

**North Carolina DHHS HCBS Final Rule Transition Plan
(42 CFR Section 441.301 (c) (4)(5)and (6); Section 441.302; Section 441.530)**

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Sources</i>	<i>Key Stakeholders</i>	<i>Intervention/ Outcome</i>
Section 1. Identification							
Purpose.	To ensure compliance with CMS HCBS Final Rule (March 17, 2014), while improving personal outcomes for waiver recipients across the State of North Carolina.	3/17/2014	3/16/2015		Centers for Medicare and Medicaid (CMS)HCBS (Home and Community Based Setting (HCBS) Final Rule (March 17, 2014).	Department of Health and Human Services (DHHS) /Division of Medical Assistance (DMA); Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS).	CMS Approval of Transitional Plan and Self-Assessment.
Inventory of Settings and Day Services - CAP/DA (Community Alternatives Program - Disabled Adults) and CAP/C (Community Alternatives Program - Children).	State identifies comprehensive HCBS service provider type.	11/25/2014	12/12/2014	12/12/2014	DMA.	DMA, Local Management Entities-Managed Care Organizations (LME-MCO)/Local Lead Agency (Case Management Entity).	Consolidated and verified HCBS inventory.
Inventory of Settings and Day Services - Innovations.	State identifies comprehensive HCBS service provider type.	11/25/2014	12/12/2014	12/12/2014	DMA.	DMA, LME-MCOs/Local Lead Agencies (Case Management Entities).	Consolidated and verified HCBS inventory.
Finalize specific HCBS Informational Portal for Department Website.	Links dedicated to implementation of HCBS Final Rule (March 17, 2014) - Detail will include Final Rule of HCB Settings, review process, deadlines for compliance, and availability of technical assistance. (On-going Process).	11/25/2014	1/15/2015		CMS Final Rule (March 17, 2014); NCAC (North Carolina Administrative Code); Other Waiver Documents.	DHHS Office of Communications; DHHS/DMA/DMHDDSAS Policy Advisors'.	Clear, streamlined, consistent information/communication for individuals, families, other valued stakeholders, LME-MCOs and DHHS Staff.
Evaluate need for LME-MCO contract amendment or Local Lead Agency (Case Management Entity) agreement revision specific to implementation of CMS Final HCBS Rule (March 17, 2014).	Review of current LME-MCO/Local Lead Agency (Case Management Entity) contract/agreement to ensure global language regarding waiver compliance.	12/12/2014	12/19/2014	12/19/2014	Medicaid Contract; Medicaid Agreement.	DMA.	Contractual language required to ensure compliance with HCBS Final Rule (March 17, 2014) between DHHS and LME-MCOs/Local Lead Agencies (Case Management Entities).

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Section 2. Assessment							
Development of Provider Self-Assessment Tool.	State, with stakeholder input, develops self-assessment tool for providers to evaluate conformity to and compliance with HCBS Rules.	11/25/2014	3/2/2015		HCBS Final Rule (March 17, 2014); Review of selected States' assessment tools.	Individuals supported through Waiver; HCBS Stakeholder Committees; other valued stakeholders; Provider Organizations, LME-MCOs/Local Lead Agencies (Case Management Entities) Staff, and DHHS Staff.	Assessment vetted and endorsed by key stakeholders.
NCAC/Standards/Rules Review.	Assess need for change to applicable rules, NC Administrative Code to ensure compliance with HCBS Final Rule.	11/25/2014	3/16/2018		NCAC and CMS HCBS Final Rule (March 17, 2014)	DHHS/DMA/DMHDDSAS Accountability Section, DHSR, HCBS Stakeholder Committees (External and Internal).	Identify Administrative Code Changes per Legislative Process to ensure compliance with Final HCBS Rule (March 17, 2014). Regular session of NCGS is held biennially convening in January after election - January 14, 2015.
LME-MCOs/Local Lead Agencies (Case Management Entities) complete self-assessment.	Respective entities will complete self-assessment of policies, procedures and practices.	2/1/2015	7/15/2015		Self-Assessment Document.	LME-MCOs/Local Lead Agencies (Case Management Entities) staff as assigned by their respective leadership.	Ensure Compliance with HCBS Final Rule (March 17, 2014).
Test, Pilot and Modify Assessment Tool.	Pilot self-administration of tool to ensure it captures elements and is universally understood by provider networks, LME-MCOs/Local Lead Agencies (Case Management Entities) and DHHS Staff.	3/17/2015	6/1/2015		HCBS Self-Assessment Tool.	LME-MCO Care Coordination Departments; Quality Management Departments; HCBS Stakeholder Committees, Local Lead Agencies (Case Management Entities) staff.	Validated Tool.
Identified Providers Complete Self-Assessment.	HCBS Providers will submit completed provider self-assessment to assigned LME-MCO/Local Lead Agency (Case Management Entity).	6/1/2015	7/15/2015		CMS approved HCBS Self-Assessment Tool.	HCBS Providers; LME-MCO Care Coordination Departments; DHHS/DMA - Clinical Policy Section; DMHDDSAS- I/DD Community Policy Section; Local Lead Agency (Case Management Entity) designated staff.	100% Completion of Self-Assessments by HCBS Providers.

