DATE: 

TO: Utah Medicaid HCBS Waiver Providers

FROM: Kevin Bagley, Director, Bureau of Authorization and Community Based Services

RE: Self-Assessment Report and Remediation Plan for the Federal Home and Community Based Services (HCBS) Settings Rule

On March 17, 2014 the Centers for Medicare and Medicaid Services (CMS) implemented new federal HCBS regulations that provided clarification concerning the required characteristics of service settings. The final rule establishes an outcome-oriented definition of HCBS settings that focuses on the nature and quality of individuals’ experiences. The rule reflects CMS’ intent to ensure individuals receiving services and supports through Medicaid HCBS programs have full access to the benefits of community living and receive services in the most integrated setting possible. Information on the final rule can be found at [http://health.utah.gov/ltc/hcbstransition/](http://health.utah.gov/ltc/hcbstransition/).

In accordance with the regulations, Utah Medicaid created an HCBS Setting Transition Plan (the Plan). One of the initial action items in the Plan required the State to perform a preliminary categorization of providers as those presumed to be Compliant, Not Yet Compliant, or Not Compliant with the setting requirements. A related action item in the Plan required all settings initially categorized as Not Yet Compliant or Not Compliant to complete and submit to the State, the results of the Provider Self-Assessment Tool.

Now that the provider self-assessment process has been completed, the Plan identifies additional action items. One action item requires the State to review results and identify potential areas of non-compliance. The State has completed its initial review of the self-assessments. As a next step, to respond to improvement areas identified during the self-assessment process, providers are now required to develop a Remediation Plan. Another action item requires the State to confirm the validity of the provider self-assessment process through onsite visits of a statistically valid sample of settings. Onsite visits will be conducted in January 2018. Providers chosen for an onsite visit will have an additional letter attached within this mailing. Based on onsite reviews, the State may amend actions items and the State and providers will collaborate to develop an updated Remediation Plan.

For all sites whose Self-Assessments resulted in 100% compliance, no remediation plan is required at this time. For all sites whose Self-Assessments did not result in 100% compliance, completion of the Remediation Plan is mandatory and must be completed and returned to the State via email, facsimile or mail within 60 days of the date of this letter. The results of your self-assessment must be submitted by Month day, year at the following locations:

Email: HCBSSettings@utah.gov

Facsimile: (801) 323-1588
Mail:  Bureau of Authorization and Community Based Services  
       Attn: HCBS Settings Transition  
       P.O. Box 143112  
       Salt Lake City, UT 84114-3112  

Failure to submit completed Remediation Plans may result in suspension of payment or provider disenrollment. Submission instructions are described within the Remediation Plan. The State will provide guidance for Provider Remediation Plans that do not fully demonstrate how compliance will be achieved. These responses will be issued within 60 calendar days of the receipt of the Provider Remediation Plan. Providers will be given the opportunity to remediate issues and come into compliance within timeframes agreed upon by the provider and the State.

Thank you for the services you provide to Medicaid members. If you have questions about the Findings Report and Remediation Plan or process please contact the Bureau of Authorization and Community Based Services via email at HCBSSettings@utah.gov or by phone at 801-538-6613.