

## South Carolina Department of Health and Human Services HCBS Statewide Transition Plan Overview

The Center for Medicare and Medicaid Services (CMS) issued a final rule on Home and Community-Based Services (HCBS) establishing certain requirements for home and community-based services that are provided through Medicaid waivers. There are specific requirements for where home and community-based services are received called “settings requirements.”

CMS requires that each state submit a “Statewide Transition Plan” by March 2015. The Statewide Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule settings requirements. States must come into full compliance with HCBS Rule requirements by March 17, 2019.

South Carolina Department of Health and Human Services (SCDHHS) has branded this effort as Healthy Connections Communities: Independent. Integrated. Individual.



The Statewide Transition Plan applies to all settings where home and community-based services are received. In South Carolina, the home and community-based services are currently offered through nine waiver programs. They are:

- Intellectual Disabilities and Related Disabilities waiver (ID/RD)
- Community Supports waiver (CS)
- Head and Spinal Cord Injury waiver (HASCI)
- Pervasive Developmental Disorder waiver (PDD)
- Medically Complex Children’s waiver (MCC)
- Community Choices (CC) waiver
- HIV/AIDS waiver
- Mechanical Ventilator Dependent waiver
- Psychiatric Residential Treatment Facility (PRTF) Alternative/Children’s Health Access in Community Environments (CHANCE) waiver

This Statewide Transition Plan, per CMS requirements, is available for the public to read and comment on before being submitted to CMS for review. This plan may change as the state goes through the process of coming into compliance with the HCBS Rule. If this plan does change after submission to CMS, the state will make it available again for public comment and input.

**I. Assessment of system-wide regulations, policies, procedures, licensing standards, and other regulations**

**A. Process of system-wide review**

1. SCDHHS has compiled a list of the laws, regulations, policies, standards, and directives that directly impact home and community-based settings. This list will be vetted through the appropriate leadership at SCDHHS, the South Carolina Department of Disabilities and Special Needs (SCDDSN), and any other necessary stakeholders to ensure that it is complete.
2. The list of laws, regulations, etc., will be separated according to HCB setting. They will then be read and reviewed to determine that the law, regulation, etc. is not a barrier to the settings standards outlined in the HCBS Rule. The settings for South Carolina will be divided as follows:
  - a. Day Facilities (primarily serving individuals with intellectual disabilities or related disabilities, or individuals with Head and Spinal Cord Injuries)
  - b. Adult Day Health Care Centers (primarily serving frail elderly individuals, or individuals with physical disabilities)
  - c. Residential settings (serving individuals with intellectual disabilities or related disabilities that are served through the ID/RD Waiver):
    - i. Community Training Home I
    - ii. Community Training Home II
    - iii. Supported Living Program II
    - iv. Supported Living Program I
    - v. Community Residential Care Facilities (also serves individuals in the Community Choices waiver and the HIV/AIDS waiver)
3. A spreadsheet will be developed that will detail the laws, regulations, policies, standards, and directives that correspond with each HCBS settings requirement.

**B. Outcomes of system-wide review**

1. Based on the results of the system-wide review for HCB *residential* settings, there are no identified problems/ there are identified problems.
2. Based on the results of the system-wide review for HCB *day facilities* settings, there are no identified problems/ there are identified problems.
3. Based on the results of the system-wide review for HCB *adult day health care* facilities settings, there are no identified problems/ there are identified problems.
4. A spreadsheet will be developed that will detail the outcomes of how the laws, regulations, policies, standards, and directives comport with the HCBS settings requirements.