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Provider Self-Assessment Data are Compiled and Analyzed by respective LME-MCOs/Local Lead Agencies (Case Management Entities). Completed Analysis will be provided by the respective entity to DHHS.	LME-MCO Quality Management Teams or Local Lead Agency (Case Management Entity) designated staff compile the self-assessment data to determine those HCBS service providers who meet, do not meet, as well as those who could meet rule with HCBS technical assistance.	8/1/2015	9/30/2015		Self Assessment Tool.	LME-MCO Care Coordination Departments; LME-MCO Network Departments; LME-MCO Quality Management Departments; DHHS/DMA/DMHDDSAS Quality Management Section; Local Lead Agency (Case Management Entity) designated staff.	Comprehensive report of results/findings and inventory reflecting compliance status.
LME-MCO/Local Lead Agency (Case Management Entity) Evaluation/Assessment Data, as compiled by the respective entity, will be provided to DHHS.	Designated entities will complete self-assessment to ensure compliance with HCBS Final Rule (effective March 17, 2014).	8/1/2015	9/30/2015		Self-Assessment Tool.	LME-MCOs/Local Lead Agencies (Case Management Entities) staff as assigned by their respective leadership.	Comprehensive report of results/findings and inventory reflecting compliance status.
Plan of Correction Oversight.	POCS, as submitted by Providers, will be vetted by LME-MCO QM and Network Departments/Local Lead Agency (Case Management Entity) designated staff to capture specific components/elements that will require tracking as part of the remediation process. Data summary will be provided to DHHS.	8/1/2015	10/30/2015		CMS HCBS Final Rule (March 17, 2014); Provider Self-Assessment Information.	LME-MCOs QM and Network; Individual Providers who have remedial plans for compliance with HCBS Final Rule (March 17, 2014).	Ensure Providers meet requirements in accordance with Final HCBS Rule (March 17, 2014).
Vet need for an Individual Life Experience Assessment Tool.	Concurrent with validation process of representative sample, evaluate need for individual assessment to occur concurrently with the PCP process acknowledging the individual is "the expert" specific to their support, services and personal outcomes.	10/1/2015	11/1/2015		CMS Final Rule (March 17, 2014) HCBS Self-Assessment Responses.	LME-MCO Care Coordination and Quality Management Departments and DHHS/DMH Accountability Section; Local Lead Agencies (Case Management Entities) designated staff.	Determination of Need for Individualized Self-Assessment.

