

HCBS Settings Evaluation Due June 23rd

In January 2014, the Centers for Medicare and Medicaid Services (CMS) released a final rule that defines the settings in which states can offer Medicaid Home and Community Based Services (HCBS). States have until March 2019 to come into full compliance with the new regulations. As part of this process, states submitted a statewide settings transition plan to CMS. The transition plan for Texas can be found [here](#).

Phase I of this plan for HCBS STAR+PLUS Waiver services involves conducting an internal assessment of current compliance. HHSC is in the process of reviewing relevant policies and procedures for STAR+PLUS Waiver at a state level, but we also require managed care organizations who provide STAR+PLUS to review their relevant policies and procedures (e.g., credentialing policies, provider manuals, LTSS benefits policies, provider contracts, etc.) to determine the level of compliance with the HCBS settings requirements found in 42 CFR §441.301.

Please complete the attached evaluation tool and return it to Kellie Dees at kellie.dees@hhsc.state.tx.us by **June 23rd**. If you have any questions regarding the assessment process, please feel free to contact Kellie. Your assistance in this review is greatly appreciated!