

Preliminary Transition Plan

HCBS Final Rule CMS 2249-F

Public Comment Period

June 25, 2014 – July 25, 2014



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I. Executive Summary

The Agency for Health Care Administration (Agency) is providing this Preliminary Transition Plan to provide notice to all plans, service providers and recipients of the Home and Community Based Services (HCBS) Final Rule, CMS-2249-F. The completed Transition Plan necessary to implement the HCBS Final Rule will be developed and noticed at a later date.

The Agency will submit the preliminary transition plan to the Centers for Medicare and Medicaid Services (CMS) with all activities required to bring Florida's HCBS Waivers into compliance with the new rule. The preliminary transition plan notice also outlines the public process strategy for amendments or renewals of HCBS Waivers moving forward. The Agency is providing a 30 day public comment period on the upcoming amendments and transition plan.

Rule Overview

The final HCBS rule defines requirements for: person centered planning in service plan development; home-like environments for residential settings in assisted living facilities and other residential settings; and community inclusion of program recipients. The rule describes and aligns home and community-based settings across programs authorized under Section 1915 (c), (i) and (k) Medicaid authorities and establishes five-year renewal cycle. The rule also increases public notification requirements for waivers and other amendments to CMS approved program documents.

Goals and Objectives

The goal of the final HCBS rule is to ensure home and community-based program recipients receiving long-term services and supports through Section 1915 (c), (i) and (k) Medicaid authorities have full access to benefits of community living.

The objective of the rule is to enhance the opportunities for recipients enrolled in HCBS programs to receive services in the most integrated setting appropriate.

II. Transition

Transition Activities

The Agency and our sister state agencies will complete an assessment of current compliance which will include an analysis of the following:

- Settings of care
- Person Centered Planning
- Monitoring tools

The Agency will then develop a plan to operationalize the CMS rule and to incorporate its requirements throughout affected waiver operations including:

- Develop and promulgate State rule
- Review licensing regulations
- Develop a timeline for amending State policy

- Develop a monitoring plan

Transition Plan Milestones

Milestone	Completion Date
Complete waiver strengths, weaknesses, opportunities and threat analysis	August 2014
Finalize draft transition plan	September 2014
Public comment period	October-November 2014
Submit finalized transition plan to CMS	November 2014

Waivers Amended

The Agency plans to submit amendments to the Centers for Medicare and Medicaid Services as follows:

1915(b)(c) Long-term Care Waiver

The Agency will submit an amendment to increase the number of individuals who can be served in the upcoming fiscal year. The program will be amended to allow plan members to; participate in person-centered care planning; permit choices of personal schedules and visitation for persons receiving services in assisted living settings and other residential settings not owned by the plan member; and encourage plan member inclusion in local community events.

1915(c) Model Waiver

The Agency will amend the Model waiver to update the quality performance measures to bring this waiver into compliance with the new rule.

1915(c) Project AIDS Care Waiver

The Agency will amend the Project AIDS Care waiver to include an updated enrollment process, updated acuity level determination and updated quality performance measures in order to bring this waiver into compliance with the new rule.

1915(c) Traumatic Brain and Spinal Cord Injury (TBI) Waiver

The Agency will amend to the TBI waiver to increase the number of recipients eligible to enroll in the waiver and include updated quality performance measures.

1915(c) Adult Cystic Fibrosis Waiver

The Agency will amend the Adult Cystic Fibrosis waiver to update the quality performance measures to bring this waiver into compliance with the new rule.

1915(c) Familial Dysautonomia Waiver

The Agency will request a renewal of the Familial Dysautonomia waiver for an additional five years. During the renewal the Agency will be updating the quality performance measures to bring this waiver into compliance with the new rule.

1915(c) DD Individual Budgeting Waiver

The Agency will be submitting an amendment to the DD Individual Budgeting Waiver to increase the adult training service rate and quality performance measures to bring this waiver into compliance with the new rule.

1915(i) HCBS State Plan Service/Redirection

This state plan service was approved as of March 2013 and no further amendments are required at this time.

Federal Submission Schedule

Submission Type	Waiver Name	Submission to CMS
Amendment	1915(b)(c) Long-term Care Waiver	July 31, 2014
Amendment	1915(c) Model Waiver	August 2014
Amendment	1915(c) Project AIDS Care Waiver	August 2014
Amendment	1915(c) Traumatic Brain and Spinal Cord Injury Waiver	August 2014
Amendment	1915(c) Adult Cystic Fibrosis Waiver	August 2014
Renewal	1915(c) Familial Dysautonomia Waiver	August 2014
Amendment	1915(c) DD Individual Budgeting Waiver	August 2014
State Plan Amendment	1915(i) HCBS State Plan Service/Redirection	TBD

III. Public Notice

The Agency is required to have a 30 day public comment period prior to amendment or renewal if the proposed amendment or renewal includes substantive changes. The Agency is required to provide two statements of public notice and public input procedures. The Agency must take all comments received during that public comment period into consideration when preparing the amendment or renewal and submit a summary of the comments and how the Agency took them into consideration along with the proposed amendment or renewal.

Statements of Public Notice

The Agency sent letters out to inform waiver case managers and support coordinators of the upcoming amendments needed to implement the rule. The letters included information on the public comment period, location of the transition plan on the Agency's website, and information on how to provide comments.

The Agency will publish a notice of the comment period and a link to the transition plan on Florida's Administrative Register. The notice will provide information on the upcoming amendments, notice of the public comment period, a link to the transition plan and locations and addresses where comments may be submitted.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). For more information, you may contact: Sophia Whaley at (850)412-4284 or via email at Sophia.Whaley@ahca.myflorida.com.

Overview of Public Notice Strategy

Prior to amendment, or renewal, the Agency is required to seek public input on proposed substantive changes to a waiver followed by a 30-day comment period.

- The Agency (or sister state Agency) will send notice to the support coordinators/case managers and Long-term Care managed care plans.

Five (5) days prior to the start of the 30-Day Public Notice Period

- Notice of proposed substantive changes and Public Notice Period in Florida's Administrative Register.
- Provide a summary of the comments received during the public comment period, reasons why comments were not adopted, and any modifications made based upon these comments. This summary will be provided and submitted along with the proposed amendment/renewal.

Please Note: The Agency will also notify the Federal Recognized tribes in accordance with Florida's State Plan.