



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

To: DDA Licensed Residential Service Providers
Office of Health Care Quality

From: Bernard Simons, Deputy Secretary
Developmental Disabilities Administration

CC: DDA Headquarters and Regional Offices

Date: August 28, 2015

Re: Group Home Moratorium Clarification

This memo is to provide further clarification regarding the Developmental Disabilities Administration (DDA) memo titled “Group Home Moratorium” issued on August 14, 2015:

- The DDA will support development of NEW homes to support up to four individuals.
- The DDA will continue to support current funding for individuals in group homes with more than four individuals based on current occupancy.
- Providers currently serving more than four individuals may fill a vacancy as they occur based on the group home’s current occupancy.
- The DDA will not support expansion beyond current occupancy for group homes supporting more than four individuals.

As stated in the August 14, 2015 memo, the DDA must work towards compliance with the Center for Medicare and Medicaid Services (CMS) Community Setting Rule. The purpose of the home and community-based settings requirements is to maximize opportunities for participants in home and community-based service (HCBS) programs to access the benefits of community living and to receive services in the most integrated setting. In addition to the Group Home Moratorium, we are establishing a workgroup to assist us with the development of tier standards for residential services. As a whole, our system must be compliant with the federal standards by March 2019.

As noted in *Maryland's Statewide Transition Plan for Compliance with Home and Community-Based Setting Rules* dated March 2015, Medicaid is working with transition teams to develop a provider self-assessment survey to gauge current settings. Based on the assessment, providers will need to take actions to come into compliance. The development of a remediation plan for compliance is a provider's responsibility. The DDA will continue to provide information and technical assistance related to communities of practice to aid providers in any transformation needed actions.

As you consider your current service delivery model and future business decisions, we want to remind you that CMS has also identify other settings that are presumed to have institutional qualities and do not meet the threshold for Medicaid HCBS (reference CFR 441.301(c)(5)(v)).

These settings include:

- any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
- any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

CMS has also share information related to settings that have the effect of isolating individuals receiving HCBS from the broader community. Some examples include:

- Farmstead or disability-specific farm community,
- Gated/secured "community" for people with disabilities, and
- Residential schools.

The DDA will continue to share information and partner with providers as we work through system transformation to comply with the CMS Community Setting Rule. If you have any questions regarding this memorandum, please contact Patricia Sastoque, Deputy Director for Programs at 410-767-5567.