

HCBS Statewide Transition Plan Executive Summary

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) adopted a regulation detailing the requirements settings must meet to be eligible for Medicaid reimbursement of home and community-based services (HCBS).

- ✓ The State submitted the required HCBS statewide transition plan (STP) describing the actions to be taken to ensure settings where HCBS services were furnished were compliant.
- ✓ CMS issued [initial approval](#) of the Ohio STP. Appendices I-IV of the STP describe the action steps and target dates for achieving 28 unique milestones that measure implementation progress. The [Milestone](#) report is posted on the ODM webpage.
- ✓ The State has completed 96% (27 of 28) of the milestones.
- ✓ The State received CMS final approval of the STP in September 2019.

SETTING ASSESSMENT RESULTS

The State identified **351** non-residential settings and **1,025** residential settings where services were delivered to individuals enrolled on one of the following HCBS waivers: Individual Options, Level One, S.E.L.F., Ohio Home Care, MyCare Ohio, Assisted Living, and PASSPORT.

- ✓ On-site evaluations of each setting were conducted by State staff. The results of the on-site assessment determined whether the setting was compliant, required remediation to achieve compliance or would be submitted to CMS for further review.
- ✓ **173** non-residential settings and **844** residential settings were determined to be fully compliant. The State is using established monitoring and oversight processes to ensure the settings continue to demonstrate home and community-based qualities.
- ✓ The State identified **7** non-residential settings to be submitted to CMS for further review. All 7 settings furnished the Adult Day Health service to individuals enrolled in the MyCare, Ohio Home Care, or PASSPORT waivers.
- ✓ The State identified **62** residential settings to be submitted to CMS for further review. 2 settings furnished services to individuals enrolled on the Individual Options, Level One, or S.E.L.F. waivers. 60 settings furnished services to individuals enrolled on the Assisted Living or enrolled on the My Care waiver and receiving the assisted living service.

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Settings Subject to Further Review by CMS

There are some settings that are identified by the federal regulation as “presumed to be institutional”. These settings include any setting that is located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment, a building on the grounds of or adjacent to a public institution or any other setting that as the effect of isolating individuals receiving Medicaid HCBS from the broader community. If the State has sufficient evidence demonstrating the setting is compliant with the federal regulation, the State may request [further review](#) by CMS.

- ✓ The State submitted evidence packages to CMS for the **7** non-residential settings. The outcome of the CMS review is pending. The [list of settings by name](#) and the setting specific evidence packages are posted on the ODM webpage.
- ✓ The State submitted evidence packages to CMS for the **2** residential settings serving individuals enrolled on the Individual Options, Level One, or S.E.L.F waivers. CMS confirmed there is sufficient evidence demonstrating for the two 2 residential settings. The [list of settings by name](#), the setting specific evidence packages and CMS determination letters are posted on the ODM webpage.
- ✓ CMS will review a random sample of the remaining **60** residential settings. Evidence packages will be submitted when CMS identifies the settings included in the random sample. The [list of settings by name](#) and the setting specific evidence packages are posted on the ODM webpage.
- ✓ The State identified **4** residential settings serving individuals enrolled on the Individual Options or Level One waivers that have overcome the effect of isolating individuals and will not be submitted to CMS for further review. The [list of settings by name](#) and the setting specific evidence packages are posted on the ODM webpage.

PROVIDING INPUT ON THE STP OR A SPECIFIC SETTING

Input on the HCBS statewide transition plan OR input for a specific setting can be provided at any time using one of the following methods:

- ✓ E-mail hcbsfeedback@medicaid.ohio.gov
- ✓ Toll-Free: 1 (800) 364-3153
- ✓ Written: Ohio Department of Medicaid, P.O. Box 182709, 5th Floor, Columbus, Ohio 43215
- ✓ Fax: (614)752-7701
- ✓ In-Person Ohio Department of Medicaid, 50 West Town Street, Columbus, Ohio 43215