

New Federal Rules: Fair Labor Standards Act & Person-Centered Planning and Home and Community Based Settings

An Informational Session for HCBS Providers

July 2014



Agenda

- **Review of FLSA Final Rule**
- **Review of Person-Centered Planning & HCBS Settings Final Rule**
 - Transition Plan and Time line
 - Provider Self-Assessment

**U.S. Department of Labor
Fair Labor Standards Act (FLSA)
Final Rule**

October 1, 2013
(effective January 1, 2015)



DoL FLSA

Background

- FLSA - the federal law that establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting full- and part-time workers in the private sector and federal, state, and local governments
- FLSA was passed in 1938 to provide minimum wage and overtime protections for workers to prevent unfair competition among businesses based on subminimum wages
- Congress amended FLSA in 1974 to extend coverage to “domestic service” workers, e.g., cooks, housekeepers, maids and gardeners
- That same amendment **exempted** certain domestic service workers from being extended the minimum wage and overtime protections: those providing “companionship” and “live-in domestic” services
- Intended to expand coverage of the FLSA to include employees whose *vocation* was domestic service, but exempt from coverage casual babysitters and individuals who provided companionship services



1975 DoL FLSA Rule

Background

- “Companionship services” – “fellowship, care, and protection,” which includes “household work . . . such as meal preparation, bed making, washing of clothes, and other similar services” and could include general household work not exceeding “20 percent of the total weekly hours worked”
- “Live-in domestic services workers” – reside in the household where they provide services
- **Permitted third party employers or employers of home care workers other than the individuals receiving care or their families or households to claim both the companionship services and live-in domestic service employee exemptions**



2014 DoL FLSA Final Rule

Intent

“This Final Rule revises the Department’s 1975 regulations to better reflect Congressional intent given the changes to the home care industry and workforce since this time.” U.S. DoL Wage and Hour Division Final Rule

- *“...brings minimum wage and overtime protection to workers who, by their service, enable people with disabilities and the elderly to continue to live independently and participate in their communities”* U.S. DoL Wage and Hour Division Fact Sheet



2014 DoL FLSA Final Rule

Key Changes Made

- Revises “domestic service employment” definition to clarify language and modernize examples of professions that fall within the category
 - Companions, babysitters, cooks, waiters, maids, housekeepers, nannies, nurses, janitors, caretakers, handymen, gardeners, home health aides, personal care aides, and family chauffeurs
 - List is illustrative and not exhaustive
- Revises the definition of “companionship services” to modernize language and narrow the scope of duties that fall within the term *in order to limit the application of the exemption*
 - “Companionship services” – the provision of fellowship and protection for an elderly person or person with an illness, injury, or disability who requires assistance in caring for himself or herself
 - “Fellowship” – engaging person in social, physical, and mental activities
 - “Protection” – being present with person in his/her home, or accompanying person outside the home, to monitor person’s safety and well-being



TENNCARE

2014 DoL FLSA Final Rule

Key Changes Made

- “Companionship services” also includes the provision of care **if**:
 - Care is provided attendant to and in conjunction with the provision of fellowship and protection; **and**
 - Care does not exceed 20 percent of the total hours worked per person and per workweek
- “Care” - assistance with activities of daily living and instrumental activities of daily living
- “Companionship services” does not include:
 - General domestic services performed primarily for the benefit of other members of the household
 - Performance of medically related services (determined based on whether the services typically require and are performed by trained personnel, such as RNs, LPNs, or CNAs, regardless of actual training/ title of individual providing the services)



2014 DoL FLSA Final Rule

Key Changes Made

- Exemptions for companionship services and live-in domestic service employees are limited to the individual, family, or household using the services—**third party employers (such as home care agencies) are prohibited from claiming the companionship or live-in exemptions, *even if the employee lives in the home and/or is a family member***
 - Third party employers must pay at least the Federal minimum wage and overtime pay to all workers employed to perform domestic service employment, including workers who perform companionship services or are live-in domestic service employees
- Revises recordkeeping requirements for individual/family/household employers of live-in domestic service employees

“The major effect of this Final Rule is that more domestic service workers will be protected by the FLSA’s minimum wage and overtime provisions.”



