

REVISIONS TO THE DRAFT STATEWIDE TRANSITION PLAN

- The Centers for Medicare and Medicaid Services (CMS) published regulations in the *Federal Register* on January 16, 2014, which became effective on March 17, 2014, implementing new requirements for Medicaid's Home and Community-Based Services (HCBS) waivers.
- These regulations require all states to submit a transition plan for their HCBS 1915(c) waivers and 1915(i) state plan programs. <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>
- The intent of the federal regulations is to ensure that individuals receiving services and supports through Medicaid HCBS programs are assured full access to community living and are able to receive services in the most integrated settings.
- Ohio submitted a draft statewide transition plan to CMS on March 13, 2015. Ohio must be fully compliant with the new federal regulation within five years of its effective date or by March 17, 2019.
- CMS completed an initial review of Ohio's statewide transition plan and requested additional detail in the following areas: site-specific assessments and outcomes, ongoing monitoring, heightened scrutiny, and relocation. The CMS initial review letter can be viewed at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/oh/oh-cmia.pdf>.
- The State's response to the CMS initial review has been added to the draft statewide transition plan (Section V) and can be found in Appendices 2, 3, and 4.
- Based on initial review of the draft statewide transition plan the State was notified by CMS the plan needed to be revised and posted for public comment.
- The public comment period begins October 15, 2015 and ends November 15, 2015. The revised draft statewide transition plan must be submitted to CMS no later than December 2, 2015.