**C. Actions to bring system into compliance**

1. For any state laws that do not meet the HCBS settings requirements outlined in the CFR, changes will be pursued as appropriate.
2. For any regulations that do not meet the HCBS settings requirements outlined in the CFR, changes will be pursued as appropriate and in accordance with the [“Regulatory Process in South Carolina.”](#)

3. For any SCDHHS policies that do not meet the HCBS setting requirements outlined in the CFR, SCDHHS will utilize its internal process for initiating or revising policies.
  4. For any external policies, standards, or directives that do not meet the HCBS setting requirements outlined in the CFR, SCDHHS will work with the appropriate external agency to revise them to reflect the standards in the CFR.
- D. Ongoing compliance of system  
Compliance will be monitored on an on-going basis per SCDHHS policies. This includes, but is not limited to, SCDHHS internal policy review process, provider enrollment and revalidation requirements as well as program area policies, quality assurance standards and indicators, and provider qualification requirements.

## II. **Assessment of settings**

### A. Settings requirements:

CMS has listed the following as the requirements of home and community-based settings. They must have the following qualities:

- Be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community
- Include opportunities to seek employment and work in competitive integrated settings
- Allow individuals to control personal resources
- Setting must be selected by the individual from among setting options, including non-disability specific settings (this includes an option for a private unit in a residential setting)
- Setting options are identified and documented in the person-centered service plan
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports and who provides them

### B. Settings that are not home and community based (per 42 CFR 441.301 (c)(5):

- A nursing facility
- An institution for mental diseases (IMD)
- An intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- A hospital
- Any other settings that have the qualities of an institutional setting. This includes:
  - Any setting that is located in a building that provides inpatient institutional treatment
  - Any setting in a building on the grounds of, or immediately adjacent to, a public institution

- Any other setting that has the effect of isolating individuals from the broader community

C. Setting types:

1. Day Facilities:

There are approximately 90 Day Activity Facilities most of which are licensed as an Adult Activity Center (AAC) and/or a Work Activity Center (WAC).

2. Adult Day Health Care (ADHC):

There are approximately 81 Adult Day Health Care settings, utilized in various waivers.

3. Residential:

There are approximately 1200 residential settings, largely provided through the ID/RD waiver, and there are five types of residential settings:

- a. Supported Living Program II (SLP II): This model is for individuals who need intermittent supervision and supports who are able to achieve most daily activities independently but periodically may need advice, support and supervision. It is typically offered in an apartment setting that is integrated into a community. Staff is available on-site or in a location from which they may be on the site within 15 minutes of being called, 24 hours daily.
- b. Supported Living Program I (SLP I): This model is similar to the Supported Living Model II; however, individuals generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone.
- c. Community Training Home I (CTH I): In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with a person-centered service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.
- d. Community Training Home II (CTH II): The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the person-centered service plan. No more than four people live in each residence.
- e. Community Residential Care Facility (CRCF): This model, like the Community Training Home II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan
  - i. Community Choices waiver recipients and HIV/AIDS waiver recipients may live in CRCFs that meet HCBS requirements. These CRCFs may be waiver service providers if they meet additional provider qualifications.

#### D. Process

1. Development of the assessment tools and criteria
  - a. One assessment tool has been developed to assist SCDHHS in determining if any settings might be subject to the heightened scrutiny process detailed in 42 CFR 441.301(c)(5)(v). The questions asked are directly from 42 CFR 441.301(c)(5). Providers will list the physical addresses of each facility they own/operate and answer the questions listed to see if they might be subject to heightened scrutiny. A letter with directions to complete the online assessment will be mailed to providers. For providers who may not have internet access, paper copies will be provided.
  - b. Two assessment tools are under development for individual facilities: one for residential facilities and another for day facilities. The criteria being used are those outlined in the 42 CFR Part 441.301(c)(4) along with the exploratory questions issued by CMS for the settings requirements. They are designed to be a self-assessment of the facilities, completed by the providers. They will be online assessment tools. For providers who may not have internet access, paper copies will be provided.
2. Resources to conduct assessment
  - a. The "C-5" (heightened scrutiny) assessment was mailed out the week of November 3, 2014. Providers only complete one assessment to list each facility they own/operate.
  - b. It is anticipated that the individual facility assessments will be sent electronically to providers in January 2015. For providers who may not have internet access, paper copies will be mailed to them. Providers must complete one assessment per facility (residential and day) they operate where home and community-based services are provided.
3. Timeframe to conduct assessment
  - a. Providers will be given until December 1, 2014 to complete the "C-5" assessment and return it to SCDHHS.
  - b. Providers will be given 30 days to complete the self-assessment for each facility they own and/or operate and return it to SCDHHS.
4. Assessment review and site visits
  - a. SCDHHS will review all of the "C-5" assessments to determine if any facilities might be subject to the heightened scrutiny process. Aggregate data on those facilities that may not be subject to heightened scrutiny based on the regulation, and those that may, will be submitted to CMS in this Statewide Transition Plan in January 2015. Facilities that may be subject to heightened scrutiny may have a site visit prior to the completion of the individual facility self-assessment.
  - b. SCDHHS will review all facility self-assessments individually to determine where each setting is or is not in compliance. SCDHHS' goal is to complete the assessment review within six months. Once the individual assessments are reviewed, a priority list for conducting site visits will be created based on the responses. This list will address the facilities needing the most correction

