On March 17, 2014, new federal Medicaid rules for Home and Community Based Services (HCBS) went into effect. The rules impact many parts of HCBS. One of the most important topics is the places where HCBS can be provided.

Because HCBS programs are offered as alternatives to nursing and intermediate care facility services, the new rules make sure that HCBS are provided in settings that are not institutional in nature. To follow this rule, states must make sure that HCBS settings are part of a larger community, people are able to have choices about their service settings, and that people are assured their rights to privacy, dignity and respect.

States must evaluate their HCBS programs to determine the level of compliance with the new rules. The setting indicated on this form has been identified as requiring to go through the heightened scrutiny process as part of the compliance process.

Additional information on Heightened Scrutiny can be found here: HCBS Settings Rule: Heightened Scrutiny

#### **Setting Information**

Site Name:			S	ite ID:	
Site Address:				·	
Website:					
# of Individuals Served			# of Medicaid Individu		
location regardless of f	unding:		Served at this location:		
Waiver(s) Served:			HCBS Provider Type:		
🗆 Acquired Brain injur	у		Day Support Services		
Aging Waiver			Adult Day Care		
🗆 Community Support	S		Residential Facility		
🗆 Community Transitio	on		Supported Living		
New Choices			Employment Preparation Services		
Description of Waivers can be found here:					
https://medicaid.utah.gov/ltc/					
Heightened Scrutiny Prong:					
Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment					
□ Prong 3: From the in	itial asses	sment, the setting was	mmediately adjacent to, found to have the effect	·	
broader community. The following is the area that was identified:					
A. Individuals have limited, if any, opportunities for interaction in and with the broader community and /or the setting is physically located separate and apart from the broader community and does not facilitate individual opportunity to access the broader community and participate in community services consistent with their person centered service plan					
					Dage 1

 $\Box$  B. The setting restricts individuals choice to receive services or to engage in activities outside of the setting □ C. The setting has qualities that are institutional in nature. These can include: The setting has policies and practices which control the behaviors of individuals; are rigid in • their schedules; have multiple restrictive practices in place The setting does not ensure an individual's rights of privacy, dignity, and respect • **Onsite Visit(s) Conducted: Description of Setting:** Things to include in this section: Type of setting (type of residential setting, etc.) Location of setting (proximity to community, description of community- e.g. rural, etc.) • If Prong 1 or Prong 2- description here **Current Standing of Setting:** □ Currently Compliant: the setting has overcome the qualities identified above

□ Approved Remediation Plan: the setting has an approved remediation plan demonstrating how it will come into compliance. The approved timeline for compliance is:

### Evidence the Setting is Fully Compliant or Will Be Fully Compliant

-	ing is in a publicly or privately operated facility that provides inpatient institutional treatment; omes this presumption of an institutional setting.	
Compliance:	□ Met □ Remediation Plan demonstrating will be compliant □ Not Applicable	
Summary:	Note: If Not applicable is checked, this box will be removed Things to include in this section: • Onsite Visit Summary • Remediation Plan Summary (if applicable) • Policy/Documents (if applicable) • Require provider to submit the following in writing to demonstrating compliance: • Interconnectedness between the institution and the setting, including administrative or financial interconnectedness, does not exist or is minimal • To the extent any institutional staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the institutional staff are crossed trained to meet the same qualifications as the HCBS staff • Participants in the setting in question do not have to rely primarily on transportation or services provided by the institution setting Onsite Visit Summary: Interconnectedness between the institution and the setting: Policy/Document Review:	

The following were reviewed for compliance:

-	ting is in a building on the grounds of, or immediately adjacent to, a public institution; the es this presumption of an institutional setting.
Compliance:	Met     Remediation Plan demonstrating will be compliant     Not Applicable
Summary:	Note: If Not applicable is checked, this box will be removed         Things to include in this section:         • Onsite Visit Summary         • Remediation Plan Summary (if applicable)         • Policy/Documents (if applicable)         • Require provider to submit the following in writing to demonstrating compliance:         • Interconnectedness between the institution and the setting, including administrative or financial interconnectedness, does not exist or is minimal         • To the extent any institutional staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the institutional staff are crossed trained to meet the same qualifications as the HCBS staff         • Participants in the setting in question do not have to rely primarily on transportation or services provided by the institution setting         Onsite Visit Summary:         Remediation Plan Summary:         Interconnectedness between the institution and the setting:         Policy/Document Review:         The following were reviewed for compliance:

Prong 3 A: The setting 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.

