

CMS Transition Plan

Family Care Council Florida Update

September 17, 2016

- The Statewide Transition Plan was posted on Agency for Health Care Administration's (AHCA) website on August 26 for public comment. [https://ahca.myflorida.com/medicaid/hcbs/waivers/Statewide Transition.shtml](https://ahca.myflorida.com/medicaid/hcbs/waivers/Statewide%20Transition.shtml)
 - Hard copies of the Statewide Transition Plan are available upon request by contacting the Agency at (850) 412-4077 or by email at FLMedicaidWaivers@ahca.myflorida.com
- The public have until September 25, 2016 to provide their written comments on the plan.
- AHCA will review all public comments received during the 30-day comment period, revise the Statewide Transition Plan as necessary, and submit to the Centers for Medicare and Medicaid Services for review.
- The Transition Plan addresses all of the 1915(c) HCBS Waiver programs within the State of Florida. Specifically,
 - Long-Term Care Managed Care Waiver
 - Familial Dysautonomia Waiver
 - Developmental Disabilities Individual Budgeting Waiver
 - Project Aids Care Waiver
 - Traumatic Brain and Spinal Cord Injury Waiver
 - Model Waiver
 - Adult with Cystic Fibrosis Waiver
- Residential and non-residential settings were assessed to determine compliance to the CMS settings rule requirements. Areas of focus were determining if settings identified were presumptive institutions and if they met the HCBS characteristic requirements.
- The criteria for a setting to be a **Presumptive Institution** are:
 - A. The setting is located in a building that is also a public or privately operated facility that provides inpatient institutional treatment.
 - B. The setting is in a building on the grounds of, or immediately adjacent to, a public institution.
 - C. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community. Examples consist of:

1. Farmstead or disability-specific farm community.
 2. Gated/secured community for specific disabilities.
 3. Multiple settings co-located and operationally related.
 4. Residents who live at the setting and attend work or school on site.
 5. Setting is designed to only serve individuals with specific disabilities.
 6. Setting uses/authorizes interventions/restrictions that are used, or are deemed unacceptable in an institutional setting (ex. Seclusion).
- The **HCBS characteristic** assesses compliance related to:
 - Residential:
 - Setting
 - Room/Privacy
 - Meals
 - Activities/Community Integration
 - Respect/Rights/Choices
 - Other
 - Non-Residential:
 - Community Integration
 - Respect/Rights/Choices
 - Employment
 - Each HCBS characteristic has multiple standards.
 - The Statewide Transition Plan identifies 18 settings as presumptive institutions. Of which, 13 APD Waiver providers had:
 - 12 ADT programs
 - 1 Adult Day Care Center
 - 33 APD residential licensed facilities and/or
 - 6 ALFs
 - The survey results revealed the following 13 providers as having presumptive institutional settings:
 - Advocacy Resource Center Marion, Inc.
 - The Angelus, Inc.
 - Duvall Home, Inc.

- Citrus County Association for Retarded Citizens, Inc. (Key Training Center)
 - L'arche Harbor House
 - Pine Castle
 - WORC, Inc.
 - Community haven for Adults & Children with Disabilities, Inc.
 - Human Development Center
 - Maison de St. Joseph, Inc.
 - Devereux Florida Treatment Network
 - Bishop Grady Villas
 - Carlton Palms Educational Center
- Among the 52 residential and ADT programs operated by the 13 providers, Criteria C was identified as the common issued faced for settings being presumptive institutions (The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community). The providers listed were identified as having one to three violation to the CMS Rule based on the following:
 - 52 settings were multiply co-located and operationally related.
 - 46 settings had residents who lived and attended work or school on site.
 - 20 settings were gated/secured communities for specific disabilities.
- Planned communities were assessed and were determined not to meet the definition of being presumptive institutions due to:
 - The developers of the planned communities are not direct care providers of HCBS Waiver services.
 - The residents of planned communities can select community providers of HCBS Waiver service to provide support.
 - Residents have signed leases.
 - Residents are responsible for paying their own bills (rent, utilities, groceries, etc.)
 - Developers of the planned communities do not provide 24/7 supervision, and residents can enter and leave the premises at will to access the greater community.
 - APD will conduct annual surveys to ensure the communities ongoing compliance to the CMS Rule.
- Among the presumptive institutions' HCBS Characteristics, the following number Mets and Not Mets were observed:

- Residential (APD Licensed and ALFs):
 - 785 Met, 88 Not Met
 - Adult Day Training:
 - 99 Met, 9 Not Met
 - Adult Day Care Center
 - 9 Met, 0 Not Met
- The HCBS Characteristic standards most commonly cited among the presumptive institutional settings were:
 - Residential:
 - Standard 6.2 – The setting has a legally enforceable lease, residency agreement, or other form of written agreement for each individual.
 - Standard 2.3 – Individuals have privacy in their living quarters.
 - Adult Day Training:
 - No specific negative trend among the providers were observed for any of the standards.
 - Among all of the 355 Residential Surveys conducted from February through June, 2016, the following HCBS Characteristics were most commonly cited:
 - Standard 6.2 – The setting has a legally enforceable lease, residency agreement, or other form of written agreement for each individual.
 - Standard 2.3 – Individuals have privacy in their living quarters.
 - Standard 2.4 – The setting has an appropriate policy for staff access to individual rooms.
 - Standard 2.5 – If the desired living arrangement is not available when the individual moves in, the individual is given the opportunity to change when their first choice becomes available.
 - Standard 4.2 – Transportation is provided, or arranged, by the setting to community activities.
 - Standard 5.2 – Individuals, or their delegate, are an active participant in the development of, and update to, the person-centered plan.

- Among all of the 136 Non-Residential surveys of Adult Day Training programs conducted from February through June, 2016, the following HCBS Characteristics were most commonly cited:
 - Standard 2.1 – Individuals are part of the person-centered planning process.
 - Standard 2.2 – Individual choice are accommodated including:
 - Option to bring and keep control of their own resources.
 - Opportunity to engage in activities of the individual's choosing.
 - Ability to interact with people of the individual's choosing.
 - Meal options (if applicable) including where, when and with whom to eat.
 - Standard 3.1 – Setting assists individuals who wish to gain competitive employment.

- Areas that the Family Care Council may help:
 - Educating individuals and providers on person-centered-planning
 - Ensure Waiver Support Coordinators and providers understand that the Support Plan drives the development of the provider's Implementation Plan (Residential Habilitation and Adult Day Training).
 - Insure individuals are empowered to make choices and have their rights honored.
 - Limitations/Restrictions needs to be identified in the Support Plan for the Implementation Plan to address. For example, access to food if a person has Prader-Willi Syndrome, need for direct line of site supervision if a person has pica, history of elopement, etc.
 - Making sure providers of Adult Day Training services promote and develop programs for individuals to engage in their community. For example, job development and placement, utilizing public transportation system, etc.