2014 DoL FLSA Final Rule

What it means for you:

- If you are a home care agency or other third party employer, **effective January 1, 2015**, you are required to pay at least the federal minimum wage and overtime pay to any direct care worker you jointly or solely employ, regardless of the worker's duties
 - Certified nursing assistants, home health aides, personal care aides, caregivers, and companions
 - Federal minimum wage (\$7.25)/hour up to 40 hours/work week
 - Overtime pay (at least one and a half times the regular pay rate) for all hours worked that exceed 40 hours per work week
- Also **effective January 1, 2015**, third party employers may no longer claim the overtime pay exemption for live-in domestic service workers
- You are required to keep basic employee time and pay records for every direct care worker you employ, including the hours they work



2014 DoL FLSA Final Rule

What it means for you:

- Workers can be paid hourly, daily, or shift rate, monthly stipend, or salary if paid at least the federal minimum wage for all hours worked and overtime for any hours worked in excess of 40 in a workweek
- Overtime is calculated on a per agency (i.e., employer) basis; if worker is employed by two separate agencies, each agency is responsible only for hours worked for *that* agency
- All hours worked for that agency are counted, even if worker provides services to multiple individuals served by that agency
- Worker may be paid different rates for different types of work so long as the pay rates exceed the minimum wage and the employer pays any overtime obligation under the FLSA, as follows:
 - (1) based on the blended regular rate (total pay for the workweek divided by total hours worked that week); or
 - (2) based on the rate for the particular task(s) performed during hours over 40 in the workweek



2014 DoL FLSA Final Rule

What it means for you:

Work hours exclusions *generally*:

- A live-in (or 24-hr shift) employee does not have to be paid for time engaged in normal *personal* activities such as eating, sleeping, entertaining, and other periods of *complete freedom* from all duties
- Employers of live-in domestic service workers or workers assigned to work at least 24 hour shifts may ***enter into an agreement*** to exclude certain time from compensable hours worked – sleep time, bona fide meal time, or other periods of *complete freedom* from work duties
- If the meal periods, sleep time, or other periods of free time are interrupted by a call to duty, the interruption must be counted and paid as hours worked, notwithstanding the existence of an agreement
- **Must maintain record of and pay for all hours worked**
- Employer may assign the employee the tasks of recording the hours worked and submitting that record to the employer



2014 DoL FLSA Final Rule

What it means for you:

Meal time and breaks

- Generally, when an employee is "on duty" (must be in the home and prepared to provide services when required), they are working and must be paid for all of that time
 - A direct care worker who must "watch over" the person is on duty and must be paid for all of that time
 - An employee who reads a book, knits, or works a puzzle while awaiting assignments is "engaged to wait", i.e., working during the period of inactivity and must be paid for such time
- Workers (including live-in employees) who have been *completely* relieved from duty and are able to use the time for their own purposes (on or off-site) need not be paid for this time
 - An employee is not necessarily considered working all the time he or she is on the premises



2014 DoL FLSA Final Rule

What it means for you:

Sleep time – shift (i.e., non-live-in) employees

- Less than 24 Hours

An employee required to be at work for less than 24 hours must be paid even though he or she is permitted to sleep or engage in other personal activities when not busy. All the time is counted as work time that must be paid.

- 24 Hours or more

If an employee is required to be on duty for 24 hours or more, the employer and employee may *agree* to not count as hours worked a bona fide regularly scheduled sleeping period of not more than eight hours, provided that (1) adequate sleeping facilities are furnished by the employer, and (2) the employee's time spent sleeping is usually uninterrupted.



