

State of Montana Home and Community Based Services Settings Transition Plan

Section 1: Public Comment on Transition Plan					
Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
Provider/stakeholder letter of introduction	DPHHS sends informational overview with a cover letter.	09/03/14	10/01/14	10/01/14	N/A
Draft transition plan available on website	DPHHS has DRAFT on website.	09/30/14	10/08/14	10/08/14	N/A
Schedule a public meeting and webinar for transition plan	DPHHS schedules public meeting on October 28, 2014, 9:00 a.m. to noon, at the DPHHS Auditorium, 111 N. Sanders Street, Helena. Participation possible in person or by webinar.	9/3/2014	10/28/14	10/28/14	N/A
Tribal Consultation letter and Public notice sent to interested parties	DPHHS drafts the tribal consultation letter and the public notice with the information about the website and stakeholder public meeting.	09/03/14	9/29/2014, mail letter by 10/6/14; publish in newspapers by 10/10/14	letter mailed 10/6/14; notice published in newspapers on 10/10/14	N/A
Put a comment section on the transition plan website for stakeholders to submit comments electronically	DPHHS will <u>places</u> a comment section on the website that can be collected and analyzed; works <u>on</u> text for the comment section.	08/31/14	10/08/14	10/08/14	N/A
Public comment period for 30 days		10/10/14	due 11/10/2014	11/10/14	N/A
Review public comments	DPHHS will <u>develops</u> responses to the public comments and post on the website. Updates provided to CMS as needed.	11/11/14	12/03/14	12/03/14	N/A
Submit Final Transition Plan to CMS			12/12/14	12/12/14	N/A

