

PROVIDER BULLETIN

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Home and Community Based Services

CONTENTS

- **Final Federal Rule Regarding Changes to the Medicaid Home and Community Based Services Provided through the 1915(c) Waiver Program**

On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) published the final rule regarding changes to Home and Community Based Services (HCBS). This rule defines a home and community based setting in Medicaid HCBS programs. It also defines the person-centered planning requirements and clarifies the timing of amendments and public input requirements when states propose modifications to HCBS waiver programs and service rates. The rule became effective March 15, 2014.

More information about this rule is available at <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>.

All states must submit a transition plan describing actions that must be taken to be in full compliance with the rule. Transition plans must be submitted to CMS no later than March, 2015. However if the state submits an amendment or renewal to any waiver the transition plan for that waiver must be included with the amendment or renewal, and the transition plan for all other HCB programs in the state will be due within 120 days. Newly submitted waivers must meet the new requirements to be approved.

For currently approved 1915(c) waivers, states will need to evaluate compliance of the current settings within the waiver and determine whether or not those settings meet the requirements of the final rule. States will then work with CMS to develop a transition plan to bring their program into compliance. CMS expects states to transition to the new settings requirements in as brief a period as possible and to demonstrate substantial progress during any transition period. The transition plan must be submitted by the state to CMS upon submission of a waiver renewal or amendment, or within one year of the final rule if no renewal or amendment is requested. The transition plan may be implemented over a period of up to five years, as supported by the individual state's circumstances.

The MO HealthNet Division and the waiver operating agencies, the Department of Health and Senior Services and the Department of Mental Health, will be reviewing compliance with the rule against the current 1915(c) waivers. It will be necessary to receive information from 1915(c) waiver providers about their community settings. A bulletin will be issued at a future date requesting waiver providers' feedback through a web-based survey tool. This survey

will allow the providers and the state to assess compliance with the home and community based settings definition which will be utilized when developing the state's transition plan.

Providers and participants will be kept informed of this process through bulletins, forums, and public notices.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**