

South Carolina Department of Health and Human Services  
Intellectually Disabled and Related Disabilities (ID/RD) Waiver  
Transition Plan Outline – DRAFT  
August 2014

I. Introduction

The Center for Medicare and Medicaid Services (CMS) issued a final rule on Home and Community Based Services (HCBS) establishing certain requirements for home and community based services that are provided through Medicaid waivers, like the ID/RD Waiver. There are specific requirements for where home and community based services are received called “settings requirements.” There are also requirements on how to conduct person-centered planning.

CMS requires that each state submit a “Transition Plan” for each waiver renewal or amendment between March 2014 and March 2015. The Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule. Once any waiver renewal or amendment is submitted to CMS with the waiver specific Transition Plan, the state must then submit, 120 days later, a “Master Transition Plan” that outlines how the state will come into conformance with the new requirements of the HCBS Rule. States must come into full compliance with HCBS Rule requirements by March 17, 2019.

This is the Transition Plan for the ID/RD Waiver Renewal. Per CMS requirements, this is available for the public to read and comment on before being submitted to CMS for review when the renewal is submitted.

The Transition Plan, even once submitted, may need to change and evolve as the state goes through the process of coming into compliance with the HCBS Rule. If the Transition Plan does change after submission to CMS, the state will make it available again for public comment and input.

II. Home and Community Based Settings Requirements

CMS has listed the following as the requirements of settings where home and community based services are provided. They must have the following qualities:

- Be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community
- Include opportunities to seek employment and work in competitive integrated settings
- Allow individuals to control personal resources
- Setting must be selected by the individual from among setting options, including non-disability specific settings (this includes an option for a private unit in a residential setting)
- Setting options are identified and documented in the person-centered service plan
- Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices

- Facilitates individual choice regarding services and supports and who provides them
- A. Assessment of Facilities to determine HCBS Rule compliance
1. Development of the assessment tool and criteria
 

Two assessment tools are under development: one for residential facilities and another for day facilities. The criteria being used are those outlined in the 42 CFR Part 430. 431, et al, along with the exploratory questions issued by CMS for the settings requirements. They are designed to be a self-assessment of the facilities, completed by the providers. They will be online assessment tools. For providers who may not have internet access, paper copies will be provided.
  2. Resources to conduct assessment
 

It is anticipated that the assessments will be sent electronically to providers in September or October of 2014. For providers who may not have internet access, paper copies will be mailed to them.
  3. Timeframe to conduct assessment
 

Providers will be given 30 days to complete the self-assessment and return it to SCDHHS.

SCDHHS will review all assessments individually to determine where each provider is or is not in compliance. SCDHHS' goal is to complete the assessment review within six months. Once the individual assessments are reviewed, a priority list for conducting site visits will be created based on the responses on the assessments. This list will address the providers needing the most correction first. Site visits are estimated to be completed within one year of the assessment review.
  4. Corrective Action plan for providers deemed not in compliance
    - a. SCDHHS will develop general guidelines for providers to come into compliance with the new settings requirements. For each provider, an individualized response to their self-assessment will be developed indicating the specific requirements that they do not meet and where they need to come into compliance.
    - b. Providers must then create their own corrective action plan indicating how they will come into compliance with the requirements. This must include a timeframe within which to complete it.
  5. Timeframe for providers to come into compliance
 

SCDHHS anticipates that providers, depending on the severity of their non-compliance, will take no more than two years to come into compliance. This may be adjusted as necessary depending on the provider and the resources needed to complete this.
- B. Day Programs:
1. There are approximately 90 day program facilities across the state that provide various day services to ID/RD waiver participants. This does not include Adult Day Health Care facilities.
  2. There are approximately 3000 waiver participants who use day program facilities to facilitate the use of various day services assessed in their service plan.

C. Adult Day Health Care:

1. There are currently 81 Adult Day Health Care facilities that are available for ID/RD waiver participants to use across the state.
2. There are approximately 200 waiver participants who use ADHC as part of their service plan.

D. Residential:

Participants in this waiver have options as to where they live, based on need and availability. Participants can live at home, or in a residential placement like a Community Training Home (CTH) or a Supervised Living Program (SLP).