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Section 2: Assessment					
Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
Assessment of settings	DPHHS conducts a preliminary assessment of the existing HCB services for compliance with HCBS characteristics, and assessment submitted with Transition Plan.	06/17/14	12/12/14	12/12/14	N/A
Draft provider self assessment (PSA) tool	DPHHS drafts a provider self assessment tool to compile baseline information on individual HCBS settings compliance. Updates provided to CMS as needed.	01/12/15	04/30/15	04/30/15	N/A
Draft validation tool for provider assessment	DPHHS drafts a tool to validate the results of the provider assessment, includes onsite assessment and member survey information.	05/01/15	08/03/15	08/03/15	N/A
Draft member survey	DPHHS drafts a member experience survey to compile information on their satisfaction with HCBS setting. Updates provided to CMS as needed.	01/12/15	04/30/15	04/30/15	N/A
Public comment for 30 days on provider self assessment tools and member survey	DPHHS will provide opportunity for public comment in order to get feedback and refine assessment tool & member survey.	05/01/15	06/01/15	newspaper notice published 4/24/15; public meeting 5/11/15	N/A
Finalize provider self assessment tools and member survey	DPHHS makes changes as appropriate based on comment and feedback on validation and assessment tools and member survey.	06/01/15	07/01/15	07/01/15	N/A
Send letter to providers and members with instructions on self-assessment tool and survey	DPHHS sends letter to providers describing the self assessment tool and member survey with the website to access the tool and survey online.	07/01/15	07/15/15	07/07/15	N/A
Send letter to members with instructions on completing survey	DPHHS mails letter and survey to members.	07/01/15	07/15/15	07/07/15 through 07/12/15	N/A
Implementation of Provider self assessment current and prospective providers	Providers will complete self assessment tool to compile baseline information on individual HCBS settings compliance. Members will complete member survey.	07/15/15	9/15/15 08/21/15 - Provider due date	08/21/15	N/A
Monitor receipt of PSAs and trouble shoot problems	DPHHS program staff review HCBS email folder daily for messages. Follow up is conducted with providers who do not submit.	07/13/15	08/31/15	08/21/15	N/A
Extended PSA deadline	DPHHS staff make calls to providers who have not submitted the PSA by due date.	08/14/15	08/21/15	08/21/15	N/A
Implementation of member survey	Members complete member survey.	07/15/15	08/31/15 - Member due date	08/31/15	N/A
SLTC Division Administrator meets with Quality Assurance Division Administrator to discuss Validation Tool, onsite evaluators, and policy	Planning meeting. Licensure Bureau Chief creates the validation tool questions from the tool developed from the PSA survey.	07/27/15	09/25/15	09/25/15	N/A
PSA data evaluated	PSA data are run and duplicates removed. Draft matrix for determining onsite validation is discussed.	08/31/15	09/01/15	09/01/15	N/A
Piloting of Validation tool	DPHHS staff pilot draft validation tool in the field with different types of HCBS settings to include a group home, an assisted living facility (ALF) categories A and C (secure setting).	09/14/15	09/21/15	09/21/15	N/A
Validation tool revised	Feedback from piloting used to update and revise prompts and intent statements in validation tool.	09/22/15	10/16/15	10/16/15	N/A
Public comment for 30 days on validation process	DPHHS provides opportunity for public comment to get feedback and refine validation tool.	10/25/15	11/25/15		
Finalize validation tool	DPHHS makes changes as appropriate based on comment and feedback on validation tool.	11/26/15	12/30/15		
Onsite sample selection	DPHHS analyzes returned provider self assessment surveys and classifies them according to overall compliance. All HCBS settings are placed into a "Site Visit Matrix." The categories comprising this matrix are: "PSA non-responders"; "Settings that are 69% or less compliant"; "Settings that are 70-79% compliant"; "Settings that are 80-89% compliant"; "Settings that are 90-100% compliant"; and "Settings that serve children under the age of 18 only." According to these matrix results: 100% of settings in the "PSA Non responders" category receive validation visits. 100% of settings in the "69% or less" category receive validation visits. A random sample comprising 25% of settings in the "70-79%" category receive a validation visit. A random sample comprising 15% of the settings in the "80-89%" category receive a validation visit, and a random sample comprising 10% of the settings in the "90-100%" and "children only" categories receive a validation visit.	09/15/15	11/30/15		
Analysis of PSA	For any setting not selected for an onsite validation, DPHHS reviews the setting's PSA to determine areas of noncompliance with the settings regulations. DPHHS sends a letter to each setting requesting a remediation plan with timelines.	11/01/15	07/31/16		
Hire state onsite validator(s)	DPHHS hires modified FTE staff as the onsite validator(s) who will be housed in the agency.	12/01/15	01/15/16		
Train state onsite validator(s)	DPHHS conducts validator(s) training.	01/15/16	01/31/16		
Conduct on site reviews to validate assessments	DPHHS will schedule on site reviews of providers to validate compliance.	12/1/2015 2/1/16	5/30/2016 7/31/16		
Analysis of onsite reviews	DPHHS will analyze the results of the on-site survey assessment to identify specific issues and challenges that will need to be addressed through the 5-year transition period.	06/01/16	07/31/16		
Distribute results on DPHHS's onsite review of validation, provider self-assessments and member surveys	DPHHS develops and distributes an individualized report for the providers to use to become compliant with the federal HCBS setting rule. In addition, DPHHS will complete an aggregate report with statewide information and will post it on the HCBS website. Updates provided to CMS as needed.	8/1/2016 10/1/16	8/31/2016 10/31/16		
DPHHS will monitor and identify member survey to assure consistency in community access.	DPHHS incorporates member survey into existing program reviews on an ongoing basis.	6/15/2015	8/1/2016		

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Section 3: Remedial Strategies Member Transition Plan

Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
Providers who are not in compliance with the HCBS setting rule and wish to remain enrolled waiver providers will submit a compliance plan	Individual providers develop and submit plan that identifies action steps and dates to come into compliance for all items identified as non-compliant on the provider self assessment analysis. Compliance plans cannot extend beyond March 17, 2019.	09/01/16	11/15/16		
Evaluation of non-compliant providers	DPHHS will conduct on-site reviews to evaluate validity of remediation compliance assessments.	11/16/16	06/30/17		
Determine DPHHS response to non-compliant enrolled providers	Develop timeline for 1. provider dis-enrollment; 2. transition plan for members; 3. appeal rights for members and providers.	07/01/17	09/01/17		
New Provider enrollment	DPHHS will develop process for new provider enrollment to ensure settings are in compliance.	10/1/15	01/01/16		
Public comment for 30 days on provider enrollment	DPHHS will provide opportunity for public comment in order to get feedback and refine the provider enrollment/disenrollment process.	01/01/16	02/01/16		
Implementation of new provider enrollment process	Statewide implementation of new provider enrollment process. This includes consideration of provider/stakeholder feedback.	02/01/16	03/31/16		
Disenrollment of existing non-compliant providers	Statewide implementation of disenrollment of non-compliant providers who do not wish to or cannot come into compliance with new setting requirements.	10/02/17	03/17/19		
Member Transition Plan	DPHHS will develop process to transition members to enrolled providers who meet the setting rule.	07/01/17	09/01/17		
Implementation of Provider self assessment current and prospective providers	DPHHS will solicit feedback from members, advocacy groups and providers on member transition plan.	09/02/17	10/01/17		
Implementation of member transition plan	DPHHS will work with members, families, case managers and service providers to ensure members are transitioned to providers meeting HCBS setting requirements. Members will be given timely notice and a choice of alternative providers through a person centered process. Transition of members will be comprehensively tracked to successful placement and continuity of service.	10/02/17	03/17/19		
Identify members who are receiving services from provider/setting that does not meet HCBS setting criteria or those settings that choose to no longer participate in Medicaid program	Based on PSA, on site validation, heightened scrutiny and remediation plans, DPHHS determines settings that are either unable to become compliant with settings requirements or who choose not to become compliant and identify members receiving services via those settings.	11/30/16	02/01/17		
Notify member, guardians, case managers, facility support staff and any other identified responsible parties that the setting is not in compliance with HCBS settings requirements, and that a transition plan must be developed	DPHHS mails letters to responsible parties and support staff to inform them that the member's current residence is among those that are unable or choosing not to become compliant with HCBS settings requirements and specify that a team will work with impacted members to develop a person centered transition plan to a compliant HCBS setting.	11/30/16	01/01/18		
Develop member transition plan	The support team, including the member, guardian, case manager, current residential staff, and others at the request of the member, develop a person centered transition plan and timeline for transition, including a list of alternative settings that meet HCB settings criteria. Plan may include visiting compliant settings so the member may make a selection of placement. A copy of the final transition plan is provided to the member during a face to face meeting with the support team members.	02/15/17	06/15/18		
Meet with current providers of the setting and services where members will be transitioning from on transition plan implementation and coordination	Discuss the transition plan and role that the provider will play and areas that they can assist in implementing the transition plan.	05/17/17	01/01/19		
Members are provided information on available settings that meet their person centered plan requirements to make informed choices of alternate settings that are compliant with HCBS requirements	The support teams ensure members have information about which settings are compliant and how to access services and supports (person centered planning). This is accomplished through ongoing meetings with the member and their support team. Site visits may be part of decision making and choice of new setting.	08/15/17	01/01/19		
Support team work with members and newly selected setting support staff to assure that critical services/supports are in place in advance of the individual's transition.	Support team have regularly scheduled meetings to discuss the progress and needs for each transition. Team coordinates with new setting staff to meet the needs for each individual being transitioned to a new setting.	08/15/17	09/30/18		
Members are transitioned to HCBS compliant settings and services of their choosing in accordance with their person centered plan	Support teams identify the timeframe for transition of each member to appropriate settings or services in accordance with member approved transition plan. Revised timelines are developed with member involvement if transitions cannot occur as planned.	9/1/2017	1/1/19		
Members are given information and provided support to make informed choices of alternate settings that are compliant.	DPHHS works with case managers, advocacy groups, and transition teams to ensure members have information about which settings are compliant and how to access services and support (person centered planning). Ongoing meetings with the Member and their transition team will occur.	08/15/17	01/01/19		
DPHHS works with members and supports to assure that critical services/supports are in place in advance of the individuals transition	DPHHS holds regularly scheduled meetings to discuss the progress and needs of transition for each individual.	08/15/17	09/30/18		
Members are transitioned to compliant settings and services of their choosing.	Transition teams identify the timeframe for transition to appropriate settings or services.	9/1/2017	1/1/19		