2014 DoL FLSA Final Rule

What it means for you:

Sleep time – live-in employees (or 24-hr shift staff)

- A third party employer may enter into an agreement with live-in employees or 24-hr shift staff that excludes a scheduled sleep time of no more than 8 hours and other off-duty time
 - Employer must provide adequate sleeping facilities and employee's time spent sleeping must usually be uninterrupted
- If there is no express or implied agreement with respect to how an employee will be paid for sleep time, all hours spent on duty, including time spent sleeping, must be counted as work time
- Employer may not terminate an employee for refusing to enter into an agreement or for ending an agreement excluding sleep time; however, may change terms and conditions of employment
 - rate of pay
 - hours of work
 - reassignment (e.g., to shifts of less than 24 hours)



2014 DoL FLSA Final Rule

What it means for you:

Sleep time – live-in employees (or 24-hr shift staff)

- Interruptions of sleep time that is generally properly excluded during which the worker performs tasks on behalf of the consumer must always be paid as work time
- If the interruptions are so frequent that the employee cannot get at least five hours of sleep during the scheduled sleeping period, the entire period must be counted as time spent working and paid accordingly



2014 DoL FLSA Final Rule

What it means for you:

Travel time – to/from work and between work locations

- Travel from home to work and return to home at the end of the workday is not work time, whether the employee works at a fixed location or at a different location *each day* or at the beginning and end of a day
- Travel between service locations during the workday is considered hours worked and must be paid
 - If the travel is not direct because the employee is relieved from duty long enough to engage in purely personal pursuits, only the time necessary to make the trip must be paid
- If an employee works for two different employers, he or she does not need to be compensated for time spent traveling between the two employers' worksites



2014 DoL FLSA Final Rule

What it means for you:

Travel time – away from the person’s home

- Time spent driving/accompanying a person to a doctor's appointment or to the grocery store must be compensated
- Time **during** the employee’s normal work hours accompanying a person on overnight travel away from home must be compensated
- Time spent accompanying a person on travel away from home **outside of regular working hours** as a passenger on an airplane, train, boat, bus, or automobile is not considered work time unless “on duty” or “engaged to wait” during travel periods (employee must be *completely* relieved from duty for a time long enough to use the time effectively for own purposes, e.g., read a book, take a nap, watch a movie)
- Time spent traveling as a passenger as an assistant or helper and "on duty" (including “engaged to wait”) during the travel must be paid even if outside of the employee's regular work hours
- Any work an employee performs while traveling must be counted as hours worked



TENNCARE

2014 DoL FLSA Final Rule

Suggestions:

- Evaluate current agency policies/practices to identify areas where modifications are needed to achieve compliance
- Ensure prepared for overtime pay requirements (Medicaid reimbursement rates will not be adjusted to compensate for overtime pay)
- Develop/review employment/service agreements with live-in domestic employees
- Ensure prepared for tracking and documenting all hours worked



**Centers for Medicare & Medicaid Services
Person-Centered Planning
and HCBS Settings
Final Rule**

January 10, 2014
(effective March 17, 2014)



Person-Centered Planning and HCBS Settings Final Rule

- *Applicable to*
 - 1915(c) HCBS Waivers
 - 1915(i) State Plan HCBS
 - 1915(k) Community First Choice
- CMS intends to apply to 1115 demonstration waivers as they are approved/amended/renewed



Person-Centered Planning Final Rule

Intent

- Codifies that person-centered service plan for participants in Medicaid HCBS programs must be developed through a person-centered planning (PCP) process—from guidance to rule
- Consistently (except based on statutory differences) defines PCP requirements and processes across specified HCBS waiver authorities



Person-Centered Planning Final Rule

Requirements

- PCP process must be directed ***by the individual*** and may include:
 - A representative the individual has freely chosen (acting in a participatory role, subject to state law)
 - Others chosen by the individual to contribute to the process
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent desired and possible
- Is timely and occurs at convenient time/location for person
- Reflects cultural considerations and uses plain language
- Includes strategies for solving conflict/disagreements
- Provides method to request updates



Person-Centered Planning Final Rule

Requirements

- Offers informed choices to the individual regarding the services and supports they receive and from whom
- Records the alternative home and community-based settings that were considered by the individual
- Provider (employee or person with interest) cannot provide case management or develop PCP unless State demonstrates (and CMS approves) that there is no other willing/qualified entity, and with conflict of interest protections and dispute resolution process