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Establish a Monitoring Review Process to validate representative sample of Provider Self-Assessments.	Process will ensure integrity of the self-assessment process. LME-MCO Care Coordination/Quality Management Departments and DHHS/DMA/DMHDDSAS Accountability and Quality Management Sections and Local Lead Agencies (Case Management Entities) designated staff will validate a state determined percentage of provider self-assessments for validity (initial assessment data in comparison to validation data).	10/1/2015	11/1/2015		HCBS Self-Assessment Information; LME-MCO Care Coordination and Quality Management Departments; DHHS/DMHDDSAS Accountability and Quality Management Sections.	LME-MCO Care Coordination and Quality Management Departments; DHHS/DMA/DMHDDSAS Accountability and Quality Management Sections; Local Lead Agencies (Case Management Entities) designated staff.	Validate Provider Self-Assessment. Random Sample - minimum 10%.

Section 3. Remediation

NCAC/Standards/Rules Remediation.	Develop, adopt, and implement a comprehensive plan that will ensure compliance of State Regulatory Authority with CMS HCBS Final Rule.	11/25/2014	3/16/2015		NCAC and CMS HCBS Final Rule (March 17, 2014).	DHHS/DMA/DMHDDSAS Policy Advisors; DHHS/DMA/DMHDDSAS Accountability Section; DHHS/DMA/DMHDDSAS Quality Management Section; Provider Organizations; LME-MCOs/Local Lead Agencies (Case Management Entities).	Institute Legislative Administrative Code changes and Department Policy (development/modification) to ensure compliance with CMS HCBS Final Rule (March 17, 2014).
Policy Development.	State will develop/revise policies/standard operating procedures relative to vision, outcome measures, National Core Indicators, implementation, and on-going monitoring and compliance with HCBS Final Rule.	12/12/2014	3/16/2018		NCAC; CMS HCBS Final Rule (March 17, 2014); National Core Indicators; Personal Outcome Resources.	DHHS/DMA/DMHDDSAS Policy Advisors'; Office of the Attorney General.	Approved Policy.
Technical Assistance/Advisement to LME-MCOs and Provider Community.	DHHS/DMA - Clinical Policy Section and DMHDDSAS - I/DD Community Policy Section will provide technical assistance to any LME-MCO or provider requesting support to ensure full compliance with the HCBS Final Rule.	12/19/2014	3/16/2018		NCAC; CMS HCBS Final Rule (March 17, 2014); Individual HCBS Self-Assessment Information.	LME-MCO Care Coordination Departments, Quality Management and Network Departments; DHHS/DMA/DMHDDSAS Accountability Section; Local Lead Agencies (Case Management Entities) designated staff.	Ensure providers are implementing necessary steps to obtain full compliance with CMS HCBS Final Rule (March 17, 2014).

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Continuation of Monitoring for Compliance with HCBS Final Rule (March 17, 2014).	State will incorporate HCBS requirements into policy/contracts as a mechanism to identify/determine any areas of non-compliance. Specifically the following elements will be included: responsible entity for monitoring; personnel required to complete monitoring functions; required training and process for monitoring staff; and protocol to manage concerns as well as other out of compliance issues.	3/17/2015	3/16/2018		CMS HCBS Final Rule (March 17, 2014); NCAC; Peer Review Data.	LME-MCOs Quality Management Departments; DHHS/DMHDDSAS Accountability Section, DHHS/DMA/DMHDDSAS QM Section; DHHS/DMA/DMH Policy Advisors; Local Lead Agencies (Case Management Entities) designated staff.	Integrity of the Program; Provider Compliance with CMS HCBS Final Rule (March 17, 2014).; Established Audit Process.
HCBS Technical Amendment - Innovations Waiver.	Submission of Technical Amendment that includes elements from submitted 3/17/2015 Transition Plan. Language will be incorporated into template once approved.	4/1/2015	7/1/2015		HCBS Final Rule (March 17, 2014); Transitional Plan - submitted March 17, 2015.	DHHS/DMA - Clinical Policy Section; DHHS/DMH - IDD Team/Community Policy Section.	Waiver Amendment with encumbered language reflected from Transition Plan.
HCBS Final Rule Transition Plan Update	Upon completion of provider network assessment, DHHS summarizes findings, revises plan, as indicated, to ensure all components of compliance with HCBS rule and appropriately reflects the State's related mission and values. Remedial strategies will be included for providers not in compliance with HCBS Regulations.	10/1/2015	1/1/2016		Assessment Results as submitted by LME-MCOs to DHHS.	DHHS/DMA - Clinical Policy Section; DHHS/DMH - IDD Team/Community Policy Section.	Waiver Update with Revised Remediation Strategy, as warranted.

