

# Home and Community Based Settings Rule Heightened Scrutiny Provider Response

## Heightened Scrutiny Preparation:

The setting indicated on this form has been identified as requiring to go through the heightened scrutiny process. Prior to the the State submitting the setting through the public comment process, the State would like to give providers/settings the opportunity to provide any additional information or supporting documentation that has not already been submitted or that has been updated since the last submission to the state to show the setting is compliant, or will be compliant with completion of their remediation plan, with the HCBS Settings Rule.

**Note: Responses on this form or submissions of any attached document must not contain any confidential or protected health information pertaining to any persons served. Only submit blank forms or templates, not completed forms, or lists of attendees.**

## Setting Information:

Confirm the information documented in the section and revise as appropriate.

<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<b>Website:</b>			
<b># of Individuals Served at this location regardless of funding:</b>		<b># of Medicaid Individuals Served at this location:</b>	
<b>Waiver(s) Served:</b>		<b>HCBS Provider Type:</b>	
<input type="checkbox"/> Acquired Brain injury <input type="checkbox"/> Aging Waiver <input type="checkbox"/> Community Supports <input type="checkbox"/> Community Transition <input type="checkbox"/> New Choices		<input type="checkbox"/> Day Support Services <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Residential Facility <input type="checkbox"/> Supported Living <input type="checkbox"/> Employment Preparation Services	
<b>Heightened Scrutiny Prong:</b>			
<input type="checkbox"/> Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment  <input type="checkbox"/> Prong 2: Setting is in a building on the grounds of, or immediately adjacent to, a public institution  <input type="checkbox"/> Prong 3: From the initial assessment, the setting was found to have the effect of isolating individuals from the broader community. The following is the area that was identified: <ul style="list-style-type: none"> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> B. The setting restricts individual choice to receive services or to engage in activities outside of the setting</li> <li><input type="checkbox"/> C. The setting has qualities that are institutional in nature. These can include:               <ul style="list-style-type: none"> <li>● The setting has policies and practices which control the behaviors of individuals; are rigid in their schedules; have multiple restrictive practices in place</li> </ul> </li> </ul>			

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- The setting does not ensure an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.

**Current Standing:**

- 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
- Pending: the setting does not yet have an approved remediation plan demonstrating how it will come into compliance but is actively working with the State through the process for approval.

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

Complete each of the following applicable sections.

**Prong 1 and 2:** Only those settings that fall under these prongs are required to fill out this section.

**Prong 3:** All settings, regardless of what prong they fall under, must complete all of these sections.

**Overall:** All settings, regardless of what prong they fall under, must complete this section.

*You can answer the requested information with current policy and practice. You could also answer with a proposed policy or practice being developed as part of your remediation plan.*

**Prong 1:** The setting is in a publicly or privately operated facility that provides inpatient institutional treatment; the setting overcomes this presumption of an institutional setting.

OR

**Prong 2:** The setting is in a building on the grounds of, or immediately adjacent to, a public institution; the setting overcomes this presumption of an institutional setting.

Describe interconnectedness between the institution and the setting:  N/A

Describe how the setting is physically attached/situated. Is there a physical separation between the institution and setting?

Note: If Not applicable is checked, these boxes will be removed

Please describe any financial overlap or how finances are separate?

Do administrative staff and duties overlap? Please explain your answer.

Is there any overlap in direct support staff? How often does this occur? What process is in place to ensure institutional staff are provided HCBS training prior to providing services?

Is there any overlapping programming, activities, or services?

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<b>Is there any overlapping of transportation resources?</b>	
<b>Describe any other ways that there is interconnectedness between the institution and the setting.</b>	
<b>Describe other ways that the institution and setting function separately from each other.</b>	
<b>List and attach any policies or documentation (process, forms, training, pictures, floor plans, etc.) that supports compliance in this area.</b>	

<b>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.</b>	
<b>Describe how the setting is compliant in this area, including but not limited to:</b>	
<b>If the setting is located separate and apart from the broader community, how does the setting overcome their location and facilitate individual opportunity to access the broader community?</b>	
<b>How does the setting provide opportunities to seek employment and work in competitive integrated settings? If the setting does not offer employment services, what is the plan to connect individuals to opportunities? What relationships are in place to support employment for individuals?</b>	
<b>How does the setting facilitate volunteer opportunities?</b>	
<b>How does the setting engage in community life and provide services in the community?</b>	
<b>How does the setting support individual control of personal resources?</b>	
<b>Describe the proximity to avenues of available public transportation.</b>	

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<p>Explain how transportation is provided where public transportation is limited (if applicable). How does the setting facilitate transportation into the community?</p>	
<p>Describe how individuals participate regularly in typical community life activities outside of the setting to the extent the individual desires. How often do individuals go out into the community? How is this determined?</p>	
<p>What process is in place to ensure community activities are meaningful? How does the setting foster relationships with community members unaffiliated with the setting? How does the setting include skills building in community activities?</p>	
<p>List and attach any policies or documentation (process, forms, training, pictures, floor plans, etc.) that supports compliance in this area.</p>	

<p><b>Prong 3 B: The setting is selected by the individual from among setting options, including non-disability specific settings.</b></p>	
<p>Describe how the setting is compliant in this area, including but not limited to:</p>	
<p>How does the setting ensure that there is no restriction of access to non-disability settings? This can include services, classes, or activities provided in-house versus in the community (e.g. salon, religious, art classes, cooking classes, etc.).</p>	
<p>What process is in place to ensure the setting reflects individual needs and preferences?</p>	
<p>What process is in place to ensure services provided are chosen by the individual (e.g. admission processes, tours, meeting roommates, etc.)?</p>	

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<p>How does the setting ensure individuals understand how to request a change in their services/setting option?</p>	
<p>List and attach any policies or documentation (process, forms, training, pictures, floor plans, etc.) that supports compliance in this area.</p>	

**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.**

**Describe how the setting is compliant in this area, including but not limited to:**

<p>How does the setting optimize individual initiative, autonomy, and independence in making life choices?</p>	
<p>How does the setting ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint? For residential settings, who, besides the person served, has a key to their home or living space and how is that determined? What is the process in place for those staff with a key to know when it is appropriate to use it?</p>	
<p>How does the setting ensure restrictions are circumvented for individuals that do not need them? How does the setting ensure no restrictions are implemented as "house rules" or across a class or group of individuals? List and submit any policies and required training on restrictions and modifications.</p>	
<p>How does the setting ensure the individual has the freedom and support to control his/her own schedule and activities? List and submit any policies and required training.</p>	

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<p>List and attach any additional policies or documentation (process, forms, training, pictures, floor plans, etc.) that supports compliance in this area.</p>	
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**Overall, the setting enforces the Home and Community-Based Settings Rule Regulation requirements.**

**Describe how the setting is compliant in this area, including but not limited to:**

<p>List and submit provider qualifications for staff employed in the setting that indicates training or certification in HCBS.</p>	
<p>List and submit documents that demonstrate the staff is trained specifically for HCBS support in a manner consistent with HCBS Settings Rule regulations.</p>	
<p>Describe, list, or submit any other documents demonstrating compliance not already provided.</p>	