



## Individual Transition Plan (ITP) tool

### 1. Introduction

This document is for the case manager’s use in supporting individuals who need to transition to another setting or funding source because the setting where they currently receive home- and community-based services (HCBS) is not compliant with the HCBS Settings Final Rule. Use this document as a guide to your conversations with the individual and as a way of ensuring that all required bases have been covered. These conversations are part of the person-centered planning process; as such, the individual leads the process, involving whomever they wish to participate alongside them, with case manager facilitation.

Conversations to cover all topics in this ITP tool must occur **within 30 days** of the Department’s final notice of noncompliance for a given setting. Completion of this phase represents development of the individual’s ITP. Implementation of the ITP developed using this tool, with any resulting updates to the individual’s Person-Centered Support Plan, must be completed by **March 17, 2023**.

### 2. Explain the reason for preparing an ITP

Address the following points with the individual, as well as any questions the individual raises:

- The federal government adopted [mandatory standards](#) for settings where people live or receive Medicaid-funded HCBS. The state codified these criteria in a [rule](#). These standards benefit the individual by protecting their rights to engage in community life, have privacy, not be restrained, exercise choice, and more (as summarized in [this video](#)). These rights cannot be modified without the individual’s informed consent (as summarized in [this video](#)).
- Providers had many years to transition into compliance with these standards, starting in 2014, with state support. Most providers were able to demonstrate compliance at most settings.
- The individual’s provider failed to show compliance at the setting covered by this ITP. This means that Medicaid funding will no longer be available for HCBS at this setting.
- The individual is still eligible for Medicaid-funded HCBS, and the state wants to make sure they can continue to receive these services. The ITP process helps them understand their options and choose how to continue receiving HCBS.
- After they complete their transition, the individual’s rights will be better protected because they will be receiving services at a setting that fully honors all the standards in the rule.

### 3. Consider and discuss the following points

Ask the individual the following questions. Complete any follow-up steps that are identified.

Personal preferences relating to this kind of service	
<input type="checkbox"/>	Why did they choose the provider and setting covered by this ITP? What did they like?
<input type="checkbox"/>	What did they dislike?



<input type="checkbox"/> Are they interested in visiting some options?
<b>Preferred option going forward</b>
<input type="checkbox"/> Do they want to continue receiving services from the same provider at a different setting? <ul style="list-style-type: none"> <li>Identify an <b>alternative setting</b> that is operated by the same provider and is compliant with the HCBS Settings Final Rule (some providers have a mix of compliant and noncompliant settings)</li> <li>Identify date on which services at new setting will begin (following the end of services at the current setting without a gap, and no later than March 17, 2023)</li> </ul>
<input type="checkbox"/> Do they want to receive services from a different provider at a different setting? <ul style="list-style-type: none"> <li>Identify an <b>alternative setting</b> that is operated by a different provider and is compliant with the HCBS Settings Final Rule</li> <li>Identify date on which services at new setting will begin (following the end of services at the current setting without a gap, and no later than March 17, 2023)</li> </ul>
<input type="checkbox"/> Do they want to continue receiving services from the same provider at the same setting? <ul style="list-style-type: none"> <li>Identify an <b>alternative funding source</b>, such as private pay, assuming the setting remains operational (not everyone will have private pay/other funding resources)</li> <li>Confirm setting will remain operational (some settings may close, making this option unavailable)</li> <li>Identify date on which new funding will begin (no later than March 17, 2023)</li> </ul>
<input type="checkbox"/> Do they want to pursue a different option? <ul style="list-style-type: none"> <li>The options detailed above will likely be the most common, but individuals could choose something else, such as foregoing this kind of service and/or opting for different services instead</li> <li>Identify the planned approach</li> </ul>
<b>Additional considerations to achieve successful transition</b>
<input type="checkbox"/> What has to happen for the transition to succeed? <ul style="list-style-type: none"> <li>Identify all the steps between the current arrangement and the future one</li> <li>Confirm availability of new funding source, provider, and/or setting</li> <li>Determine whether short-term transitional funding or additional supports are needed</li> <li>For residential transitions, steps may include arranging to terminate the current lease/residential agreement, sign a new one, rent a moving van, confirm needed environmental modifications/adaptations are in place, etc.</li> </ul>
<input type="checkbox"/> Who/what can help with these steps? <ul style="list-style-type: none"> <li>Identify and tap into available resources, including natural (unpaid) supports, advocacy organizations, additional services and supports available through Medicaid and other programs, etc.</li> <li>Depending on the circumstances of the move and the member's waiver, Transition Services or Transition Support Services may be available</li> </ul>
<input type="checkbox"/> What are the risks posed by the transition and the plan to mitigate them?

#### 4. Confirm the timing to implement the ITP and next steps

- The transition must be fully completed by **March 17, 2023**. After that date, Medicaid HCBS funding will not be available at the original setting.
- Offer to check in weekly with the individual for up to a month after the transition is complete to ensure that the individual's needs are being met. These check-ins may be conducted in-person or virtually via video or phone, at the discretion of the individual. The individual can decline these conversations or request a different frequency at any time.

#### 5. Ensure that the planned course of action meets required assurances

- The individual received reasonable notice of the need to transition (this standard is met if the topics in the ITP tool are discussed with the individual **within 30 days** of the date of the Department's final notice of noncompliance for the setting where the individual currently receives HCBS, and if the full explanation set out in Section 2 above is given, with answers to any questions the individual asked)
- The individual received due process in their transition, including the opportunity, information, and supports to make an informed choice of an alternative setting or funding source (this standard is met if the topics in Section 3 are fully reviewed, with all instructions followed)
- Critical services and supports are in place in advance of the transition, and there will be no disruption of services during the transition period (this standard is met if the topics in Section 3 are fully reviewed, with all instructions followed, and you have confirmed the points in Section 4 with the individual)

#### 6. Take the following steps to complete the process

- Enter timely log notes in the Department's prescribed case management system to reflect the discussions had and any follow-up completed (no need to duplicate any information reflected in updates to Person-Centered Support Plan)
- If you wrote any notes on this ITP document, keep a copy on file (hard copy or electronic)
- Enter updates into the appropriate location(s) in the individual's Person-Centered Support Plan in the case management system
- Provide updates to your case management agency (CMA) leadership for inclusion in the CMA's weekly progress report to the Department covering all HCBS Settings Final Rule transitions

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For settings that were approved to receive additional time under the statewide corrective action plan (CAP), change all instances above of March 17, 2023 to March 17, 2024. The Department will identify these settings to providers and, if transitions are needed, to affected individuals and case management agencies. Use the March 17, 2023 date unless otherwise notified by the Department.