

## HCBS Provider Readiness Tool – Non Residential Settings - Revised: March 20, 2017

Note: This HCBS provider readiness tool is provided for informational purposes only, and is not intended to be the sole source of guidance in achieving compliance with the HCBS Final Rule.

### INTRODUCTION

The purpose of this tool is to assist service providers in assessing, and potentially remediating, settings in which services are provided - to achieve compliance. The over-arching principle for compliance is to ensure fidelity with the intent that individuals receiving Medicaid-funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration.

Any non-residential setting where individuals receive home and community based services must have the following 5 qualities:

1. Integrated in and supports full access to the community.

**Intent:**

- To assure the setting where services are being provided will support full access to the community

**Examples:**

- Prohibited: *A business located in the same building or on the same campus as an institutional treatment center.*
- Compliant: *A location in an industrial park, or commercial district could be considered integrated if access to the community could be demonstrated through examples listed below.*
- Exemplary: *All services and supports take place in settings where individuals have full integration in the community and with the same degree of access as individuals who are not HCBS beneficiaries / individuals without disabilities.*

**Documentation to demonstrate compliance:**

- *The individual's person-centered plan*
- *Progress notes*
- *Organizational level documentation*
  - *Mission and value statements*
  - *Policies and procedures*
  - *Ethical Codes of Conduct*
  - *Strategic plans noting commitment to community inclusion.*

2. Is selected by the individual from among setting options including non-disability specific settings.

**Intent:**

- To assure availability of a full array of service settings from which individual beneficiaries may choose.

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### **Examples:**

- Prohibited: *Limiting the individual beneficiary's choices to disability specific settings.*
- Compliant: *Disability specific settings may be included as choices, as long as non-disability specific settings are also presented as options during the person-centered planning process.*
- Exemplary: *Individuals choose services and supports taking place in settings where individuals have full integration in the community and with the same degree of access as individuals who are not HCBS beneficiaries / individuals without disabilities.*

### **Documentation to demonstrate compliance:**

- *The menu of options available for the individual's person-centered plan*
- *Organizational level documentation*
  - *Mission and value statements*
  - *Policies and procedures*
  - *Ethical Codes of Conduct*
  - *Strategic plans noting commitment to community inclusion.*

3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

### **Intent:**

- To protect the individual beneficiary's rights as outlined above while receiving services.

### **Examples:**

- Prohibited: *Violating the individual privacy, providing services in a disrespectful manner, any type of coercion or restraint.*
- Compliant: *Restricted access to areas that may compromise health or safety must be the result of a Person Centered Planning meeting with the individual's consent.*
- Exemplary: *Individuals choose services and supports taking place in settings where individuals experience appropriate levels of privacy, dignity and respect, and conditions that might limit these qualities are eliminated.*

### **Documentation to demonstrate compliance:**

- *The individual's person-centered plan, progress notes, or interviews with beneficiary and provider staff substantiate protection of these rights*
- *Organizational level documentation*
  - *Mission and value statements*
  - *Policies and procedures*
  - *Ethical Codes of Conduct*

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- *Strategic plans noting commitment to community inclusion.*

4. Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

### **Intent:**

- To promote optimal levels of self-determination, and independent choice of activities, settings, and the individuals with whom the beneficiary will interact.

### **Examples:**

- Prohibited: *Restricting the choices outlined above.*
- Compliant: *Input from those individuals identified in the beneficiary's circle of support, including participants in their person-centered plan.*
- Exemplary: *Individuals choose services and supports with maximum independence and autonomy.*

### **Documentation to demonstrate compliance:**

- *The individual's person-centered plan, progress notes, or interviews with beneficiary and provider staff substantiate optimal levels of autonomy and independence.*
- *Organizational level documentation*
  - *Mission and value statements*
  - *Policies and procedures*
  - *Ethical Codes of Conduct*
  - *Strategic plans noting commitment to community inclusion.*

5. Facilitates individual choice regarding services and supports, and who provides them.

### **Intent:**

- To promote optimal levels of self-determination, and independent choice from among a full array of service options and providers.

### **Examples:**

- Prohibited: *Restricting the choices outlined above.*
- Compliant: *Input from those individuals identified in their circle of support, including participants in the beneficiary's person-centered plan.*
- Exemplary: *Individuals choose services and supports with maximum independence and autonomy.*

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### **Documentation to demonstrate compliance:**

- *The individual's person-centered plan, progress notes, or interviews with beneficiary and provider staff substantiate a full array of service and support options, chosen with optimal levels of autonomy and independence.*
- *Organizational level documentation*
  - *Mission and value statements*
  - *Policies and procedures*
  - *Ethical Codes of Conduct*
  - *Strategic plans noting commitment to community inclusion.*

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### PREFACE

If a service is not being provided in a setting that is consistent with the five qualities outlined in the Introduction, there must be a modification in the individual's person-centered plan that is supported by a specific assessed health and/or safety related need. Requirements for such plan modifications have been outlined by CMS.

Documentation in the person-centered service plan of modifications to achieve compliance include:

- Specific individualized assessed health and/or safety related need;
- Prior interventions and supports including less intrusive methods;
- Description of condition proportionate to assessed need;
- Ongoing data measuring effectiveness of modification;
- Established time limits for periodic review of modifications;
- Individual's informed consent;
- Assurance that interventions and supports will not cause harm.

Additional information regarding the HCBS Final Rule, including the Statewide Transition Plan and survey documents used to assess compliance, is available through the Michigan Department of Health and Human Services website:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943-334724--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html)

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Physical Location and Operations of Residential Living Supports		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change	CMHSP / PIHP Guidance
<b>Section 1: Physical Location and Operation of Community Based Supports</b>					
1. Did the individual pick the setting where they receive nonresidential services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Evidence will be gathered through discussion with the individual and/or provider.</li> <li>The discussion must include a description of how an individual makes their choices known.</li> <li>Evidence must include documentation of choices offered during the Person Centered Planning process including pre-planning and/or visits to the Setting.</li> </ul>	Document any visits, phone calls, meetings at site before formally receiving services there.	PIHP/CMH agencies need to provide the ability for people served to ‘shop’ for services via website connections, pictures, visits, etc.	<ul style="list-style-type: none"> <li>This topic can be addressed in the psycho-social/annual social work assessment and/or preplanning meeting</li> <li>If individual is satisfied with their current non-residential services and supports record that this has been discussed</li> <li>If the person is not satisfied with their current non-residential services then this along with options should be discussed and documented during the PCP.</li> </ul>
2. Where is this service provided?	<input type="checkbox"/> At a place or site for people with disabilities (for example a workshop for people with	Observation of neighborhood and surrounding businesses, site maps.	A location is considered compliant if steps are taken to ensure avoidance of isolation, and access to the community. (See characteristics listed on CHART 4: Heightened Scrutiny Evidence	All services and supports take place in settings where individuals have full integration in the community and with the same degree of access as individuals who are not HCBS beneficiaries / individuals without	

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	<p>disabilities, work crew of people with disabilities, or a day program for people with disabilities). In the community at a local business, restaurant, or as a small business owner.</p>		<p>Criteria from the Statewide Transition Plan).</p>	<p>disabilities. Train staff on Home and Community Based Settings Requirements.</p>	
<p>3. Are the services for this nonresidential provider located outside of the same building, off the grounds of, and disconnected from a hospital, nursing home, or institutional treatment center?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Observation of neighborhood and surrounding businesses, site maps.</p>	<p>A location in proximity to an institutional setting could be considered compliant if steps are taken to ensure avoidance of isolation, and access to the community. (See characteristics listed on CHART 4: Heightened Scrutiny Evidence Criteria from the Statewide Transition Plan).</p>	<p>All services and supports take place in settings where individuals have full integration in the community and with the same degree of access as individuals who are not HCBS beneficiaries / individuals without disabilities. Train staff on Home and Community Based Settings Requirements.</p>	

