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| DEPARTMENT OF HEALTH SERVICES  Division of Medicaid Services  F-02605A (09/2022) |  | **STATE OF WISCONSIN**  42 CFR §§ 441.031(c)(4) and 441.710  Page 1 of 5 |
| **HOME AND COMMUNITY-BASED SERVICES (HCBS) SETTINGS RULE**  **HEIGHTENED SCRUTINY SETTINGS REVIEW**  **Evidentiary Document Checklist** | | |
| **SETTING INFORMATION** (Please update any incorrect information) DATE: | | |
| Facility Name | Facility Type  Choose an item. | |
| Total number living units/beds: | Number of residents supported with Medicaid/Family Care: | |
| Facility Address | Facility City State Zip Code County | |
| Facility Contact Name Contact Email Address Contact Phone Number | | |
| Name of Inpatient or Skilled Nursing Facility on campus: | Address of SNF on Campus: | |
| Facility Name(s) and types of additional HCBS assisted living facilities at this address: | | |
| Although completion of his 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. | | |
| **INSTRUCTIONS FOR SUBMITTING NECESSARY DOCUMENTS:** | | |
| * Please verify that the information at the top of this *Evidentiary Document Checklist* is current and correct for your setting. * All person-centered plans or other documentation with personally identifiable resident information **must be redacted**. * Use of pdf format is recommended. Please label each pdf document you submit with applicable section and title of the document (i.e., Section 2 Visitor Policy). * Please provide the required documentation **within 15 business days** of receipt of this email. * Submit materials via email to: [DHSHCBSHeightenedScrutiny@dhs.wisconsin.gov](mailto:DHSHCBSHeightenedScrutiny@dhs.wisconsin.gov) * Submit email with **Subject Line: HS Documents for** <name of your setting> | | |
| **ADDITIONAL RESOURCES FOR MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS)** | | |
| HCBS Rule and Heightened Scrutiny Requirements: <https://www.dhs.wisconsin.gov/hcbs/heightened-scrutiny.htm>  Implementation of HCBS in Wisconsin: [DHS HCBS Website](https://www.dhs.wisconsin.gov/hcbs/index.htm)  Please contact the HCBS review staff with questions by email at [dhshcbssettings@dhs.wisconsin.gov](mailto:dhshcbssettings@dhs.wisconsin.gov) | | |

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| **Items with a**  **check mark have already been received. Please submit all remaining documentation.** | |
| **SECTION 1: 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. | |
| **Setting’s Policy, Practices and Procedures Manual:**  Resident rights and grievance process, privacy, confidentiality, dignity and respect, and freedom from coercion and restraint  Service or Admission Agreement  Legally enforceable residency agreement, including protections from eviction, and information on appeals process  Procedure for ensuring resident participates in their initial and ongoing ISP assessments and/or person-centered planning process  **Setting-Specific Documents:**  Items indicating community perception of setting such as newspaper articles, open house flyers, involvement of volunteer groups on campus, events with and in the community, etc.  Opportunities for residents to remain active members of the community  Testimonials from community members describing how this HCBS setting is involved in the community  Examples of employment and volunteer opportunities for residents, recurring community activities both on and off campus, or other information that demonstrates the HCBS facility(s) are viewed as part of the community  Facility brochures  Service and program descriptions  Calendars for activities taking place both inside the setting and out in the community  Other means of informing residents of variety and frequency of community events, (i.e., resident newsletters, pictures of bulletin boards informing) residents of community activities, community newspapers or flyers  Employment and volunteer opportunities, if desired by resident  Physical accessibility  Transportation schedules, options, and resources available to residents | Notes: |

**Items with a**  **check mark have already been received. Please submit all remaining documentation.**

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| **SECTION 2: Person-Centered Planning Process** – As part of the determination of whether the setting has overcome an institutional presumption, the state will be required to attest to CMS that Medicaid beneficiaries receiving HCBS at this setting have person-centered service plans and that these individuals experience access to the broader community consistent with the level desired as articulated in their PCP. | |
| **Person-Centered Plans\* and/or ISPs should evidence:**  Minimum of 3-to-5 completed, individual person-centered plans and/or ISPs **redacted\***  Appropriate sections of corresponding MCO member-centered plan for all Family Care residents (reminder to redact names and HIPPA items)  Documentation in MCO member-centered plan that this is their setting of choice  Accommodations necessary to meet their preferences and interests with regard to what to do, when to go, where to go, and who they choose to go with  Resident intake assessments\* (minimum 3 to 5 completed individual plans) indicating resident had a choice of settings, including non-disability settings  ☐ If Restrictive Measures are used, provide all Restrictive Measures plan(s)  Plans for individuals who require modifications to HCBS requirements  **Policies Specific to Resident Choice and Resident Handbook:**  Policies specific to person-centered planning philosophy and practices, including how the resident is included in person-centered planning process upon entrance and on an ongoing basis  Residents of the HCBS setting are not reliant on services from the institution to the exclusion of other options  Lockable living unit doors and related policies  Optimization of resident autonomy and independence  Resident ability to make choices about their daily schedule and activities, and opportunities to participate in the community to the extent they desire  Choice of nonresidential providers in community, medical, other services  Process for requesting new services, changes in services, or adaptions to services  If applicable, use of restrictive measures and behavioral support plans  Resident access to food at any time  Resident access to funds at any time  Visitor policies (pre-COVID-19) | Notes: |

**Items with a**  **check mark have already been received. Please submit all remaining documentation.**

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| **SECTION 3: Staffing** – Thesetting 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. | | | |
| **Staff Training Materials, to include:**  Initial and ongoing staff training requirements, curriculum, and training frequency for HCBS topics  Policies and procedures specific to resident rights and grievance processes  Policies specific to living-unit locks, privacy, receiving permission before entering  Person-centered planning philosophy and practices  HCBS philosophies and practices  Other, Specify: | | Notes: | |
| **SECTION 4: Physical Distinction** — The setting must provide documentation that demonstrates a meaningful physical distinction between the HCBS setting and the institutional setting. This should include, at a minimum, separate entrances and signage, physical divisions, and differences in decor. Please label all maps and plans to clearly show the HCBS facility(s) in relation to the SNF. | | |
| Site plans  Building plans  Photographs depicting physical distinction between HCBS setting and SNF  Provide photographic evidence to validate:  Separate entrances for HCBS and institutional setting, signage inside and outside setting directing visitors to HCBS setting  Walkways or other areas showing separation of the HCBS facility from the SNF  Differences in décor among the facilities  Resident rooms showing personal decorations and furniture in HCBS setting  Transportation options, such as facility vehicles, posted information and schedules for public transportation, etc. | Notes: | |
| **SECTION 5: Operational Distinction** —The setting must provide documentation 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: | | |
| Organizational charts for the HCBS and the institution demonstrating separate administration/management and separateness of programs  Evidence showing separation between lines of business (minimal administrative and financial interconnectedness between the HCBS setting and the institution)  Recent budget or monthly financial sheets demonstrating separate lines of business, business income, payroll and expense allocations | Notes: | |