

OVERVIEW. On March 17, 2014, the Centers for Medicaid and Medicare Services (CMS) promulgated new federal regulations that set new standards for Home and Community Based Service (HCBS) Settings. The new requirements address standards for informed choice, protecting the rights of participants, requiring settings to be integrated, not isolating to participants, and not institutional in nature or in its characteristics. To adhere to these rules, each state must submit a transition plan to assess the current settings and implement remediation with the areas of non-compliance within a 5-year timeline. The following chart is the state's proposed 5-year transition plan for the waiver. Modifications may be made to the plan as a result of the public comment received. The final plan will be posted by late November 2014 and training on the plan and new standards will follow in early 2015. Comments on this plan can be sent to bhdmail@wyo.gov until November 17, 2014.

Milestones		Tasks to Complete Milestone	Why it Matters	Target Date
Year 1	By March 16, 2015			
Year One	1. Transition Stakeholder team implemented	<ul style="list-style-type: none"> ➤ Request members & charter team expectations ➤ Meet regularly 	Form cross section team to set standards	June 2014
	2. Identify state standards and expectations for Integration, informed choice, setting characteristics, location, etc.	<ul style="list-style-type: none"> ➤ Research and discuss topics ➤ Set state standard for each topic as a team 	Decide on the team's standard to apply to Wyoming settings	October 2014
	3. Inventory provider settings and assess compliance	<ul style="list-style-type: none"> ➤ Develop provider survey to assess settings ➤ Providers complete it ➤ State and team review and analyze survey responses ➤ Determine compliance for each setting and the remediation and improvements that are needed 	<p>Review settings and measure compliance with CMS standards in federal rules and with new state standards. Settings will be considered one of the following:</p> <ul style="list-style-type: none"> a) In Compliance (fully align with the Federal requirements) b) Does not comply with the Federal requirements and will require modifications c) Cannot meet the Federal requirements and require removal from the program and/or the relocation of individuals d) <u>Presumptively non-home and community-based</u> but for which the state will provide justification / evidence to show that those settings do not have the characteristics of an institution and do have the qualities of HCBS (to be evaluated by CMS through heightened scrutiny process 	October 2014

Year One	4. Conduct survey of provider settings with participant, guardian, case manager, and state staff respondents	<ul style="list-style-type: none"> ➤ Develop surveys ➤ Disseminate surveys ➤ Collect and analyze responses 	These will be validity testing of the provider settings and compliance with federal requirements	November 2014
	5. Conduct Public Forums to review transition plan and give input	<ul style="list-style-type: none"> ➤ Schedule forums in October 2014 ➤ Put transition information together ➤ Present at forums and receive input on plan 	States must ensure the document is posted and, in the case of public forums, available or distributed for comment.	August 2015
	6. Develop Statewide transition plan for each waiver (similar to this one) and evaluate after public comment, and at six months	<ul style="list-style-type: none"> ➤ Transition plan for each year finalized ➤ Providers with areas of non-compliance identified ➤ Due dates for remediation identified 	This is the item required by CMS	February 2015
	7. Use a Communication strategy to inform and educate participants, guardians, providers, legislators on the new standards and requirements	<ul style="list-style-type: none"> ➤ Summarize decisions from Transition Task force ➤ Communicate information to public in multi-media approaches ➤ Reach all audiences with consistent message and needed changes to state rules and policies 	States must ensure the full Transition Plan is available to the public for public comment, including individuals receiving services, individuals who could be served, and the full stakeholder community.	January 2015
	8. Assess state service definitions, rules, and facility requirements for compliance	<ul style="list-style-type: none"> ➤ Critique all waiver service definitions, waiver rules, and facility requirements to see where they are out of compliance with federal rules ➤ Adjust the services, rules, or facility requirements with involvement from a stakeholder team 	The state must ensure its own policies, services, rules, or requirements are not promoting services in a manner that violates the new federal laws. Any areas of non-compliance on the state side must be addressed as well.	March 2015
	9. Taskforce provides final advice to Division on new standards in all areas based on public input and team discussion.	<ul style="list-style-type: none"> ➤ Review and discuss public input received ➤ Incorporate changes as the team and state feel will honor the Wyoming vision and the federal rules 	Statewide Transition Plan must have meaningful public input as it is formed. We want the plan to reflect the needs and preferences of Wyoming citizens involved with these programs.	November 2014
	10. State adopts new HCB Setting standards with input from stakeholder task force	<ul style="list-style-type: none"> ➤ Standards are communicated to public ➤ Providers receive education on new standards and self-assessment ➤ Standards are implemented by changing rules, policies, services, the plan of care, provider facility requirements, provider certification processes 	The new standards will drive the changes that are made and will improve participant's quality of life.	November 2015
	11. Develop a plan to address provider capacity and setting capacity	<ul style="list-style-type: none"> ➤ Ensure that the participants served on the waivers and the number of providers and settings available are equitable 	State must ensure participant safety and ability for the waiver to provide services statewide	January 2015

