

## Ohio's Draft Plan to Comply with New Federal Home and Community Based Services Requirements

# Questions and Answers

---

### 1. What is CMS?

CMS is the Center for Medicare and Medicaid Services (CMS), a federal agency and branch of the U.S. Department of Health and Human Services, which administers Medicare, Medicaid and the Children's Health Insurance Program (CHIP) program in partnership with state governments, and private health insurance programs including Health Insurance Marketplaces, and provides information for health professionals, regional governments, and consumers. The Medicare program is the nation's largest health insurer, handling more than 1 billion claims per year. Medicare and Medicaid together provide health care insurance for more than 100 million Americans.

### 2. What changes is CMS making and why?

On January 16, 2014, CMS issued a new rule that describes the types of settings in which states may use federal Medicaid funds to pay for home- and community-based services (HCBS). The rule became effective March 17, 2014. Essentially, the rule says that federal Medicaid funds can no longer be used to pay for waiver services that are offered in an institutional setting, or settings adjacent to institutions or other settings that have the effect of isolating people who are receiving HCBS.

CMS made the changes to support enhanced quality in HCBS programs, and to ensure that individuals have full access to the benefits of community living and participation.

### 3. What waivers will be affected by the changes?

The waivers affected by the new CMS rule include the Individual Options (IO) waiver, the SELF waiver, the Level 1 waiver, and the Transition DD (TDD) waiver, which are administered by the Ohio Department of Developmental Disabilities; PASSPORT and Assisted Living, which are administered by the Ohio Department of Aging; and the Ohio Home Care Waiver and MyCare Ohio, which are administered by the Ohio Department of Medicaid. The Transitions Carve-Out Waiver, also administered by the Ohio Department of Medicaid, will expire on June 30, 2015.

It is important to note that the changes apply to all waiver services, both residential and non-residential.

### 4. What is the timing of the changes?

Ohio must be fully compliant with the new CMS rule within five years of its effective date, or by March 17, 2019.

By March 17, 2015, all states are required to submit a Transition Plan to CMS outlining where the state currently is not in compliance with the new rule, and the steps the state will take to come into compliance by 2019.

**5. Who is serving on the system-specific transition plan committees?**

The **DODD CMS Transition Plan Committee** is made up of a representative group of stakeholders, including individuals, families, providers, advocacy groups, County Board of Developmental Disabilities staff, and state agency staff.

The following organizations have been invited to serve on the **ODM/ODA CMS Transition Stakeholder Advisory Group**: AARP, The Academy of Senior Health Sciences Inc., Leading Age, Midwest Care Alliance, National Church Residences, Ohio Assisted Living Association, Ohio Council for Home Care and Hospice, Ohio Department of Aging, Ohio Department of Medicaid (including Bureau of Long-Term Care Services and Supports and Bureau Managed Care), Ohio Health Care Association, Ohio Olmstead Task Force and Ohio Long-Term Care Ombudsman's Office.

The diversity of each group ensures there are many viewpoints at the table.

**6. Will the public be able to see the plan before it is submitted to CMS?**

Yes. The draft plan will be completed in December and will be available for public comment in December and January. The state values the input of stakeholders that may be affected by the changes. All comments will be reviewed for possible incorporation before the plan is submitted to CMS.

**7. How can people comment on the draft transition plan?**

a) By email: [HCBSfeedback@medicaid.ohio.gov](mailto:HCBSfeedback@medicaid.ohio.gov)

b) By written comments sent to:

Ohio Department of Medicaid

ATTN: HCBS Transition Plan

P.O. Box 182709, 5<sup>th</sup> Floor

Columbus, Ohio 43218

c) By calling toll-free to leave a voicemail message at 1 (800) 364-3153.

d) By submitting testimony in person or in writing at either of two public hearings. People are required to bring written copies of their testimony.

January 7 – 1:00 pm, Rhodes State Office Tower Lobby Hearing Room, 30 E. Broad St., Columbus OH

January 15 – 1:00 pm, Rhodes State Office Tower Lobby Hearing Room, 30 E. Broad St., Columbus OH

## **Additional Information:**

**CMS HCBS Website:** <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

**HCBS Advocacy:** <http://hcbsadvocacy.org/>

### **Regulatory Requirements for Home and Community-Based**

**Settings:** <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/requirements-for-home-and-community-settings.pdf>

### **Exploratory Questions to Assist States in Assessment of Residential**

**Settings:** <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf>