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| **EVIDENTIARY SUMMARY**  **REVIEWER ASSESSMENT AND ONSITE OBSERVATIONS**  **Home and Community Based Services (HCBS) Settings Rule**  **Heightened Scrutiny** | | | | | | | |
| 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. | | | | | | | |
| Facility Name | | | Facility Type | | | | |
| Facility Name | | | Choose an item. | | | | |
| Corporate Name | | | License/Certification Number | | | | |
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| Facility Address | | City | | | State | Zip Code | |
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| Phone Number (Include Area Code) | Primary Contact Name | | | Contact Direct Phone (Include Area Code) | | | |
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| Primary Contact Email | | | | | | | |
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| **Reason for Institutional Presumption** | | | | | | | |
| Settings in a publicly or privately operated facility that provides inpatient institutional treatment.  Settings in a building on the grounds of, or adjacent to, a public institution.  Settings with the effect of isolating individuals from the broader community of individuals not receiving HCBS waiver services. | | | | | | | |
| **DHS Recommendation** | | | | | | | |
| DHS finds that this setting is home and community–based and overcomes the presumption of having institutional qualities.  Yes  No Comment: Click here to enter text. | | | | | | | |
| The findings are based on:   * Information submitted by the setting * DHS desk review of all available information * DHS site visit to the setting * Public comment period * Other: | | | | | | | |
| 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 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.  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 1b**.Individual residents participate regularly in typical community life activities outside of the setting to the extent the individual desires  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **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.  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 1d**. Residents of the HCBS setting are not reliant on services from the institution to the exclusion of other community–based options.  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 1e**. Are resident’s able to choose medical services that are not institutionally operated?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **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?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 2b**. Is the décor in the HCBS setting distinctive from an institutional setting?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 2c**. Additional evidence to support that there is a physical distinction between settings?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **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?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 3b.** Is the administration of the facilities separated for operational purposes?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **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?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Tab 4b**. Do documents provide evidence that there is distinct staffing for each setting?  Yes  Partial  No | | | | | | | |
| Notes – Document Review: | | | | | | | |
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| Notes – Onsite Review: | | | | | | | |
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| **Additional documents provided as evidence to overcome institutional presumption:** | | | | | | | |
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