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Section 4-A: Program Administration: Administrative Rules of Montana

Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
Administrative Rules of Montana	DPHHS will identify identifies and revises rules to reflect final regulations on HCBS setting requirements. Updates to CMS as needed.	01/01/15	7/1/ 2016 2018		
<u>All HCBS Waivers and 1915(i) State Plan, Licensed Services:</u>					
<u>Adult Foster Care</u>	<u>37.100.101 through 37.100.175</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Mental Health Group Home</u>	<u>37.106.1938</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Assisted Living Facilities</u>	<u>37.106.2801 through 37.106.2898</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Adult Day Care</u>	<u>37.106.2601 through 37.106.2621</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Minimum Standards for all Health Care Facilities</u>	<u>37.106.301 through 37.106.331</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Therapeutic Group Homes</u>	<u>37.87.1011, 37.87.1013, 37.97.903, 37.97.905, 37.97.906, 37.97.907</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Group Homes for Individuals with Intellectual Disabilities</u>	<u>Children's Mental Health Bureau Medicaid Services Provider Manual and 37.100.301 through 37.100.340</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Group Homes for Individuals with Physical Disabilities</u>	<u>37.100.401 through 37.100.440</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>Waiver Specific:</u>					
<u>0208 Comprehensive Home and Community Based Waiver for Individuals with Developmental Disabilities</u>	<u>37.34.901 through 37.34.989</u> <u>37.34.1101 through 37.34.1119 which govern the plan of care</u> <u>37.34.1401 through 37.34.1428 which govern positive behavior support</u> <u>37.34.1501 through 37.34.1513 which govern incident reporting and handling</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>0667 Children's Autism Waiver</u>	<u>37.34.1901 through 37.34.1965</u> <u>37.34.1101 through 37.34.1119 which govern the plan of care</u> <u>37.34.1401 through 37.34.1428 which govern positive behavior support</u> <u>37.34.1501 through 37.34.1513 which govern incident reporting and handling</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>1037 Supports for Community Working and Living</u>	<u>No rules will be reviewed as the 1037 is discontinued effective September 30, 2015</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>0455 Home and Community Based Waiver Program for Adults with Severe Disabling Mental Illness</u>	<u>37.90.41 through 37.40.461 govern 0455 Home and Community Based Services</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>0148 Montana Big Sky</u>	<u>37.40.1401 through 37.40.1488 govern 0148 Home and Community-Based Services</u>	<u>01/01/15</u>	<u>07/01/18</u>		
<u>1915(i) Bridge State Plan</u>	<u>37.87.1313 through 37.87.1315 govern the 1915(i) HCB Services State Plan Program for Youth with Serious Emotional Disturbance</u>	<u>01/01/15</u>	<u>07/01/18</u>		

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Section 4-B: Program Administration: Education

<u>Action Item</u>	<u>Description</u>	<u>Proposed Start Date</u>	<u>Proposed End Date</u>	<u>Milestone Status</u>	<u>Remedial Actions</u>
Member, Families, Stakeholder and Provider education	Update documents to ensure HCBS info is accurate, etc.	10/01/14	ongoing		
<u>DPHHS monitors and identifies member survey to assure consistency in community access</u>	<u>DPHHS incorporates member survey into existing program reviews on an ongoing basis.</u>	<u>6/15/2015</u>	<u>8/1/2016</u>		
Provider Manual revisions	DPHHS will revise manuals to incorporate regulatory requirements for HCB and qualities of an HCB setting. This step is congruent with revising administrative rules. Updates to CMS as needed.	01/01/16	07/01/16		
Incorporate education and HCB compliance understanding into Provider Enrollment	When agencies enroll to provide HCBS, they will be <u>are</u> provided guidance on HCB setting requirements. Updates provided to CMS as needed.	10/01/14	ongoing		
New Provider enrollment	DPHHS will develop <u>s</u> process for new provider enrollment to ensure settings are in compliance.	<u>02/01/16</u>	<u>06/30/16</u>		
Public comment for 30 days on provider enrollment	DPHHS will provide opportunity for public comment in order to get feedback and refine the provider enrollment/disenrollment process.				
Implementation of new provider enrollment process	Statewide implementation of new provider enrollment process. This includes consideration of provider/stakeholder feedback.		<u>07/01/16</u>		