first. Site visits are estimated to be completed within one year of the assessment review.

E. Outcomes

1. Upon review of the C-5 assessments, SCDHHS will compile data to submit to CMS to show what percentage of facilities may be subject to heightened scrutiny, and what percentage may not.
2. As facilities are assessed and reviewed, SCDHHS will compile that data to submit to CMS upon completion to show what percentage of facilities, by type, meet the settings criteria and what percentage do not.

F. Actions for facilities deemed not in compliance

1. SCDHHS will follow up with each provider completing the C-5 assessment who may have a facility(s) subject to the heightened scrutiny process to let that provider know and provide guidance on any necessary next steps.
2. For each facility, an individualized response to the self-assessment will be developed by SCDHHS indicating the specific requirements that the facility does not meet and where it needs to come into compliance.
3. Providers must create an action plan for the facility indicating how they will bring it into compliance with the requirements. This must include a timeframe for completion. This plan must be submitted to and approved by SCDHHS.
4. SCDHHS will follow up with providers (site visits) to monitor progress towards compliance.

G. Ongoing compliance

Compliance will be monitored on an on-going basis per SCDHHS policies. This includes, but is not limited to, provider enrollment and revalidation requirements as well as program area policies, quality assurance standards and indicators, and provider qualification requirements.

### III. **Communication and Outreach**

A. Statewide Plan Development

1. SCDHHS formed a workgroup to address and solicit input on how the state could come into compliance with the HCBS rule. This group is composed of members of:

SC Department of Health and Human Services

SC Department of Mental Health

SC Department of Disabilities and Special Needs

SC Vocational Rehabilitation Department

Advocacy groups:

AARP

Family Connections

Protection & Advocacy

Providers:

Local Disabilities and Special Needs Boards

Housing providers for the mentally ill population

Adult Day Health Care Providers

Private providers of Medicaid and HCBS services  
Beneficiaries and family members

The large workgroup broke into smaller workgroups to address different tasks of coming into compliance with the HCBS Rule.

The large group meets monthly to discuss the progress of the smaller workgroups and to discuss issues, concerns, and the overall vision of how the state can come into compliance with the new regulation.

B. Public Notice and Comment on Statewide Transition Plan

1. SCDHHS will use multiple methods of public notice and input for the Statewide Transition Plan.

- Eight statewide public informational meetings were held that provided an overview of the HCBS Rule and the Statewide Transition Plan. Those dates and locations were:

- September 3, 2014                      Aiken, SC
- September 11, 2014                     Orangeburg, SC
- September 16, 2014                     Anderson, SC
- September 25, 2014                     Lyman, SC
- October 2, 2014                          Myrtle Beach, SC
- October 9, 2014                          Greenwood, SC
- October 16, 2014                        Beaufort, SC
- October 21, 2014                        Rock Hill, SC

Emails with a flyer containing this information were sent out to individual providers, advocate groups, and state agencies. Those entities shared that information with their networks, including beneficiaries. A general notification of these meetings was also printed in the SCDHHS member newsletter that is distributed to all Medicaid members.