Person-Centered Plan Final Rule

Requirements

- PC plan must reflect needed services and supports identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports
- PC plan must reflect that the setting in which the individual resides is chosen by the individual
- State must ensure that the setting chosen by the individual is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS



Person-Centered Plan Final Rule

Requirements

PC plan must include:

- Individual's strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individually identified goals and desired outcomes
- Services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports
- Risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed



Person-Centered Plan Final Rule

Requirements

PC plan must:

- Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her
- Identify the individual/entity responsible for monitoring the plan
- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation
- Be distributed to individual and other people involved in the plan
- Include services the individual elects to self-direct (as applicable)
- Prevent the provision of unnecessary or inappropriate services and supports
- Be reviewed, and revised upon reassessment of functional need at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual



Person-Centered Planning Final Rule

Requirements

**Inextricably linked to HCBS settings rule;
modifications to HCBS settings requirements must be:**

- Supported by specific assessed need
- Justified/documentated in the person-centered service plan, including:
 - Specific individualized assessed need
 - Prior interventions and supports including less intrusive methods
 - Description of condition proportionate to assessed need
 - Ongoing data measuring effectiveness of modification
 - Established time limit for periodic review of modifications
 - Individual's informed consent
 - Assurance that interventions and supports will not cause harm



HCBS Settings Final Rule

Intent

- For the first time, CMS has set standards to ensure Medicaid funded HCBS are provided in settings that are non-institutional in nature.
 - Establishes an outcome oriented definition focused on the nature and quality of member's experience
 - Ensure members receiving HCBS:
 - have access to benefits of community living, and
 - have full opportunity to be integrated in their communities.
- Enhance protections for persons receiving services



HCBS Settings Final Rule

Establishes

- Settings that are **not** HCBS
- Settings that are **presumed** as not HCBS
- Mandatory requirements for the qualities of an HCBS setting
- *Additional* requirements for provider-owned or controlled HCBS residential settings
- State compliance and transition requirements

NOTE: NO agencies/programs will be 'grandfathered.'
ALL must come into compliance.



HCBS Settings Final Rule

What is not HCBS?

- Nursing homes
- Hospitals
- Institutions for mental diseases (IMD)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

HCBS Settings Final Rule

What is presumed not HCBS?

Settings that have the qualities of an institution (applies to residential and non-residential services):

- Located in a public or privately operated building that provides inpatient institutional treatment
- Located on the grounds of, or immediately adjacent to a public institution
- Has the effect of isolating members who receive Medicaid funded HCBS from the broader community of people who do not receive Medicaid funded HCBS



HCBS Settings Final Rule

What is presumed not HCBS?

Isolation is likely:

- In a gated or secured “community”
- Multiple settings located together and operated by the same provider



HCBS Settings Final Rule

Settings presumed as not HCBS

May **not** be included in states' HCBS programs
unless:

- State submits evidence (including public input) demonstrating that the setting does have the qualities of an HCBS setting and not the qualities of an institution;
AND
- The Secretary finds, based on a heightened scrutiny review of the evidence, that the setting meets the requirements of HCBS settings and does not have the qualities of an institution



HCBS Settings Final Rule

CCRCs

- Most likely qualify as HCBS
- Include independent living units, assisted living, and NF
- CMS: the isolation risk in CCRCs is limited “since CCRCs typically include residents who live independently in addition to those who receive HCBS”



HCBS Settings Final Rule

Mandatory requirements

It's all about the person's experience.

