

## NC DHHS Published HCBS Transition Plan

NC DHHS has published the [Home and Community-Based Settings \(HCBS\) Final Rule Transition Plan](#). North Carolina has been working toward compliance with a Centers for Medicare and Medicaid Services (CMS) rule since it became effective in March 2014. The federal rule impacts three Medicaid programs—Innovations Waiver, Community Alternative Program for Disabled Adults Program and the Community Alternatives Program for Children. It is inclusive of institution, residential and even day services and highlights the optimization of independence and autonomy for each individual.

The intent of the federal rule is to ensure that States offering individuals under the Innovations, CAP/C and CAP/DA waivers using residential supports, day supports and supported employment their services in the least restrictive and most integrated community settings. This would be based on what is clinically appropriate for the individual and determined through the person-centered planning process. All states must be compliant no later than March 17, 2019. North Carolina further sets a goal that these specific providers that fall under the CMS rule will be “fully integrated” by June 30, 2021.

This final version of the HCBS Transition Plan includes the cumulative actions by NC DHHS to vet the federal rule changes, the process for developing State rule changes, the identification of providers who are impacted by the federal rule including those who fit “heightened security” and were evaluated for whether they fell under the federal rule. The new plan includes the May 2018 assessment of providers to ensure competencies for meeting the goals of the federal rule. A total of 4,538 providers that fall under the CMS rule have now achieved “fully integrated” settings. That number is up by over 1,000 since last year. The assessments included whether the provider offers accessibility to the kitchen, bathroom, and other parts of the domicile, the ability to lock a door for privacy (with only appropriate staff also having a key), choice of providers for community-based services and transportation to those services, settings that offer private living units to the extent possible as well as interaction with staff that maintains dignity and respect for the individual, provides choice to individuals in what they do during the day, when they eat or snack, how they decorate their rooms, and visitors at times of their choice. Both the NC DHHS and LME/MCOs have been responsible for monitoring the progress of providers in maintaining these areas of independence.

On June 28<sup>th</sup>, the Centers for Medicare & Medicaid Services (CMS) released an [informational bulletin](#) on ensuring the health and welfare of individuals receiving Medicaid-funded Home and Community Based Services (HCBS).