1. There are five types of residential facilities available through the ID/RD waiver.

They are:

Supported Living Program II (SLP II): This model is for individuals who need intermittent supervision and supports who are able to achieve most daily activities independently but periodically may need advice, support and supervision. It is typically offered in an apartment setting that is integrated into a community. Staff is available on-site or in a location from which they may be on the site within 15 minutes of being called, 24 hours daily.

Supported Living Program I (SLP I): This model is similar to the Supervised Living Model II; however, individuals generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone.

Community Training Home I (CTH I): In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with a person-centered service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.

Community Training Home II (CTH II): The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the person-centered service plan. No more than four people live in each residence.

Community Residential Care Facility (CRCF): This model, like the Community Training Home II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan.

The number of each type of facility and the number of waiver participants served is provided in the table below:

Table 1.1 Residential Type and Approximate Number of Participants served

<b>Residential Type</b>	<b>Number of Residences</b>	<b>Approximate Number of Waiver Participants Served</b>
SLP II	413	461
SLP I	219	200
CTH I	159	174
CTH II	666	2,511
CRCF	49	402
<b>TOTAL</b>	<b>1506</b>	<b>3748</b>

III. Person-Centered Planning

- A. Person – centered planning requirements as outlined in the HCBS Final Rule will be further incorporated into Appendix D of the waiver document. Policies and procedures will be reviewed to ensure compliance with the standards in the Rule. Training will be provided to Case Managers/Service Coordinators to ensure they understand these standards and how to implement them in their work.
- B. Conflict-free case management requirements as outlined in the HCBS Final Rule have not yet been developed. SCDHHS will assess current practices internally and externally and develop a plan for moving forward in meeting those requirements.

IV. Future Directions of ID/RD Waiver

South Carolina aims to develop a residential specific waiver within the next eighteen months. This waiver will focus on addressing residential and nursing needs. Those individuals assessed with non-residential and non-nursing needs may be able to utilize the Community Supports Waiver, other home and community based waivers as appropriate, or other long term care options. It is anticipated that revisions to the Community Supports Waiver will allow it to offer the same or similar service array as this new waiver, simply without the residential and nursing services.

V. Communications

A. Initial Plan Development

SCDHHS formed a Workgroup to address and solicit input on how the state could come into compliance with the HCBS rule, including the ID/RD waiver renewal.

This group is composed of members of:

SC Department of Health and Human Services

SC Department of Mental Health

SC Department of Disabilities and Special Needs

SC Vocational Rehabilitation

Advocacy groups:

AARP

Family Connections

Protection & Advocacy

Providers:

Local Disabilities and Special Needs Boards

Housing providers for the Mentally Ill population

Adult Day Health Care Providers  
Private Providers of Medicaid and HCBS services

Beneficiaries and family members have also been recently added to the workgroup membership.

The large workgroup broke into smaller workgroups to address different tasks of coming into compliance with the HCBS Rule, including a waiver renewal workgroup.

The large group meets monthly to discuss the progress of the smaller workgroups and to discuss issues and concerns and the overall vision of how the state can come into compliance with the new regulation.

B. Public Notice and Comment on Waiver Renewal

1. SCDHHS has developed policy to provide multiple methods of public notice and input on waiver renewals which also includes its accompanying transition plan.
  - The MCAC was provided advisories on the HCBS Rule and the ID/RD waiver renewal and transition plan on May 13, 2014 and July 8, 2014.
  - Tribal Notification was provided on June 5 and June 23, 2014. A Tribal Notification conference call for the waiver renewal and transition plan was held June 25, 2014.
  - Public notice for comment on the ID/RD waiver renewal and transition plan was posted on the SCDHHS website on August 6, 2014.
  - Public notice for comment on the ID/RD waiver renewal and transition plan was sent out via the SCDHHS listserv on August 6, 2014.
  - Several public meetings are scheduled to discuss the ID/RD waiver renewal and its transition plan, as well as the HCBS Rule and what it means for South Carolina beneficiaries.

Four public forums will be held in August 2014 on the ID/RD waiver renewal and the HCBS Rule in the following cities:

Columbia, SC	Charleston, SC
Florence, SC	Greenville, SC

- Public comment will be gathered from the public meetings listed above, from electronic communications sent to SCDHHS and from any communications mailed to SCDHHS.
- SCDHHS will review the comments and incorporate any appropriate changes to the waiver renewal and its transition plan based on public comments.