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Section 4-C: Program Administration: Manual Revisions

Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
<u>Provider Manual revisions</u>	DPHHS will revise manuals to incorporate regulatory requirements for HCB and qualities of an HCB setting. This step is congruent with revising administrative rules. Updates to CMS as needed.	10/01/14	ongoing		
<u>Incident Management Manual</u>	<u>http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PoliciesandProcedures/IncidentManagmentManual.pdf</u>	<u>10/01/14</u>	<u>ongoing</u>		
<u>Eligibility Manual</u>	<u>http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PoliciesandProcedures/Developmental%20Disabilities%20Eligibility%20Policy.pdf</u>	<u>10/01/14</u>	<u>ongoing</u>		
<u>Rates Manual</u>	<u>http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/Rates%20Information/FINAL%20Manual%20of%20DDP%20HCBS%20Waiver%20Svs%20Rates%20Eff%20July2015.pdf</u>	<u>01/01/16</u>	<u>07/01/16</u>		

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Section 5: Heightened Scrutiny

Action Item	Description	Proposed Start Date	Proposed End Date	Milestone Status	Remedial Actions
Identify Heightened Scrutiny Settings	DPHHS utilizes results from PSA to identify Heightened Scrutiny Settings. Heightened Scrutiny Settings are presumed to be institutional in nature, defined as: 1) in a building that is also a publicly or privately operate facility that provides institutional care; 2) located on the grounds of, or immediately adjacent to, a public institution; or settings that 3) have the effect of isolating individuals receiving HCBS from the broader community.	10/01/15	10/30/15		
Confirm Heightened Scrutiny	Thirteen settings have been identified to meet one or more of these criteria from the original PSA. Additional settings may be identified as Heightened Scrutiny from onsite validation process. DPHHS confirms settings are Heightened Scrutiny by reviewing building plans and evaluating the nature of the service provided in relation to the HCBS standards. If the state determines a setting is not Heightened Scrutiny based on the above methods, the state will provide CMS with sufficient evidence to demonstrate that the setting is not heightened scrutiny.	12/01/15	02/28/16		
Notify providers	DPHHS notifies Heightened Scrutiny Settings of their Heightened Scrutiny status, the Heightened Scrutiny process, and HCBS regulations. Providers will be requested to notify DPHHS of their intent to continue providing HCBS services.	03/01/16	03/31/16		
Receive provider intentions	Providers notify DPHHS of their desire to work with the state through the Heightened Scrutiny process to continue to provide HCB services or of their intention to discontinue providing services.	04/01/16	04/30/16		
Notify support team	If the provider chooses to engage in the Heightened Scrutiny process to continue to provide HCB services, the member and support team are made aware that the setting is going through the Heightened Scrutiny process. If the provider is no longer going to provide services, the member and support team are made aware of this decision. The member and support team develop a transition plan to facilitate the member choosing and moving to an HCBS compliant setting following the member transition process.	05/01/16	05/31/16		
Information gathering	If the setting determines that they wish to continue to participate in the program, the state works through the Heightened Scrutiny process to describe how the HCBS settings requirement are met and that the setting does have the qualities of HCB settings. DPHHS collects information from and about settings requiring Heightened Scrutiny to begin the process. The information may include zoning requirements, training in HCBS, employee job descriptions, plans of care, policy and procedures, and other documents showing the setting is HCB.	05/01/16	06/30/16		
Site surveys of Heightened Scrutiny settings	DPHHS conducts on-site reviews of Heightened Scrutiny settings to determine if those settings are able to meet the characteristics that deem the setting as meeting the HCBS requirements.	07/01/16	08/31/16		
Notifying providers of compliance requirements	DPHHS notifies providers of areas that must come into compliance or be mitigated to continue in the heightened scrutiny process.	09/01/16	09/30/16		
Compliance plans	Providers submit compliance plans detailing how they ensure HCBS standards can be met. If changes are needed to come into compliance, providers submit a plan detailing the milestones. Compliance must be achieved by 10/1/17.	10/01/16	11/30/16		
Review compliance plans	DPHHS reviews compliance plans and notifies providers of acceptance or denial of plans.	12/01/16	12/31/16		
Compliance site visits	DPHHS performs additional on-site reviews of settings requiring changes to come into compliance with HCBS standards.	10/01/17	11/30/17		
Public meeting	DPHHS publicly notices the settings that are deemed to meet the qualities of HCB settings and wish to continue to provide HCBS, as well as all evidence for each facility of meeting HCBS standards. A public meeting(s) will be held to give additional opportunity for public input.	12/01/16	02/28/17		
Submission to CMS	All information gathered including public input is submitted to CMS to support the settings who are deemed compliant with HCBS standards through the Heightened Scrutiny process.	03/01/17	04/30/17		
Provider disenrollment	Providers who have not come into compliance or are deemed to not meet the qualities of a home and community based setting are provided notice of the state's intent to disenroll them from participation. Members and support teams develop a person-centered transition plan for placement in a setting that meets HCBS criteria following the member transition process.	01/01/18	03/17/19		

