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| **RESIDENTIAL PROVIDER**  **EVIDENTIARY WORKSHEET**  **Home and Community Based Services (HCBS) Settings Rule**  **Heightened Scrutiny Review Materials** | | | | | | | |
| Although completion of this form is voluntary, the information must be provided in order to determine compliance with the federal HCBS settings rule. Failure to provide the information may result in a non-compliance determination. Settings that are not compliant are not eligible to receive Medicaid funds for HCBS waiver services. | | | | | | | |
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| In 2014, the Centers for Medicare & Medicaid Services (CMS) released new federal requirements regarding the qualities of settings that are eligible for reimbursement for Medicaid home and community-based services (HCBS)—42 C.F.R. §§ 441.031(c)(4) and 441.710. The federal HCBS settings rule makes a presumption that certain settings are not home and community-based because of the physical connection to a facility that provides inpatient treatment, the proximity to a public institution, or the existence of other factors that may lead to isolation.  In order for the Wisconsin Department of Health Services (DHS) to reimburse settings that meet one of the criteria above, DHS must present evidence to CMS to justify that the setting possesses the required home and community-based characteristics and is not institutional in nature.  Characteristics of compliance:  • The setting is integrated in the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate that setting with institutional services.  • The individual participates regularly in typical community life activities outside of the setting to the extent the individual desires. Such activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff; community activities should foster relationships with community members unaffiliated with the setting.  • Services to the individual, and activities in which the individual participates, are engaged with the broader community. | | | | | | | |
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| Facility Name | | | Facility Type | | | | |
|  | | |  | | | | |
| Corporate Name | | | License/Certification Number | | | | |
|  | | |  | | | | |
| Facility Address | | City | | | State | Zip Code | |
|  | |  | | |  |  | |
| Phone Number (Include Area Code) | Primary Contact Name | | | Contact Direct Phone (Include Area Code) | | | |
|  |  | | |  | | | |
| Primary Contact Email | | | | | | | |
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| **Tab 1 Evidence to Overcome Institutional Presumption**  The setting must provide documentation demonstrating that it is integrated into the community and supports full access of individuals receiving HCBS services.  Policies or practices that overcome any institutional presumptions—The setting must provide documentation that demonstrates: that people without disabilities in the community consider the setting a part of their community and do not associate the setting with institutional services; that residents participate regularly in typical community life activities outside of the setting to the extent the individual desires; and that activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff. Note: a facility is not required to provide all of these, but what is provided should be able to supply evidence to support overcoming institutional presumptions.  Suggested documentation:   * Program statement ✓ Resident resource information and/or materials * Policies ✓ Sample resident service plan * Marketing materials ✓ Link to website | | | | | | | |
| **Tab 1a**. People without disabilities in the community consider the setting a part of their community and do not associate the setting with institutional services.  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question**.** | | | | | | | Included in  Tab 1a |
| Yes  Partial  No |
| **Tab 1b**. Individual residents participate regularly in typical community life activities outside of the setting to the extent the individual desires.  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 1b |
| Yes  Partial  No |
| **Tab 1c**. Activities include more than just the activities organized by the provider setting specifically for individuals with disabilities and/or involving only paid staff.  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 1c |
| Yes  Partial  No |
| **Tab 1d**. Residents of the HCBS setting are not reliant on services from the institution to the exclusion of other community-based options.  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 1d |
| Yes  Partial  No |
| **Tab 1e**. Are resident’s able to choose medical services that are not institutionally operated?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 1e |
| Yes  Partial  No |
| **Tab 2. Evidence of Physical Distinction**  The setting must provide documentation that demonstrates a meaningful physical distinction between the HCBS setting and the institutional setting. Documentation should evidence, at a minimum, separate entrances and signage, physical divisions, and differences in décor.  Suggested documentation:   * Satellite maps ✓ Photographs * Site plans ✓ Building plans | | | | | | | |
| **Tab 2a**. Are there physical divisions between the HCBS setting and the institutional setting. Are there separate entrances and signage?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 2a |
| Yes  Partial  No |
| **Tab 2b**. Is the décor in the HCBS setting distinctive from an institutional setting?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 2b |
| Yes  Partial  No |
| **Tab 2c**. Additional evidence to support that there is a physical distinction between settings?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 2c |
| Yes  Partial  No |
| **Tab 3. Evidence of Operational Distinction**  The setting must provide documentation demonstrating that there is a meaningful operational distinction between the institution and the community-based setting such that the latter is integrated in, and supports, full access of individuals receiving HCBS services.  Suggested documentation   * Management plan * Evidence showing separation between lines of business (minimal administrative and financial interconnectedness between the HCBS setting and the institution) * Evidence that residents of the HCBS setting are not reliant on services from the institution to the exclusion of other options. | | | | | | | |
| **Tab 3a.** Is there minimal administrative and financial interconnectedness between the HCBS setting and the institution?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 3a |
| Yes  Partial  No |
| **Tab 3b.** Is the administration of the facilities separated for operational purposes?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 3b |
| Yes  Partial  No |
| **Tab 4. Evidence of Distinct Staffing**  The setting must provide documentation that demonstrates the distinction between staff for the two settings and the training provided to staff in the HCBS setting regarding HCBS regulations, services, and principles.  Suggested documentation   * Training plan, including provisions for cross-training if institutional staff are occasionally assigned to the HCBS setting * Organizational charts * Staffing plan * Sample staff schedule * Training plans * Training materials specific to both the HCBS setting and the institutional setting | | | | | | | |
| **Tab 4a.** Are staff cross-trained for HCBS and the institution if they are employed at both settings?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 4a |
| Yes  Partial  No |
| **Tab 4b**. Do documents provide evidence that there is distinct staffing for each setting?  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | Included in  Tab 4b |
| Yes  Partial  No |
| **Additional documents provided as evidence to overcome institutional presumption:**  List each document being submitted and describe how the documentation provides evidence in support of the criteria/question. | | | | | | | |