Compliance:	□ Met □ Remediation Plan demonstrating will be compliant	
Summary:	<ul> <li>Things to include in this section:</li> <li>Onsite Visit Summary</li> <li>Remediation Plan Summary (if applicable)</li> <li>Policy/Documents (if applicable)</li> <li>Require provider to submit the following in writing to demonstrating compliance: <ul> <li>Provides opportunities to seek employment and work in competitive integrated employment; if does not offer employment services, what is their plan to provide opportunities</li> <li>Engage in community life and receive services in the community</li> </ul> </li> </ul>	

0	If the setting is located separate and apart from the broader community, how
	the setting overcomes their location and facilitates individual opportunity to
	access the broader community
0	Control personal resources
0	Description of the proximity to avenues of available public transportation or
	an explanation of how transportation is provided where public transportation is limited
0	Individuals participate regularly in typical community life activities outside of
	the setting to the extent the individual desires. Such activities do not include
	those only organized by the provider agency specifically for a group of
	individuals with disabilities and/or only paid staff. Community activities
	should foster relationships with community members unaffiliated with the
	setting
Onsite Visit Su	mmary:
	-
Remediation P	lan Summary:
Policy/Docume	ent Review:
	vere reviewed for compliance:

Prong 3 B: The s settings.	etting is selected by the individual from among setting options, including non-disability specific
Compliance:	Met Remediation Plan demonstrating will be compliant
Summary:	Things to include in this section:         • Onsite Visit Summary         • Remediation Plan Summary (if applicable)         • Policy/Documents (if applicable)         • Require provider to submit the following in writing to demonstrating compliance:         • The setting does not restrict access to non-disability settings         • Setting reflects individual needs and preferences         • Services provided are chosen by the individual         • Individuals understand how to request a change in services/setting option         Onsite Visit Summary:         Remediation Plan Summary:         Policy/Document Review:         The following were reviewed for compliance:

Prong 3 C: The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. The setting ensures an individual's rights of privacy, dignity, respect, and freedom from

coercion and restraint. The setting ensures the individual has the freedom and support to control his/her own schedule and activities.			
Compliance:	Met Remediation Plan demonstrating will be compliant		
Summary:	<ul> <li>Things to include in this section: <ul> <li>Onsite Visit Summary</li> <li>Remediation Plan Summary (if applicable)</li> </ul> </li> <li>Policy/Documents (if applicable)</li> <li>Require provider to submit the following in writing to demonstrating compliance: <ul> <li>The setting optimizes individual initiative, autonomy, and independence in making life choices</li> <li>The setting ensures an individual's right of privacy, dignity, and respect</li> <li>The setting ensures an individual's freedom from coercion and restraint (policies on restrictions and modifications)</li> <li>The setting ensures the individual has the freedom and support to control his/her own schedule and activities (policies to support)</li> </ul> </li> <li>Onsite Visit Summary: <ul> <li>Remediation Plan Summary:</li> <li>Policy/Document Review:</li> <li>The following were reviewed for compliance:</li> </ul> </li> </ul>		

Overall, the sett	Overall, the setting enforces the Home and Community-Based Settings Regulation requirements.		
Compliance:	□ Met □ Remediation Plan demonstrating will be compliant		
Summary:	<ul> <li>Things to include in this section:</li> <li>Onsite Visit Summary</li> <li>Remediation Plan Summary (if applicable)</li> <li>Policy/Documents (if applicable)</li> <li>Require provider to submit the following in writing to demonstrating compliance: <ul> <li>Provider qualifications for staff employed in the setting that indicate training or certification in HCBS and that demonstrates the staff is training specifically for HCBS support in a manner consistent with HCBS settings regulations</li> </ul> </li> </ul>		

### Input from Individuals Served and Staff

Individuals	Things to include in this section:	
Served	Attach questions asked (template document)	
Summary:	Summary of interviews	
Staff Summary:	Things to include in this section: <ul> <li>Attach questions asked (template document)</li> <li>Summary of interviews</li> </ul>	

Ongoing Remedi	Ongoing Remediation Activities		
<b>Current Standing</b>	: 🗌 Currently Compliant 🔲 Approved Remediation Plan		
Continued			
Remediation	$\Box$ N/A for currently compliant		
Activities			
Ongoing Monitoring Activities			

#### Summary of Stakeholder Workgroup Comments Received

**Public Comment Period:** 

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### Summary of State's Response to Stakeholder Workgroup Comments Received

**Public Comment Period:** 

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### **Summary of Public Comments Received**

**Public Comment Period:** 

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### Summary of State's Response to Public Comments Received

Public Comment Period:

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### **Utah's Recommendation**