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Section 4. Outreach, Engagement and Public Notice/Comment							
Develop Initial Draft Plan	Gather Stakeholders, Division Leadership and LME-MCO/Local Lead Agency (Case Management Entity) input via multiple frameworks. Revisions to occur as warranted. Feedback will occur via face to face opportunities, fax, email, website submission and through Listening Sessions.	1/16/2014	2/25/2015		CMS HCBS Final Rule (March 17, 2014), Input as received from all sources.	HCBS Waiver Participants, Stakeholder Community, Advocacy Groups, LME-MCOs/Local Lead Agencies (Case Management Entities); Provider Organizations, and DHHS Staff.	Completion and Submission of Initial Transition Plan.
Public Notice/Comment Period - Following 30 day period, comments will be compiled and retained.	Public Notice to occur through multiple venues. Transition Plan and proposed self assessment per HCBS Rule will be shared. Such will occur, at a minimum, through DHHS website, LME-MCO/Local Lead Agency (Case Management Entity) collaborative, Provider Organizations and valued Stakeholder Community. This will serve as interactive working opportunities between all vested partners.	1/21/2015	2/19/2015		Proposed Transition Plan and Provider Self-Assessment.	Waiver Participants, Stakeholder Community, Various Community Advocacy Groups, LME-MCOs/Local Lead Agencies (Case Management Entities), Provider Organizations, and DHHS Staff.	Meet CMS HCBS Requirement of Public Notice.
Statewide Listening Sessions.	Department Staff will share information regarding HCBS Final Rule, and will also obtain critical feedback from vested Stakeholders.	2/1/2015	2/25/2015		CMS HCBS Final Rule (March 17, 2014); Draft Transition Plan and Self-Assessment.	Individuals, Families, Advocates, LME-MCOs/Local Lead Agencies (Case Management Entities); Provider Organizations; and Other Valued Stakeholders.	Feedback results in consensus and adoption of proposed transition plan.
Training and Education on Final HCBS Rule and Implementation of Transitional Plan and Self Assessment.	Collaborate with LME-MCOs/Local Lead Agencies (Case Management Entities) to develop, schedule and facilitate training opportunities for individual recipients of services, families, provider network and valued stakeholders regarding on-going waiver compliance, changes and overall affect on individualized services.	2/1/2015	6/1/2015		Approved Statewide Transition Plan.	Waiver Recipients, Families, Provider Networks, LME-MCOs/Local Lead Agencies (Case Management Entities); DHHS Staff.	Informed understanding of changes and impact for waiver recipients.

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Dissemination of Revisions to Transition Plan Draft Initially Posted.	Office of Communications will post any significant change to the plan following public comment.	3/2/2015	3/31/2015		Input/Comments received through Public Comment and other venues.	DHHS Office of Communications	Meet CMS HCBS Requirement of Public Notice.
Continued Input/Comment.	DHHS in conjunction with LME-MCOs/Local Lead Agencies (Case Management Entities) will solicit feedback periodically to ensure on-going waiver compliance, identify barriers, and areas of success and concern in preparation for submission of future waiver amendments and/or comprehensive plan.	3/17/2015	3/16/2018		Feedback from Individuals Receiving Waiver Services, Valued Stakeholders, Provider Organizations, LME-MCOs/Local Lead Agencies (Case Management Entities), CMS HCBS Final Rule (March 17, 2014).	Individuals, Families, Stakeholders, Provider Organizations, LME-MCOs/Local Lead Agencies (Case Management Entities).	Valued Feedback that will be incorporated into Comprehensive Waiver Plan as well as Department Policy and NCAC as warranted.