- **Integration with community**

- Integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS

- **Choice**

- Selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. Setting options are identified and documented in PC plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. services and who provides them



HCBS Settings Final Rule

Mandatory requirements

- **Rights**

- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

- **Independence**

- Optimizes autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact
- Facilitates choice regarding services and who provides them



HCBS Settings Final Rule

Additional requirements for provider-owned/controlled residential settings

- **Protection from eviction**
 - Specific unit/dwelling is owned, rented, or occupied under lease or legally enforceable agreement
- **Privacy rights**
 - Privacy in sleeping or living unit, lockable doors, choice of roommate, freedom to furnish or decorate the unit
- **Freedom of choice**
 - Control of schedule/activities and access to food at any time
- **Right to receive visitors at any time**
- **Physically accessible**



HCBS Settings Final Rule

Requirements that impact residential services

- Specific living unit with lease or legally enforceable agreement
 - Member has same responsibilities and protections as any tenant under landlord/tenant state and local laws (T.C.A. 66-28-101 through 66-28-521)
 - If landlord/tenant laws do not apply, agreement that includes protections from eviction comparable to those under jurisdiction of landlord/tenant law



HCBS Settings Final Rule

Requirements that impact residential services

- Privacy in sleeping or living unit
 - Entrance doors lockable by the member
 - Keys held by appropriate staff only
 - Choice of roommate when applicable
 - Freedom to furnish and decorate

HCBS Settings Final Rule

Requirements that impact residential services

- Control of schedule, activities and access to food at any time
 - Ensure schedule of services such as OT, PT, etc. are not posted where others can see
 - Member has ability to access community and participate in community activities (is public transportation available?)
 - Access to food, not just snacks, 24/7 (unless otherwise specified in POC due to chronic diagnosis)

HCBS Settings Final Rule

Requirements that impact residential services

- Visitors of member choosing at any time
 - Any visitor
 - Any time of day, including overnight
 - Within limits of lease to avoid “visitor” who moves in



HCBS Settings Final Rule

Modifications must be:

- Supported by specific assessed need
- Justified/documentated **in the person-centered service plan**, including:
 - Specific individualized assessed need
 - Prior interventions and supports including less intrusive methods
 - Description of condition proportionate to assessed need
 - Ongoing data measuring effectiveness of modification
 - Established time limit for periodic review of modifications
 - Individual's informed consent
 - Assurance that interventions and supports will not cause harm

HCBS Settings Final Rule

Non-residential services

- States are still awaiting further guidance from CMS on non-residential services

Suggestions:

- Use TennCare provided Self-Assessment tool (or CMS toolkit) to assess your non-residential services
- Begin to prepare strategy for meeting compliance requirements

****Additional guidance will be shared immediately upon release.***



Implementing the HCBS Final Rule

State Transition Plan/Time Line

- Expect that State will be expected to come into compliance with renewal/amendment of existing 1915(c) waivers and 1115 waiver amendment (language added to STCs)
- State will have to develop a Transition Plan
- Must provide a 30-day public notice and comment period on the plan, consider comments, modify as appropriate and submit evidence of notice and disposition of the comments
- CMS will approve transition periods of up to 5 years, depending on state circumstances
- CMS expects states to transition to new settings requirements as quickly as possible



Implementing the HCBS Final Rule:

State Self-Assessment

- Review/revise laws, regulations, policies, procedures and protocols that govern providers and practices, including:
 - Waiver applications
 - Licensure code/regulations
 - Service contracts
 - Rate methodology
 - Quality assurance/oversight
 - Information systems
- Review/revise service definitions and standards
- Review/revise provider qualifications/training requirements
- Review/revise reporting requirements
 - DIDD
 - MCOs



Implementing the HCBS Final Rule:

HCBS Provider Self-Assessment

- HCBS providers will be required to complete a self-assessment to help determine compliance with HCBS setting rules
 - Self-assessment tool provided by TennCare
 - Tool is qualitative in nature—see “Exploratory Questions” at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Exploratory-questions-re-settings-characteristics.pdf>
 - DIDD and MCOs will distribute tool and oversee self-assessment process
 - If contracted with > 1 MCO and/or enrolled as an ID waiver provider, only **one** self-assessment per site/program is required
 - One self-assessment **per** facility owned/operated



Implementing the HCBS Final Rule:

HCBS Provider Self-Assessment

- Self-assessment and evidence of compliance must be submitted to DIDD or MCO (as applicable)
- Additional evidence may be requested/reviews conducted as needed to further assess/validate compliance
- Facilities self-assessed or determined by State as non-compliant will be required to develop a transition plan to achieve compliance within specified timeframe
- **ALL self-assessments must be completed by December 31, 2014.**
- Providers unable/unwilling to complete self-assessment, submit acceptable evidence, develop transition plan (as applicable), or achieve compliance will not be able to continue participation in CHOICES and/or ID waiver (as applicable); individuals served will be transitioned to other settings of their choice



Implementing the HCBS Final Rule:

Assessing Individual Experience

- TennCare will provide a separate individual experience assessment tool
- Part of person-centered planning process
- For new enrollees, occur and be documented as part of *initial* PC, and reviewed at least annually
- For existing enrollees, assessment will occur in conjunction with next annual review or plan revision, and reviewed at least annually thereafter
- Modifications must follow prescribed process



Self-Assessment Tool Examples

Section B- Physical Location	
Location Information	Required Evidence of Compliance with HCBS rules
Is the home setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IID, hospital)? Y/N	<p>If yes, provide the following:</p> <ul style="list-style-type: none"> • Licensure/Certification type for the home • Description of Services provided in the home
Is the home setting located in a building on the grounds of, or immediately adjacent to, a public institution? Y/N	<p>If yes, provide the following:</p> <ul style="list-style-type: none"> • Description of where the home is located in proximity to the institution
Does the provider own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street)? Y/N	<p>If yes, provide the following:</p> <ul style="list-style-type: none"> • Licensure/Certification type for the home • Description of Services provided in the home • Description of staff licensure/certification and staffing model, including roles and responsibilities of staff that are shared between the homes, as applicable. • Description of shared programming, as applicable

