



Home and Community Based Services Statewide Transition Plan Update

Effective in March of 2014, CMS announced final rules to implement requirements of the qualities of settings where individuals live and/or receive Medicaid- reimbursable HCBS services. The rules were designed to insure that individuals receive services in a manner that protects individual choice and promotes community integration. A statewide transition plan (STP) is required to demonstrate Montana's compliance with the settings requirement. This plan applies to all HCBS waivers.

The implementation of the STP is in full swing. Over 221 settings, mostly assisted living, group homes and supported living environments, participated in a provider self-assessment to determine compliance with the federal rules. Those self-assessments are reviewed by a team to determine compliance and request remediation plans when necessary. In addition, the hiring of the on-site validator has been completed and he is out in the field reviewing a selected sample and those settings requiring heightened scrutiny due to unique characteristics, such as a setting that is in a building on the grounds of, or adjacent to a public institution. There have been 3 assisted living facilities that have opted out of HCBS as a result of this process. Since these 3 facilities were not actively providing HCBS-services, no transition of members was required.

In late September, the updated STP went through a second review by CMS. This review resulted in six areas requiring technical changes. The transition team is currently finalizing those changes and will be submitting the plan for review shortly. Once the STP is approved, the transition team will begin the rule making process to incorporate the settings requirements into HCBs rules.

Big Sky Waiver Renewal Update

The Big Sky Waiver, HCBS for the elderly and physically disabled, is currently in the renewal process. This program has both 1915(b) – freedom of choice, state wideness and comparability of services and a 1915(c) – alternatives to institutional care waivers. The waivers do not have a shared review process; rather the state must provide the information separately.

The 1915© portion is nearly complete as the last request for additional information has been submitted. The 1915 (b) portion requires an independent assessment regarding access, quality and cost effectiveness. A RFP was released for this activity. The deadline for proposals is December 2nd. We anticipate having a contractor selected by the end of December.