

Centers for Medicare and Medicaid Services (CMS) Transition Planning - Service Standards
and Requirements Subgroup Meeting
July 2, 2014

Topics Discussed:

- At the June 25th meeting the rules, policies, and procedures that need to be reviewed in order to move towards compliance with the new CMS rule were divided amongst volunteer members
- Discussed recommendations on changes to rules and policies/procedures
- 65G-2 Recommendations/Discussions
 - Recommended that the definition of lease include discharge guidelines for when funding or staffing is inadequate to meet a resident's health and safety needs
 - Discussed inclusion of language to reflect allowance for customers to choose a single bedroom when available
 - Discussed best ways to maximize freedom of choice for individuals while not infringing on that of roommates and other residents
 - Discussed best means of ensuring that residents, with the exception of medical restrictions, have access to food at all times
 - Looked at ways to make resident access to food a statewide policy but still leave homes autonomy in finding the best way to enact the policy
 - Discussed the need for homes that use video monitoring to inform potential residents and their families/guardians of the potential for monitoring
- 393
 - Discussed the removal of all language related to tiers
 - Recommending changing the terms used for services to match current iBudget service names
 - Recommended that a cost-of-living-adjustment be tied to state annual minimum wage adjustments
 - Determined that, due in part to its age, 393 will require a major rewrite in two stages
 - 1st bringing it up to date with actual current practices
 - Some services are referenced that are not provided
 - Still references to rate limitations implemented prior to introduction of tiers
 - 2nd rewriting it to be in compliance with the new CMS rule