

MERCER GOVERNMENT HUMAN SERVICES CONSULTING



Assistance Implementing HCBS Transition Plans

For over 35 years, we have worked with 45 US states and territories. We bring the right mix of battle-tested experts and multi-disciplinary practitioners to the table to shape real-world solutions and face the toughest issues.

With implementation of the Home and Community-Based Services (HCBS) final rule, published January 16, 2014, the Centers for Medicare & Medicaid Services (CMS) codified long-standing policy governing expectations for HCBS program service delivery. The HCBS final rule, effective March 17, 2014, aligns federal requirements for HCBS programs across the following federal authorities: 1915(c) HCBS waivers, 1915(i) optional state plan benefit, and 1915(k) Community First Choice program. These authorities are specifically delineated in the HCBS final rule.

A growing number of states use the 1115 research and demonstration authority to operate their HCBS programs, particularly those with managed long-term services and support programs. Although the 1115 research and demonstration authority is not addressed in the HCBS final rule, CMS has since clarified that the requirements also apply to states operating HCBS programs under this federal authority. Therefore, every state operating an HCBS program is impacted by the HCBS final rule.

A primary objective of the HCBS final rule is to ensure that individuals receiving HCBS have full access to the benefits of community living and the opportunity to receive services in the most integrated setting possible. To accomplish this,

CMS places particular emphasis in the HCBS final rule on the requirements for the care settings. New requirements in the HCBS final rule regarding appropriate home and community-based settings focus on the experience of the individual in the setting and include, for example, requirements such as the setting must:

- Support the individual's full access to the greater community
- Be selected by the individual from among setting options
- Ensure individual rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimize autonomy and independence in making life choices
- Facilitate choice regarding services and who provides them

HCBS programs developed after March 17, 2014, must meet all requirements prior to receiving CMS approval. Existing programs in operation prior to March 17, 2014, are provided a transitional period in order to comply with the new requirements. States were required to submit transition plans to CMS by March 17, 2015, for review and approval.

A state's transition plan should serve as the comprehensive and detailed roadmap noting the specific activities that will be implemented and the timeframes associated with each activity to demonstrate compliance with applicable federal



requirements for HCB settings. The transition plan should take into consideration all necessary steps to assess the adequacy of the comprehensive HCBS system of care and the necessary measures to remediate any identified issues, prior to March 17, 2019.

MERCER CAN HELP

Implementing transition plans can be a resource-intensive exercise for states. Our wealth of experience working with states in designing, implementing, and monitoring HCBS programs as well as developing HCBS transition plans makes us valuable partners for states needing assistance with this heavy lift.

We are currently working with several clients to implement their transition plans. Mercer's assistance can include:

- Strategic planning for implementation
- Comprehensive management of all aspects of transition plan implementation
- Development and implementation of member, provider, and managed care organization surveys
- Survey data analysis
- Stakeholder engagement strategies and meeting facilitation
- Responses to CMS questions and negotiations
- Development of training materials and presentations
- Development of management tools, including but not limited to:
 - Project plan
 - Provider report card
 - Data analysis report
- Modifications of documents such as policy manuals, regulations, and HCBS waivers, as well as MCO contracts, based on outcome of comprehensive assessment

We help ready our clients for what's next: the next policy, the next budget, the next administration, the next opportunity.

We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care.

Offices in Atlanta, Minneapolis, Phoenix and Washington, DC
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