- A website specific to the HCBS Rule was developed and went live on September 4, 2014. URL: [www.scdhhs.gov/hcbs](http://www.scdhhs.gov/hcbs). It contains the following content:
  - Meeting dates, times, and locations
  - Information on the HCBS Workgroup, including meeting minutes and mid-month updates
  - The presentation given at the eight meetings above
  - A draft of the Statewide Transition Plan
  - A comments page where questions and comments may be submitted on the HCBS Rule and/or the Statewide Transition Plan
- Tribal Notification was provided on October 27, 2014. A Tribal Notification conference call for the statewide transition plan was held October 29, 2014.
- The MCAC will be provided an advisory on the Statewide Transition Plan on November 12, 2014.
- Public notice for comment on the statewide transition plan was posted on the SCDHHS website ([www.scdhhs.gov](http://www.scdhhs.gov) AND [www.scdhhs.gov/hcbs](http://www.scdhhs.gov/hcbs) ) on November 7, 2014.

- Public notice for comment on the statewide transition plan was sent out via the SCDHHS listserv on November 7, 2014.
- Four public meetings will be held to discuss the statewide transition plan. They will be held in November and December of 2014 in the following cities:

Florence, SC	Nov. 13, 2014
Greenville, SC	Nov. 18, 2014
Charleston, SC	Dec. 2, 2014
Columbia, SC	Dec. 4, 2014
- A live webinar will be held on Wednesday, November 19, 2014 for anyone unable to attend a public meeting. It will be recorded and made available for viewing after that date on the following website:  
<https://www3.gotomeeting.com/register/941405902>
- Public comments will be gathered from the public meetings listed above (the eight in September and October as well as those in November and December), from electronic communications sent to SCDHHS and from communications mailed to SCDHHS.
- SCDHHS will review the comments and incorporate any appropriate changes to the Statewide Transition Plan. A summary of the public comments will be included with the Statewide Transition Plan once submitted to CMS in January 2015.

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## South Carolina Home and Community-Based Services Statewide Transition Plan Timeline

### Section 1. Identification

<i>Action Item</i>	<i>Description</i>	<i>Start Date</i>	<i>End Date</i>	<i>Sources</i>	<i>Stakeholders</i>	<i>Intervention/Outcome</i>
Identify Day Programs	Identify the number of Day programs serving individuals in waivers	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified
Identify Adult Day Health Care providers	Identify the number of ADHC's serving individuals in waivers	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified
Identify residential programs	Identify the number and type of residential programs serving individuals in waivers	March 2014	April 2014	SCDDSN, SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified
Identify other HCB settings	Identify other HCB settings not listed above	September 2014	October 2014	SCDHHS	SCDHHS, SCDDSN	Number of facilities to assess identified
Identify 301 (c)(5) facilities	Obtain physical addresses of all HCBS settings to potentially identify any that might be subject to heightened scrutiny	September 2014	November 2014	SCDHHS, SCDDSN, private providers	SCDHHS, SCDDSN, private providers	Determine any settings that might not comport
Regulation and policy identification	Identify laws, regulations, policies, standards, and directives that impact HCBS Settings	September 2014	October 2014	SCDHHS, SCDDSN, SCDHEC, SC Code of Laws, SC Code of Regulations	SCDHHS, SCDDSN, private providers	Gather all sources of regulation in advance of systemic review

