



Disabled & Elderly Health Programs Group

July 23, 2015

Linda Wiant, Pharm.D
Chief of the Medical Assistance STPs Division
2 Peachtree Street, NW
Atlanta, GA 30303

Dear Dr. Wiant,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Georgia's Statewide Transition Plan (STP) to bring state standards and settings into compliance with new federal home and community-based settings requirements. Georgia submitted this STP to CMS on December 15, 2014. CMS finds Georgia's STP to be a well-organized document that addresses many of the requirements. CMS notes areas where the STP should be supplemented with key details regarding assessment processes and outcomes, remedial action processes and monitoring. Additionally, CMS noted some inconsistencies between the Statewide Transition STP and the Waiver Specific Transition Plans. These concerns and related questions for the state are summarized below.

Waiver Specific Transition Plans: The state should ensure that where the Waiver Transition Plans have more detail than the STP in terms of tasks and timing the additional information contained in the Waiver Transition Plan is included in the STP.

Work Breakdown Structure and Work Plan Matrix (pgs. 19-35): The state should provide clearer activity descriptions and timing in its work plans, specifically for subtasks. For example, the state includes a number of actions that it will take in its assessment and remediation plan development process, but it does not provide dates for when these activities will occur (p. 26-27).

Assessments

Systemic assessment processes, outcomes and associated remedial actions. CMS needs additional detail on the state's systemic assessment processes, including:

- A list of what, specifically, the state reviewed as part of its assessment (state statutory and regulatory citations, etc.). For example, currently the state notes that it will review provider qualification standards, licensure regulations, etc., but the state does not specify which standards, regulations, etc. were under review or which regulation applied to which setting types.

- The state should also clarify whether the entire systemic assessment was completed by March 31, 2015 (as noted on p. 26 of the STP). The STP also notes that “Other standards identification” (p. 23) is “ongoing,” and it is not clear if this process is part of the state’s systemic assessment process.
- CMS needs more clarification with respect to what services and setting types it considered in its assessment, and what the outcomes of the assessments were. For example, please indicate in the STP why medically fragile day care services are not among the services listed as being assessed (p. 7).
- CMS needs to understand the outcomes for each statute, regulation, and policy or other assessment, i.e. is the statute, regulation, policy, etc. in compliance with the requirements, or is an amendment or revision required? If change is required, what is the specific change the state will make?
 - Also note, all outcomes should be added to a revised Statewide Transition STP, posted for public comment and then submitted to CMS once completed.
 - CMS needs to understand the remedial actions the state will take to achieve compliance with the federal regulation. Please include milestones and corresponding timelines to ensure appropriate progress on remedial actions. For example, if the state were to identify licensing requirements that are in need of revision, the state should lay out each step of the process required to achieve the necessary changes, with a corresponding timeframe for when each step should be completed.

Site-specific Assessments and Remedial Actions:

- Please clarify if an assessment will be completed for each individual setting a provider operates.
- On page 7, the state has provided a list of services provided in provider-owned and operated settings that will be assessed. Is Medically Fragile Day Care provided in a provider-owned and operated setting? If so, it will need to be assessed.
- CMS needs additional detail on how the state will validate its sample size. The state notes that it will validate a statistically significant sample, and also that the sample will be, at minimum 5%. Did the state mean that they would sample at a 5% confidence level? Please clarify the process for establishing statistical significance, and clarify that the sample size will either be no smaller than 5% of the self-surveys or that the sample size will be at a 5% confidence level.
 - CMS needs to understand expected remedial action steps that the state will undertake to achieve provider compliance including, if necessary, the timely and appropriate relocation of beneficiaries.

Setting Compliance: In its revised STP, CMS needs to understand how many settings comply with the requirements, and how many do not currently comply but can comply by completing remedial actions. Please describe the state's process for making those determinations.

Heightened Scrutiny:

The state should clearly lay out its process for identifying settings that are presumed to have institutional characteristics. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved to either compliant settings or non-Medicaid funding streams.

These settings include the following:

- a. Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- b. Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Ongoing monitoring: If consumer surveys will be used for monitoring settings the surveys must identify site specific settings. Monitoring of compliance should occur at an individual setting level. Please indicate how the state will incorporate this level of specificity into the surveys. CMS suggests the state also consider licensing or case management activities as a resource in establishing this ongoing monitoring structure.

Posting for Public Comment: CMS reminds the state that it will need to make all outcomes and remediation plans available to the public for comment, following the same requirements for public notice and comment periods as for the initial STP. The revised STP needs to include a date when Georgia will submit an update to CMS that will incorporate the findings from the assessments and the remediation plan. CMS urges the state to submit that plan to CMS no later than January of 2016. Please include this date in the revised plan to be submitted within 30 days of receipt of the letter.

Technical Corrections:

For your convenience, CMS noted some minor technical corrections that the state can make to its STP. We will discuss these with the state after you have received this letter.

CMS would like to have a call with the state to go over these questions, concerns and timelines and to answer any questions the state may have. A representative from CMS' contractor, NORC, will be in touch shortly to schedule the call. In the meantime, please do not hesitate to reach out to Patricia Helphenstine at 410-786-5900 or at patricia.helphenstine1@cms.hhs.gov, the CMS central office analyst taking the lead on this STP, with any questions.

Sincerely,

Ralph Lollar, Director
Division of Long Term Services and Supports

cc: J. Glaze