	12. Develop a plan for monitoring and enforcing continued compliance with the new standards and provider requirements	<ul style="list-style-type: none"> ➤ Develop a process for monitoring compliance with standards through certification processes and incident/complaint monitoring processes 	State must ensure that providers meet the milestones in the transition plan and continue to meet the standards on an ongoing basis.	February 2015
Year 2	By March 16, 2016			
Year Two	1. Any provider found out of compliance must develop and implement a transition plan for their making changes in order to meet the state standards	<ul style="list-style-type: none"> ➤ Providers are issued a report of where they are not in compliance. ➤ Providers develop a detailed action plan with milestones and timelines to make changes to services, setting characteristics, locations, or service delivery in order to come into full compliance. ➤ State must approve each provider transition plan. 	Providers will be able to uniquely adjust or restructure their business to meet the standards.	July 2015
	2. State rules and laws updated where required to meet new standards.	<ul style="list-style-type: none"> ➤ The state seeks stakeholder input to adjust rules to meet new standards. ➤ Rule changes are made according to state procedures. ➤ State works with legislators to adjust statutes as needed. 	The state needs to ensure the rules and laws do not conflict with the federal regulations.	October 2015
	3. Providers develop policies to meet the new standards for informed choice, Integration, setting characteristics	<ul style="list-style-type: none"> ➤ Provider complete the self-assessment to learn where the provider needs to adjust practices to meet the standards. ➤ Provider develops an action plan to address issues and submits to the state for approval. ➤ State works with provider to make adjustments to the action plan, if needed. 	The provider must ensure the policies and practices of their organization are changed where appropriate and that board members, staff, participants and guardians are aware of the systemic changes.	October 2015
	4. Five Year Transition plan implemented and evaluated	<ul style="list-style-type: none"> ➤ The state's five year transition plan is further implemented and evaluated for its progress. Feedback will be acquired through surveys and stakeholder meetings. 	Any substantial changes to a Transition Plan must incorporate the public notice and input process into that submission.	December 2015
	5. Monitor plan for provider capacity and setting capacity	<ul style="list-style-type: none"> ➤ The state will provide training and support to providers to assist with provider stability and capacity. ➤ Areas of the state with provider shortages will be reviewed and addressed. 	The state needs to address staffing shortage issues that may result due to the changes required in the provider setting standards.	February 2016
	6. Implement plan for monitoring and enforcing continued compliance with the new standards and provider requirements	<ul style="list-style-type: none"> ➤ Provider surveying and monitoring practices by the state will be adjusted to check for compliance with the standards and the provider's own action plan for transitioning. 	CMS requires the state to ensure the provider is meeting state standards and must address areas of noncompliance through technical assistance, corrective action plans or other sanctioning actions.	March 2015
	7. Communication strategy to inform	<ul style="list-style-type: none"> ➤ The state will continue use multiple 	Substantive changes in a Transition	March