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<p>4. When individuals receive services and supports, do they have contact or connect with individuals from the community / public?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The individual’s person-centered plan, progress notes, and interviews with beneficiary and provider staff substantiate opportunities to contact or connect with individuals from the community / public. Organizational documentation: mission and value statements, policies and procedures, ethical codes of conduct, and strategic plans noting commitment to community inclusion.</p>	<p>If a service is not being provided in a setting that is consistent with the five qualities outlined in the Introduction, there must be a modification in the individual’s person-centered plan that is supported by a specific assessed need with the informed consent of the individual. Requirements for such plan modifications are outlined in the Preface to this Readiness Tool. Intermediate steps and services may be needed to assist beneficiaries along the path to the optimal outcome, if this choice is articulated in the individual’s person-centered plan.</p>	<p>Individual receives services and supports with maximum contact with the community / public, and conditions that might limit such access are specifically addressed in the person-centered plan. Train staff on Home and Community Based Settings Requirements.</p>	<p>• This should be addressed in the psycho-social/annual social work assessment. Assess the level of integration and community inclusion. If OK, document this. If not OK, flag this item to be discussed at the PCP meeting.</p>
<p>5. When individuals receive services and supports in non residential settings, do they interact with others who do not have disabilities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The individual’s person-centered plan, progress notes, and interviews with beneficiary and provider staff substantiate opportunities to interact with non-HCBS beneficiaries / individuals without disabilities, other than those individuals providing services. Organizational documentation: mission and value</p>	<p>If a service is not being provided in a setting that is consistent with the five qualities outlined in the Introduction, there must be a modification in the individual’s person-centered plan that</p>	<p>Individual receives services and supports with maximum contact with the community / public, and conditions that might limit such access are specifically addressed in the person-centered plan.</p>	<p>• This should be addressed in the psycho-social/annual social work assessment. Assess the level of integration and community inclusion. If OK, document this. If not OK, flag this item to</p>



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		statements, policies and procedures, ethical codes of conduct, and strategic plans noting commitment to community inclusion.	is supported by a specific assessed health and/or safety related need with the informed consent of the individual. Requirements for such plan modifications are outlined in the Preface to this Readiness Tool. Intermediate steps and services may be needed to assist beneficiaries along the path to the optimal outcome, if this choice is articulated in the individual’s person-centered plan.	Train staff on Home and Community Based Settings Requirements.	be discussed at the PCP meeting.
6. Do individuals have access to their personal funds?  Note: Access means the individual’s money is available to them. If “No,” why?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no why? <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or interview with the individual and provider.</li> <li>If restrictions on an individual’s access to their personal funds are necessary, a modification in the individual’s Person Centered Plan due to a specific assessed health and/or safety related need is required.</li> </ul>	<ul style="list-style-type: none"> <li>Provide documentation/authorizations on how the person wants assistance, if any, with their personal funds.</li> </ul>		<ul style="list-style-type: none"> <li>Rationale for restrictions should be documented in the PCP and may require Behavior Treatment Review Committee approval and review.</li> </ul>
7. Do individuals have control over their personal funds?  Note: Control means the individual can decide how his or her money is spent.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, why?	<ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or interview with the individual and provider.</li> <li>If restrictions on an individual’s control over their personal funds are necessary, a modification in the individual’s Person Centered Plan due to specific assessed</li> </ul>	<ul style="list-style-type: none"> <li>Provide documentation/authorizations on how the person wants assistance, if any, with their personal funds.</li> </ul>		<ul style="list-style-type: none"> <li>Rationale for restrictions should be documented in the PCP and may require Behavior Treatment Review Committee approval and review.</li> </ul>

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		health and/or safety related need is required.			
<p>8. Does the setting allow individuals to schedule their work hours or days similar to their coworkers who do not have disabilities? <i>Note: Individuals without disabilities who are hired as support staff are not considered "coworkers." Support staff assist individuals with disabilities at or with their nonresidential service.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> —	<p>The individual’s person-centered plan, progress notes, observation or interviews with beneficiary and provider staff; time and attendance records.</p>	<p>The setting includes opportunities to schedule work hours to the same degree of access as individuals not receiving Medicaid HCBS / individuals without disabilities.</p>	<p>Train staff on Home and Community Based Settings Requirements.</p>	<ul style="list-style-type: none"> <li>• This should be addressed in the psycho-social/annual social work assessment. Discussion should take place about the individual’s satisfaction with their work schedule. If OK, document this. If not OK, flag this item to be discussed at the PCP meeting.</li> </ul>
<p>9. Does the setting allow individuals to schedule their breaks and/or lunch times similar to others who do not have disabilities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>The individual’s person-centered plan, progress notes, observation or interviews with beneficiary and provider staff; time and attendance records.</p>	<p>The setting includes opportunities to schedule breaks / lunch times to the same degree of access as individuals not receiving Medicaid HCBS / individuals without disabilities.</p>	<p>Train staff on Home and Community Based Settings Requirements.</p>	<ul style="list-style-type: none"> <li>• This should be addressed in the psycho-social/annual social work assessment. Discussion should take place about the individual’s satisfaction with their work schedule and breaks. If OK, document this. If not OK, flag this item to be discussed at the PCP meeting.</li> </ul>
<p>10. Do individuals have employee benefits (vacation, medical benefits) similar to coworkers who do not have</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The individual’s person-centered plan, progress notes, or interviews with beneficiary and provider staff; time and attendance records; personnel policies.</p>	<p>The setting includes access to benefits to the same degree of access as individuals not receiving Medicaid HCBS /</p>	<p>Train staff on Home and Community Based Settings Requirements.</p>	<ul style="list-style-type: none"> <li>• This should be addressed in the psycho-social/annual social work assessment. Discussion should take place about the individual’s</li> </ul>

