In January 2014, the Centers for Medicaid and Medicare Services (CMS) announced a requirement for states to review and evaluate current home and community based (HCBS) settings, including residential and nonresidential settings, and to demonstrate how our waivers comply with the new federal HCB Settings requirements that went into effect March 17, 2014. §§ 42 CFR 441.301(c)(4)-(5). CMS posted additional guidance to help states assess compliance and remediate areas that are not fully incompliance. The Department is seeking comments on the transition plan outlined in this notice.

The Department is reviewing all the state's Medicaid waiver programs for compliance with the federal HCB settings requirements. The state will file a report with CMS regarding the state's evaluation of the existing waiver programs and the state must include the following information:

- A plan for assessing all HCBS settings, including a 30-day public comment period;
- A response summary of public comment received;
- An inventory and description of all HCBS service settings by size, type, location, and service delivery characteristics;
- A summary of how each setting meets or does not meet the federal HCB settings requirements;
- A list of any areas of non-compliance that need to be addressed;
- A transition plan and process for bringing all HCBS settings into compliance; and
- A plan for ensuring the health and safety of participants who reside in locations that need to meet corrective action requirements for the setting to come into compliance during the state's specified transition plan
- Identifying settings that may be subject to CMS "heightened scrutiny" requirements

Please direct all comments to Kathy.a.bruni@ct.gov by September 21, 2016

Additional information regarding the CMS settings requirements may be found 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