov/hcbs/pdf/Listening%20Sessions%20At-A-Glance.pdf>

We Shared What We Learned from People. DHHS had a **meeting using the Internet**¹⁶. We shared what we had learned in the Listening Meetings. To hear what was said, click here: <https://ncdmhdhhs.webex.com/cmp0401isp12/webcomponents/jsp/docshow/closewindow.jsp>. We also had “Transition Plan Chats.” In the chats, we talked to people face-to-face about the plan. We had chats in every city or town where there was a Listening Meeting.

We Made Changes to the Plan. DHHS studied what people said about the plan. We made changes to the draft plan in early March 2015. You can look on the Internet to see what the plan looks like now. Click here to see the plan sent to CMS: <http://www.ncdhhs.gov/hcbs/index.html>

What We Will Do Between Now and 2018



“What Needs to Change?” Old ways of doing things can get in the way of helping people to become full members of the community. Part of the Transition Plan means taking a good look at what we doing now. Where we *are* may be getting in the way of *where we want to go*.

The Community Rule is clear that some places (or “settings”) are not community-based. Programs funded with Medicaid **ICF/IID**¹⁷ money are one example. ICFs/IDD group homes are not community-based. Developmental Centers are another kind of ICF/IID. They are also not community-based.

In other cases, the Community Rule says that a provider may have to **prove**¹⁸ that a setting is community-based. A setting that cuts people off from others may not be a home and community-based setting. Settings that are not home and community based cannot get Medicaid waiver

dollars after March of 2018. These providers will have to change the way they do business to keep getting Medicaid waiver money.

Some providers may already be doing most of what the Community Rule says. Some may be doing everything that the Community Rule says. These providers may be able to help other providers make needed changes. All providers will have until 2018 to make needed changes.

What if a provider cannot change the way it does business or does not want to change? The rule says that people who want to keep getting waiver services after March 2018 will need to move. The rule protects people in these settings. They will not lose services.

The Tools that We are Using to Make Change



We are looking at how we work with the Medicaid waiver. We are using tools called assessments. These tools will help us understand how we are doing. The tools will help us spot what needs to change. North Carolina will use these tools for the state, LME-MCOs/Local Lead Agencies and providers.

The State and its Work with the HCBS Waivers. DHHS is looking at its own work. From April 1, 2014 to March 16, 2018, DHHS will look at laws, rules, services and **policies**¹⁹ that tell the state how to do its work with the Medicaid waivers.

We will look at how this is working for people on the waiver to help us understand how we are doing.

DHHS is already working on changes to the waivers. The Community Rule is helping us think about those changes.

We will also do new training on Person-Centered Planning. DHHS wants to be sure that people are at the center of their plans. We also want to be sure that services are connecting people to community life.

The LME-MCOs/Local Lead Agencies and the HCBS Waivers. DHHS will also look at the way that LME-MCOs/Local Lead Agencies work with the waivers. We will help LME-MCOs/Local Lead Agencies to make needed changes from February 1, 2015 to December 31, 2015.

Each LME-MCO/Local Lead Agencies will tell DHHS what changes it will make. DHHS will let the LME-MCO/Local Lead Agencies know what it needs to do, by when, to follow the Community Rule.

Providers and the HCBS Waivers. DHHS is using a guide to help providers think about what changes they will need to make. DHHS shared a draft of the guide with providers and the Stakeholder Group. We will work with providers from March 17, 2015 to March 16, 2018.

DHHS will test the tool in all of the LME-MCOs and in some of the Local Lead Agencies. The tool will help providers understand what they need to do to follow the Community Rule. We want to be sure that everyone understands how DHHS will decide what is going well and what needs to change. The tool helps with this. When the tool has been tested, it will be used across the state.

DHHS will report to CMS in January of 2016. We will share how we are doing in NC and get help from CMS, if needed.

DHHS and the LME-MCOs/Local Lead Agencies will work together to be sure that all providers are following the rule by 2018. DHHS will study what providers are doing. There will be deadlines for getting the work done. DHHS will help with any steps that providers may need to take to improve waiver services.

What if a Provider Cannot or Will Not Follow the Community Rule? If you want to keep waiver services and your provider cannot do what the rule says, you can leave. You will have a right to be heard and to be treated fairly. You will get help to find and move to another provider.

Your Voice Counts. The CMS Community Rule and North Carolina's plan to make it real are important. We want you and others to be part of the work of this plan. When there are new ways to be part of the change, we will share them with you. Stay tuned. Your voice counts!



You can get a paper copy of this plan, call us at 919-715-1294 or email us at HCBSTransPlan@dhhs.nc.gov to get one.

¹ Links take you to other pages on the Internet where you can find out more

² “HCBS” and “waiver” are two words for the same thing: how Medicaid provides services in the community.

³ Integration into the community is the goal of the Community Rule. “Integration” means that you are able to use the same community resources as are used by others.

⁴ “Personal” means it’s about you. A personal outcome is what you want for you. Some examples of personal outcomes are: I want to choose where I work. I want to have friends. I want to be a real part of my community. Your outcomes are what matters to you.

⁵ “Transition” means “change that takes place over time.”

⁶ The LME-MCOs and the Local Lead Agencies have the job of being sure that services are provided the right way in their part of the state. The LME-MCO is in charge of Innovations waiver services in its part of the state. The Local Lead Agency is in charge of CAP/DA/CAP/Choice waiver services in its part of the state.

⁷ The “benefits “of living in a community means” the good things that are part of living in a community.”

⁸ Rights are the freedoms that people in the US have. Examples of rights are: The right to vote; the right to marry; the right to be free from harm; the right to live, to work, to play and to retire side-by-side with everyone else.

⁹ “Personal resources” means your money and the things that belong to you.

¹⁰ “Data” is another word for information.

¹¹ A purpose is a reason for doing something.

¹² “Draft” means “not finished.”

¹³ These were called “Listening Sessions.” “Session” is another word for “meeting.”

¹⁴ “Reform” means “to change for the better.”

¹⁵ “Cross-disability” means a mix of families and people from these advocacy communities: mental health, developmental disabilities and substance use disorder.

¹⁶ A meeting on the Internet is called a “webinar.”

¹⁷ ICF/IID stands for Intermediate Care Facility for Individuals with Intellectual Disabilities.

¹⁸ “Prove” means to show clearly.

¹⁹ “Policy” is the way that organizations carry out laws and rules.