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disabilities?			individuals without disabilities.		satisfaction with their employee benefits. If OK, document this. If not OK, flag this item to be discussed at the PCP meeting.
11. Do individuals perform tasks similar to coworkers who do not have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The individual’s person-centered plan, progress notes, or interviews with beneficiary and provider staff; time and attendance records; observation and review of job description.	Beneficiaries perform tasks in a manner similar to individuals who are not HCBS beneficiaries / individuals without disabilities.	Exemplary practice can include customization of tasks in a manner that leverages the unique strengths and abilities of the beneficiary.	<ul style="list-style-type: none"> <li>This should be addressed in the psycho-social/annual social work assessment. Discussion should take place about the individual’s satisfaction with their work duties.</li> </ul> If OK, document this. If not OK, flag this item to be discussed at the PCP meeting.
12. If an individual needs help with personal care in the setting, does the individual receive this support in privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The individual’s person-centered plan, progress notes, interviews with beneficiary and provider staff. Organizational level documentation: Mission and value statements, Policies and procedures, Ethical Codes of Conduct.  Provide an explanation of how an individual’s privacy is assured. Examples include closing the door fully or partially and monitoring other persons so that they do not interfere with the individual’s privacy.	<ul style="list-style-type: none"> <li>Evidence can be provided by provider personnel policies on employee standards of conduct.</li> <li>Document “privacy” training with both employees and people living at the residential setting.</li> </ul>	Individuals choose services and supports taking place in settings where individuals experience privacy, dignity and respect, and conditions that might limit these qualities are eliminated.	
13. Do individuals perform tasks similar to volunteers who do not have	<input type="checkbox"/> Yes <input type="checkbox"/> No	The individual’s person-centered plan, progress notes, observation or interviews with beneficiary and provider staff; time and	Beneficiaries perform tasks in a manner similar to individuals who are	Exemplary practice can include customization of tasks in a manner that	

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disabilities?		attendance records.	not HCBS beneficiaries / individuals without disabilities.	leverages the unique strengths and abilities of the beneficiary.	
14. Is accessible transportation available to individuals to make trips to the community? <i>Note: Accessible transportation means having transportation services going where and when one wants to travel and accommodates individuals with physical limitations (e.g., wheelchairs)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Evidence must be provided by the provider that vehicles and employees are available for accessible transportation.</li> <li>Information related to other means of transportation (bus schedules, taxi numbers etc.) will be easily accessible to individuals. Interviews with beneficiary and provider staff.</li> </ul>	<ul style="list-style-type: none"> <li>Providers must have a process as to how people served can organize transportation such as a provider vehicle, community transportation, ride sharing services, etc. Use of a calendar would show availability of provider vehicle.</li> </ul>	Train staff on Home and Community Based Settings Requirements.	
15. If public transit is limited or unavailable, do individuals have another way to access the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence must be provided in the provider's policies as to how individuals have access to the community if public transit is limited or unavailable.		Train staff on Home and Community Based Settings Requirements.	
16. Can individuals move around the nonresidential setting, to the same extent as individuals who do not have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or interview with the individual and provider.</li> <li>If restrictions on an individual's ability to move inside and outside the setting are necessary, a modification in the individual's Person Centered Plan due to a specific assessed health and/or safety related need is required.</li> </ul>	Violating the individual privacy, providing services in a disrespectful manner, any type of coercion or restraint is prohibited. Restricted access to areas that may compromise health or safety, or violate the privacy of others, may be considered compliant,	<p>Individuals choose services and supports taking place in settings where individuals experience appropriate levels of privacy, dignity and respect, and conditions that might limit these qualities are eliminated.</p> <p>Train staff on Home and Community Based Settings Requirements.</p>	<ul style="list-style-type: none"> <li>Rationale for restrictions should be documented in the PCP and may require Behavior Treatment Review Committee approval and review.</li> </ul>

