

Pre Validation Email Template wording:

On March 17, 2014 the Centers for Medicare and Medicaid Services (CMS) implemented new federal Home and Community Based Services (HCBS) regulations that provided clarification concerning the required characteristics of service settings. In accordance with the HCBS regulations, Utah Medicaid created an HCBS Setting Transition Plan (the Plan).

The next step is for the State to conduct validation visits to confirm that your setting is compliant. At this time, due to the COVID-19 pandemic, the validation visit(s) will be held remotely via Google Meets.

Prior to us scheduling the validation visit, please respond to the following questions so we can prepare for the visit accordingly:

1. How is the setting using technology or other methods to overcome the segregating nature of any restrictions put into place because of the pandemic?

Note, when using virtual activities, for those activities to count towards community integration, the activity must have the ability for individuals to interact with the activity/others in the community (the activity must be live). For example:

- 1. Live virtual tours: individuals are able to ask questions, interact with who is hosting the tour*
- 2. Live virtual classes: individuals are able to ask questions, interact with the instructor*
- 3. Live virtual games, activities, etc.: individuals are able to interact with others who are playing the games, participating in activities, etc.*

2. How does the setting ensure the following?

- Activities promote Community Integration and Inclusion, including competitive integrated employment*
- Community integration activities are meaningful for individuals served*
- Diversity of choice and opportunities for input are offered in community integration activities*
- Activities are meeting individuals' interests and are age appropriate*
- Community integration activities involve interaction with community members*

3. If your setting is not currently providing services or if you have not been able to implement portions of your remediation/transformation plan due to the pandemic, please describe the specifics or indicate n/a. *Note: your remediation/transformation plan has been attached for your review.*

Thank you for the services you provide to Medicaid members. Please email HCBSSettings@utah.gov with response to the above three questions within two weeks of receipt of this email (**mm/dd/yy**).