	participants, guardians, providers, legislators	communication channels to get the information out about the transition plans, new standards, and any areas of concern that need attention. ➤ Legislators will be contacted with information on the status of the transition plan and setting progress.	Plan will require public comment.	2015
Year 3 By March 16, 2017				
Year Three	1. Providers implement and evaluate the new policies and practices for informed choice, integration, and setting characteristics	<ul style="list-style-type: none"> ➤ Providers must train staff, educate participants and guardians regarding new standards. ➤ Policies and practices must be evaluated and adjusted depending on feedback and issues that arise. ➤ Adjustments to provider action plans for the transition must be review by the state to ensure the changes still meet the standards. 	Any business changes and policy changes should be evaluated regularly and adjusted as appropriate.	July 2016
	2. Providers make plans to change or repurpose settings that do not meet compliance for location	<ul style="list-style-type: none"> ➤ Providers who have service settings not meeting the new standards must have action plans for how they will moved or repurposed so that participants are not served in the setting by the end of year four. ➤ HUD Contracts are reviewed and negotiated to meet compliance wherever possible. ➤ Providers implement sustainability plans. 	Settings that are located in areas that do not meet the new standards must be relocated for services to be provided by the end of year four.	October 2016
	3. Transition plan evaluated	<ul style="list-style-type: none"> ➤ The state's five year transition plan is further implemented and evaluated for its progress. 	Any substantial changes to a Transition Plan must incorporate the public notice and input process into that submission.	December 2016
	4. Communication strategy	<ul style="list-style-type: none"> ➤ The state will continue to use multiple communication channels to get the information out about the transition plans, new standards, and any areas of concern that need attention. 	Substantive changes in a Transition Plan will require public comment.	December 2016
Year 4 By March 16, 2018				
	1. Providers make final decisions and facility changes to meet the standards for location	<ul style="list-style-type: none"> ➤ Providers who have service settings not meeting the new standards must have action plans for how they will moved or repurposed so that participants are not served in the setting by the end of year four. ➤ Settings that are deemed not HCBS even with modifications will be notified or the state will 	Settings that are located in areas that do not meet the new standards must be relocated for services to be provided by the end of year four.	December 2017

Year Four	submit a request for approval through CMS' heightened scrutiny process.			
	2. Providers continue to make adjustments to meet other state standards for choice, integration, and setting characteristics	<ul style="list-style-type: none"> ➤ Regarding policy changes due to the new standards, providers must train staff, educate participants and guardians. ➤ Policies and practices must be evaluated and adjusted depending on feedback and issues that arise. ➤ Adjustments to provider action plans for the transition and sustainability are reviewed by state to ensure the changes still meet the standards. 	Any business changes and policy changes should be evaluate regularly and adjusted as appropriate.	December 2017
	3. Transition plan evaluated	<ul style="list-style-type: none"> ➤ The state's five year transition plan is further implemented and evaluated for its progress. Feedback will be acquired through surveys and stakeholder meetings. 	Any substantial changes to a Transition Plan must incorporate the public notice and input process into that submission.	December 2017
	4. Communication strategy	<ul style="list-style-type: none"> ➤ The state will continue to use multiple communication channels to get the information out about the transition plans, new standards, and any areas of concern that need attention. 	Substantive changes in a Transition Plan will require public comment.	December 2017
Year 5	By March 16, 2019			
Year Five	1. Providers make final adjustments to meet ALL state setting standards	<ul style="list-style-type: none"> ➤ The goal is to have all transition milestones completed by the end of year 4. In year five, the outlying conditions that were unexpected or encountering bigger issues will be evaluated between the provider and the state. 	All provider settings must be in compliance by the end of year 5, but the state's deadline is 4 years so that any outlying or unexpected issues have time to get resolved.	December 2018
	2. Participants transition to new settings if needed	<ul style="list-style-type: none"> ➤ Participants will be identified that are in settings that do not meet compliance with the standards. ➤ Participants will receive notice of their options. ➤ Participants begin choosing providers or new settings, having transition plans or transitioning off of the waiver if wanting to stay in a non-compliant setting. 	Any participants served in a setting that does not meet the state's standards will receive notice to choose another setting and possibly a new provider. If participant chooses to remain in a non-compliant setting waiver funding cannot be used.	December 2018
	3. Transition plan final evaluation	<ul style="list-style-type: none"> ➤ The state's five year transition plan is further implemented and evaluated for its progress. Feedback will be acquired through surveys and stakeholder meetings. 	Any substantial changes to a Transition Plan must incorporate the public notice and input process into that submission.	December 2018
	4. Sustainability of providers	<ul style="list-style-type: none"> ➤ Providers have system changes in place for sustainability of their programs for waiver services they choose to keep providing. 	The state needs certified providers to stay in business to meet the needs of participants statewide.	December 2018