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			if the restriction is identified in the individual's person centered plan and with the documented consent of the individual.		
17. Is the nonresidential setting physically accessible to all individuals (For example, does it have grab bars, a wheelchair ramp if needed)? Note: physically accessible means individuals are able to do what they want and need around the setting as independently as possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site visits and site maps, floor plans; the individual's person-centered plan, progress notes, interviews with beneficiary and provider staff. <ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or back up from assessments or treatment plan that describe the need for modifications.</li> <li>Examples include wheelchair ramps, accessible doors, toilets, sinks etc.</li> <li>If there are restrictive/intrusive measures that limit accessibility, a modification in the individual's Person Centered Plan due to a specific assessed health and/or safety related need is required.</li> </ul>	Annual accessibility surveys.	Conditions that might limit accessibility are eliminated.  Train staff on Home and Community Based Settings Requirements.	<ul style="list-style-type: none"> <li>Rationale for restrictions should be documented in the PCP and may require Behavior Treatment Review Committee approval and review.</li> </ul>
18. Can individuals reach and use equipment as they need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site visits, site maps, floor plans; the individual's person-centered plan, progress notes. <ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or interview with the individual and provider.</li> </ul>	Annual accessibility surveys.	Conditions that might limit accessibility are eliminated. Train staff on Home and Community Based Settings Requirements.	
19. Do individuals have a place to store and secure their belongings away from	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site visits, site maps, floor plans; the individual's person-centered plan, progress notes.	<ul style="list-style-type: none"> <li>Assist people in learning to safeguard their belongings and</li> </ul>	Conditions that might limit accessibility are eliminated.	<ul style="list-style-type: none"> <li>Rationale for restrictions should be documented in the PCP and may require</li> </ul>

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others?		<ul style="list-style-type: none"> <li>Evidence will be gathered through observation and/or interview with the individual and provider.</li> <li>If restrictions on an individual’s access to their belongings are necessary, a modification in the individual’s Person Centered Plan due to a specific assessed health and/or safety related need is required.</li> </ul>	assist them in choosing how to keep them locked.	Train staff on Home and Community Based Settings Requirements.	Behavior Treatment Review Committee approval and review.
<b>Section 2:Waiver Administration &amp; Policy Enforcement for Non-Residential Setting</b>					
20. Are provider policies outlining the individual’s rights, protections, and expectations of services and supports provided to the individual in and understandable format?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence will be gathered by reviewing provider’s policies and procedures, the individual’s person-centered plan, progress notes, interviews with beneficiary and provider staff. Organizational level documentation: Mission and value statements, Policies and procedures, Ethical Codes of Conduct.	Document acknowledgment of understanding by the beneficiary and/or those individuals identified in their circle of support, including participants in the beneficiary’s person-centered plan. Video clips may also be available to promote accessibility regarding rights, compliance, complaints.	Individuals choose services and supports taking place in settings where there is clear and consistent understanding of individual’s rights, protections, and expectations of services and supports provided to the individual.  Train staff on Home and Community Based Settings Requirements.	
21. Have individuals been provided with information on how to request a new nonresidential setting / service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence will be gathered through discussion with the individual and provider. The discussion must include actions taken if the individual indicates that they no longer want to receive services in the setting, such	• Provide materials in a service information packet to the person that includes service providers in the area.	Train staff on Home and Community Based Settings Requirements.	• This topic can be addressed in the psycho-social/annual social work assessment or preplanning meeting.

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		<p>as informing the supports coordinator and guardian, if applicable, of the desire to change.</p> <ul style="list-style-type: none"> <li>• Evidence must include documentation of choices offered during the Person Centered Planning process including pre-planning and/or visits to the setting.</li> </ul>	<p>Plan and explore alternatives with the beneficiary.</p> <p>Demonstrate recognition and honoring of the individual’s preference about where services are received.</p>		<p>If individual is satisfied with current non-residential setting/service provider record that this has been discussed.</p> <p>If the person is not satisfied with their non-residential setting/service provider then this along with options should be discussed and documented during the PCP.</p>
<p>22. Is information about filing a complaint provided in a way the individual can understand and use?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Evidence must be gathered through observation of Recipient Rights information that should be available in every setting.</li> <li>• Discussion must include ways that an individual’s concerns are addressed, including licensing, CMS, accreditation, professional licensing, EEOC, NLRB, MPAS, LTC Ombudsman.</li> </ul>	<p>Video clips or photos / pictorial representations of policy may also be available to promote accessibility regarding rights, compliance, complaints.</p>	<p>Train staff on Home and Community Based Settings Requirements.</p>	