**Section 2. Assessment**

<i><b>Action Item</b></i>	<i><b>Description</b></i>	<i><b>Proposed Start Date</b></i>	<i><b>Proposed End Date</b></i>	<i><b>Sources</b></i>	<i><b>Stakeholders</b></i>	<i><b>Intervention/Outcome</b></i>
Review existing laws, regulations, policies, standards, and directives for all HCB settings	Conduct thorough review of existing policies, procedures, qualification standards, licensure regulations, provider training, and other related policies for all HCB settings to determine conformance to HCBS rule using CFR language as the rubric	October 2014	January 2015	SC Code of Laws, SC Code of Regulations, SCDHHS policies, SCDDSN policies, SCDHEC regulations, SCDHHS provider enrollment	SCDHHS, SCDDSN, SCDHEC,	Determine compliance with HCB standards
Review HCB settings physical locations	Review data gathered on physical locations of all HCB settings to determine if any might be subject to heightened scrutiny per CFR	November 2014	December 2014	SCDHHS, SCDDSN, private providers	SCDHHS, SCDDSN, private providers	Determine any settings that might not comport
Develop residential assessment tool	Create an assessment tool for residential providers to evaluate compliance with settings requirements	June 2014	September 2014	CMS guidance, CFR, state developed assessment tools (Iowa, Kansas, Florida)	SCDHHS, SCDDSN, providers	Assessment tool developed
Develop day facility assessment tool	Create an assessment tool for day service providers to evaluate compliance with settings requirements	July 2014	October 2014	CMS guidance, CFR, State developed assessment tools	SCDHHS, SCDDSN, providers	Assessment tool developed

**Section 2. Assessment *continued***

<b>Action Item</b>	<b>Description</b>	<b>Proposed Start Date</b>	<b>Proposed End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Submit assessment tools for review	Both assessment tools will be submitted to CMS and the large stakeholder workgroup for review and feedback	August 2014	October 2014	Draft assessment tools	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Incorporate appropriate revisions into tool
Conduct pilot test of assessment tools	Each assessment tool will be sent to a sample of providers to test the tool and determine where revisions need to be made. Clear instructions on completion of the tool will be developed from this pilot	November 2014	December 2014	Draft assessment tools	SCDHHS, SCDDSN, providers	Test assessment tool to ensure data gathered is accurate
Revise assessment tools and develop instructions	The assessment tools will be revised as needed after the pilot test and clear instructions will be developed for completion of the assessment	December 2014	December 2014	Draft assessment tools	SCDHHS, SCDDSN, providers	Finalize tool for distribution
Distribute assessment tool to providers	Providers will complete the self-assessment tool to determine compliance with HCBS settings requirements	Mid-January 2015	Mid-February 2015	Assessment tool	SCDHHS, SCDDSN providers,	Providers complete assessment
Review of self-assessment data	SCDHHS will review self-assessment data of providers to determine which facilities are in	Mid-February 2015	August 2015	Assessment results	SCDHHS; SCDDSN, providers,	Results identify in priority order provider site visits, steps

	compliance and which facilities are not in compliance					needed to come into compliance
Response to providers from assessment	Providers will be notified of their assessment results and any areas of correction for compliance with HCBS Rule	March 2015	September 2015	Assessment results	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Providers aware of deficiencies regarding compliance with HCBS Rule
Conduct site visits to provider facilities	SCDHHS will conduct site visits to follow up the self-assessments done by providers to verify information and assist in determination of corrective action needed to meet new standards	April 2015	April 2016	Assessment results; enrolled providers; HCBS standards	SCDHHS, SCDDSN, providers, advocacy groups, beneficiaries, families	Confirm compliance standing of providers