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Section 6: Remediation Plan

Action Item	Description	Proposed Start Date	Proposed End Date	Remedial Actions	Milestone Status
Remediation Evaluation	For settings that receive an on-site review, PSA's and on-site validations are evaluated to determine areas of remediation required by each setting to be in compliance with HCBS requirements.	08/01/16	10/31/16		
Remediation plan submitted to DPHHS	Setting provides DPHHS a detailed remediation plan that includes: 1) Area that needs remediation; 2) How the setting proposes to correct the area of noncompliance for each member affected in the setting; 3) Explanation of data/evidence that the setting provides DPHHS that show remediation has occurred; 4) Date that remediation will be completed; and 5) Contact information (e.g., who at the setting will be coordinating with DPHHS staff on the remediation plan. Remediation actions that are individual in nature and not setting specific may be recorded in the care plan/service plan of the member. Compliance must be achieved by 10/1/17.	08/01/16	09/30/16		
Remediation plan review	DPHHS identifies staff to receive, review and communicate approval/non-approval of remediation plans. DPHHS staff verify compliance through various methods which may include onsite review, documentation review or other ways to determine that compliance has been achieved in accordance with the remediation plan. DPHHS notifies the setting (by letter) when evidence of compliance is reached.	11/30/16	11/30/17		
Monitor sustained compliance	DPHHS continues to monitor setting compliance through onsite visits or as part of other monitoring processes for each specific setting type.	12/01/17	Ongoing		
Disenrollment of non compliant settings	Settings who choose not to remediate notify DPHHS by letter of their intent to disenroll from the program. If the setting chooses to disenroll and a member is affected by this decision, DPHHS implements member transition process and works with the member through this transition to a compliant setting.	03/01/18	12/31/18		
Member transition process	Members residing in settings that have not come into compliance or are choosing to disenroll from the programs avail themselves of the member transition process.	11/30/16	03/01/19		
Ongoing monitoring of compliance with HCBS setting requirements	Any setting that is in compliance prior to March 2019, and is later determined to be out of compliance with the HCBS setting requirements, will be offered the opportunity for remediation following the remediation process as outlined.	03/01/19	Ongoing		

DPHHS=Department of Public Health & Human Services

HCBS=Home & Community Based Services

PSA=Provider Self-Assessment

[To continue to receive federal Medicaid funds for HCBS waiver services, Montana must comply with the "settings" requirements made effective by CMS regulations on 3/17/2014. CMS has granted a five-year period in which to come into compliance with these regulations, which is 3/17/2019. This draft document is Montana's plan of how it will come into compliance.](#)