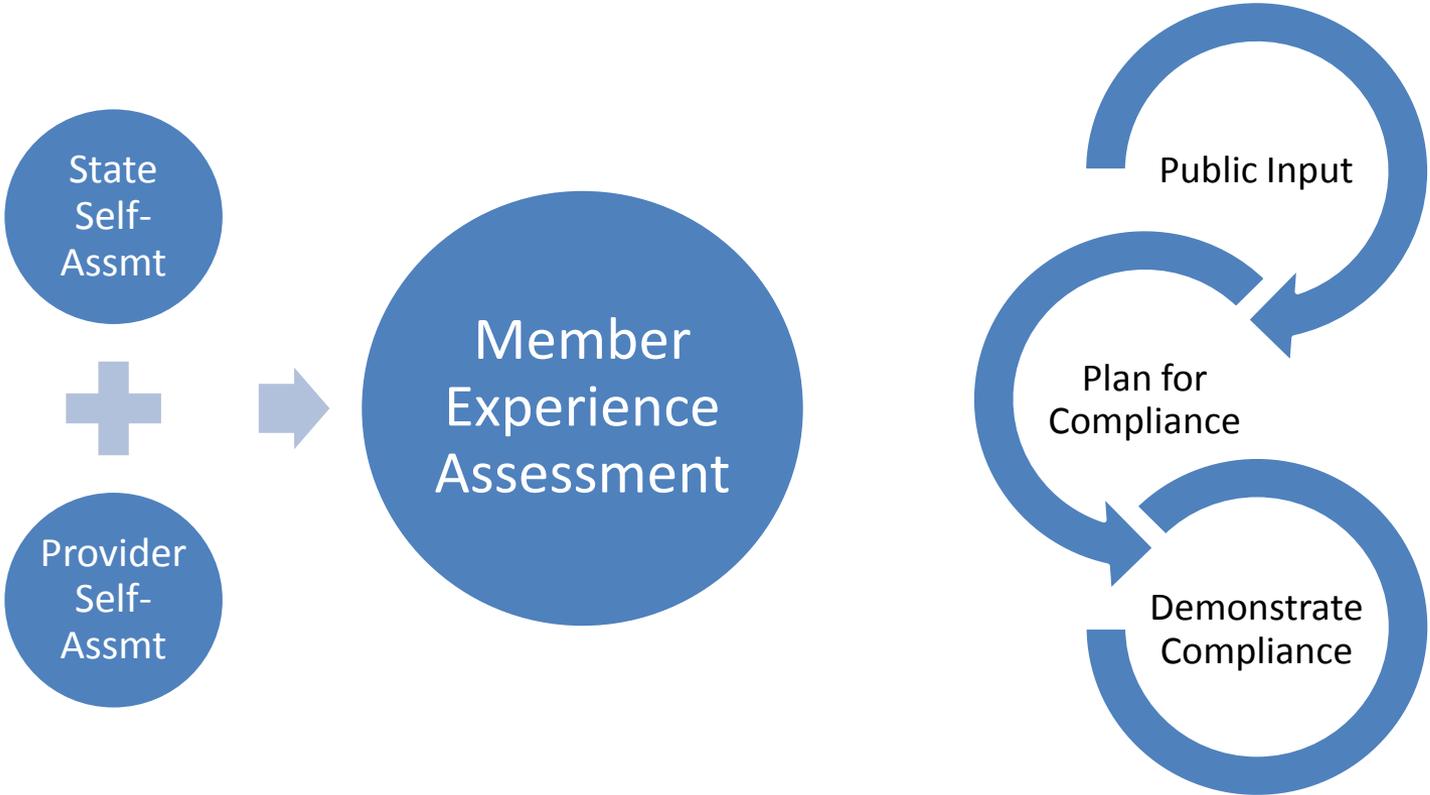
Self-Assessment Tool Examples

Section C- Community Integration	
Demonstrate that the home does not have the effect of isolating individuals receiving Medicaid HCBS from the broader community	
Location Information	Required Information & Evidence of Compliance with HCBS rules
Is the home setting designed specifically for people with disabilities? Y/N If yes, is the home setting designed specifically for people with a certain type of disability? Y/N	If yes, provide the following: <ul style="list-style-type: none">Type of disabilities servedDescription of Services provided in the home
Are individuals who reside in the setting primarily or exclusively people with disabilities?	If yes, provide the following: <ul style="list-style-type: none">Type of disabilities servedDescription of Services provided in the home
Does the home setting offer onsite day services? Y/N	If yes, provide the following: <ul style="list-style-type: none">Provide day service program goal and description

Self-Assessment Tool Examples

Section D- Resident Rights	
Lease Agreement Information	Required Evidence of Compliance with HCBS rules
Does the home require legally enforceable lease agreements for the residents of owned or rented units?	<p>If yes, provide the following:</p> <ul style="list-style-type: none"> • Provide sample lease agreement provided to residents <p>If no, provide the following</p> <ul style="list-style-type: none"> • Plan and associated timeline for the provider to comply with HCBS rules related to the right for each resident to have a legally enforceable lease agreement
Does the home setting offer the same responsibilities/protections from eviction for Medicaid recipients as all tenants under landlord tenant law?	<p>If yes, provide the following:</p> <ul style="list-style-type: none"> • Documentation demonstrating compliance with evection responsibilities/protections • Evidence demonstrating that residents are aware of eviction responsibilities/protections as outlined in the landlord tenant law <p>If no, provide the following:</p> <ul style="list-style-type: none"> • Plan and associated timeline for the provider to comply with HCBS rules related to evection responsibilities/protection as outlined in the landlord tenant law

Transition Plan/Time Line



Transition Plan/Time Line

ACTIVITY	TIME LINE
Post draft transition plan (including self-assessment tool)	July 25, 2014
Public input period on transition plan	July 25 - August 25, 2014
Finalize self-assessment tool	September 1, 2014
Finalize proposed transition plan and submit to CMS	October 1, 2014
State self-assessment	Ongoing – December 31, 2104
Provider self-assessment	September 1 – December 31, 2014
Individual experience assessment	October 1, 2014 – September 30, 2015
Validate provider self-assessments and approve corrective action plans	June 30, 2015
Track corrective action activities	TBD



Thank you