<b>Section 3. Compliance Actions</b>						
<b>Action Item</b>	<b>Description</b>	<b>Proposed Start Date</b>	<b>Proposed End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Policy revisions	SCDHHS will review and revise policies as necessary to reflect HCBS regulations as well as ongoing monitoring and compliance	January 2015	December 2015	CMS guidance, CFR, SCDHHS policy manuals	SCDHHS, partner agencies, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements
Develop action plan for compliance	SCDHHS informs providers to create their own action plan outlining how they will come into compliance. It will be submitted to SCDHHS to review and approve	March 2015	April 2016	Assessment results, information from SCDHHS, CMS guidance	SCDHHS, providers	Each provider develops an approved action plan for compliance
Provider follow up	SCDHHS will follow up with providers to monitor progress towards compliance and if HCBS requirements are met based on timeframe in their action plans	May 2015	March 2019	Assessment results, provider action plans, CMS guidance, CFR, SCDHHS policies	SCDHHS, providers	Providers come into compliance with HCBS rule
Provider Training and Education	SCDHHS will develop and provide training and education to providers to ensure understanding of HCBS rule requirements, ensure ongoing compliance with requirements	January 2015	December 2015	CMS guidance, CFR, SCDHHS policies,	SCDHHS, partner agencies, providers	Educate providers on HCBS rule and its requirements

**Section 4. Communications**

<i><b>Action Item</b></i>	<i><b>Description</b></i>	<i><b>Proposed Start Date</b></i>	<i><b>Proposed End Date</b></i>	<i><b>Sources</b></i>	<i><b>Stakeholders</b></i>	<i><b>Intervention/Outcome</b></i>
Form stakeholder workgroup	Invited various stakeholders to come together to address new HCBS Final Rule and provide input on plans to come into compliance	February 26, 2014	December 2015	Partner agencies, advocacy groups, providers, beneficiaries, and families	Partner agencies, advocacy groups, providers, beneficiaries, and families	Monthly Workgroup meetings; more frequent subgroup meetings
General public informational meetings	8 general public informational meetings held around the state to inform beneficiaries, family members, advocates, providers, and other interested parties about the HCBS rule	September 3, 2014	October 21, 2014	SCDHHS, SCDDSN, Family Connections	SCDHHS, partner agencies, advocacy groups, providers, beneficiaries, and families	Information about the HCBS rule and what it means for waiver recipients and providers shared in advance of statewide transition plan posting
Tribal Notification	Notice is provided to the Catawba Indian Nation about the Statewide Transition Plan and a conference call is held to discuss	October 27, 2014	October 29, 2014	Statewide Transition Plan draft	SCDHHS, Catawba Indian Nation	Any questions or concerns about the Statewide Transition Plan addressed on phone call
Provide Notice to MCAC	Provide notice of the Statewide Transition Plan at MCAC meeting	November 12, 2014	November 12, 2014	Advisories to MCAC	SCDHHS, SCDDSN, providers, beneficiaries, advocacy groups	MCAC advised of Statewide Transition Plan and when it will be submitted to CMS

**Section 4. Communications *continued***

<b>Action Item</b>	<b>Description</b>	<b>Proposed Start Date</b>	<b>Proposed End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Public notice provided	Notice of the Statewide Transition Plan posted to the SCDHHS website, the HCBS/SCDHHS website, sent out via listserv to any interested parties, shared with members of the large stakeholder workgroup, sent out via email to individual providers and advocates	November 7, 2014	December 12, 2014	Public notice document, Statewide Transition Plan draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan
Public comment – Statewide Transition Plan	SCDHHS will gather public comments for review through multiple methods and make appropriate changes to the Statewide Transition Plan. Comments will be gathered via mail, email, the HCBS website, and in person.	November 7, 2014	December 12, 2014	Public notice document, Statewide Transition Plan draft	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan
Public meetings conducted on Statewide Transition Plan	4 public meetings will be held throughout state for the public to comment on the Statewide Transition Plan One webinar also hosted live and posted online for later viewing until the end of the comment period	November 13, 2014	December 12, 2014	Public notice document, Statewide Transition Plan draft document	SCDHHS, SCDDSN, beneficiaries, families, providers, advocacy groups	Public notice posted for Statewide Transition Plan; opportunity for public comment provided in person

Public Comment collection and revisions	SCDHHS reviews all comments on the Statewide Transition Plan and makes appropriate changes to the document	December 13, 2014	January 16, 2015	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents
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