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| **Ohio 1915 (c)Home and Community Based Services (HCBS)**  **Medicaid Waivers Settings Transition Plan**  **Draft 10/16/14**  Settings Assessment | | | |
| DODD formed sub-committees that developed strategies to assess residential and non-residential settings to determine whether or not the settings complied with the HCBS characteristics identified in the new CMS regulation. The committees developed surveys that were distributed to providers of HCBS who served individuals in group (2 or more) residential settings, those who provided adult day waiver services, county boards of developmental disabilities, and individuals/advocates of those receiving HCBS. | | | |
| **Settings which currently meet HCBS characteristics.** | | | |
| **Setting Type** | Living alone | | |
| Living with family | | |
| Shared living (AFL/AFC) | | |
| Supported employment | | |
| Integrated employment | | |
| % compliant congregate residential settings identified via survey | | |
| % compliant adult day waiver settings identified via survey | | |
| **Settings which currently do not meet HCBS characteristics but may with modifications** (Settings must meet the Requirements for Provider-Owned or Controlled HCBS Settings ) | | | |
| **Setting Type** | **Remediation Required** | **Action Steps** | **Timeline** |
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| **Settings that are Presumed to have the Qualities of an Institution** (Settings in a publicly or privately owned facility that provide inpatient treatment, on the grounds of or immediately adjacent to a public institution, and settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.) and maybe Subject to Heightened Scrutiny Process. | | | |
| **Setting Type** | **Remediation Required** | **Action Steps** | **Timeline** |
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| Settings which cannot meet the HCBS characteristics (HCBS Settings do not include nursing facility, institution for mental diseases, ICF/IID and hospitals, or other locations that have qualities of an institutional setting, as determined by the Secretary.) | | | |
| **Setting Type** | **Remediation Required** | **Action Steps** | **Timeline** |
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