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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02605 (05/2020) | |  | | | **STATE OF WISCONSIN** | |
| **HOME AND COMMUNITY-BASED SERVICES (HCBS) SETTINGS RULE**  **COMPLIANCE REVIEW – NONRESIDENTIAL PROVIDER SETTINGS**  **Evidentiary Document Checklist** | | | | | | |
| **Setting Information** (Please update any incorrect information) | | | | | | |
| Setting Name | | Contact Name | | | | |
| Setting Address | Setting City | | State | Zip Code | | County |
| Contact Email Address: | | Contact Phone # | | | | |
| Setting Type  Adult Day Services  Prevocational  Adult Day Care  Children’s Day Services  Group Supported Employment | | | | | | |
| **Evidentiary Materials** | | | | | | |
| **Items with a**  **check mark have already been received. Thank you.**  **Please provide all remaining documentation within 10 business days via email to:** [dhshcbsreview@dhs.wisconsin.gov](mailto:dhshcbsreview@dhs.wisconsin.gov) | | | | | | |
| **Setting’s Policy, Practices and Procedures Manual, to include:**  Participant privacy and confidentiality  Client rights and grievance process  Participant involvement in their assessment and person-centered planning process  Participant choice in how they spend time inside and outside the setting  Participant choice of staff they work with inside and outside the setting  Process on how participants may request new services, changes in services, or adaptions to services  Use of restrictive measures and behavioral support plans  Staff and participant break and meal times  Staff and participant absences, sick time, and medical leave  Visitor policies (logs to be observed during onsite) | | Reviewer Notes: | | | | |
| **Evidentiary Materials** (Cont.) | |  | | | | |
| **Setting-Specific Documents:**  Program brochures  Service and program descriptions  Calendars for activities taking place inside the setting (daily, weekly, monthly)  Calendars for activities taking place out in the community (daily, weekly, monthly)  Transportation schedules; copies of transportation information posted in participant areas  Provide photographic evidence that could validate any benchmark (accessible areas, activity areas, break/lunch rooms, posted information and schedules, facility vehicles, etc.) | | Reviewer Notes: | | | | |
| **Staff Training materials, to include:**  Initial and ongoing staff training requirements, curriculum, and training frequency  If providing personal cares, training on policies and procedures specific to assisting with participant personal cares  Training on policies and procedures specific to client rights and grievance processes | | Reviewer Notes: | | | | |
| **Member/Participant Program handbook, to include:**  Privacy and confidentiality  Service plan review timelines  Sick and medical leaves  Break and meal times  Policy and procedure on participant choice of who they’d like to spend time with within and outside the setting  Policy on participant choice of staff within and outside setting  Policy and procedure on how participants request new services, changes in services, or new adaptions | | Reviewer Notes: | | | | |

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| **Evidentiary Materials** (Cont.) |  |
| **Person-Centered Planning Documents:**  Person-centered plans should evidence the person’s:   * Preferences and interests with regard to what to do, where to go, who they choose to go with, and when to go * Accommodations necessary to meet their preferences and interests * Learning style to best meet their needs to reach their goals * Daily opportunities to access community settings and to interact with others not paid to provide support * Ability to make choices about their schedule and who provides their support * Services being used to reach their personal outcomes   Individualized participant intake assessments\* (minimum 3 to 5 completed individual plans)  Person-centered plans (minimum of 3 to 5 completed individual plans)  If anyone utilizes Restrictive Measures, Restrictive Measures plan(s) (minimum of 3 to 5 completed individual plans)  If anyone utilizes behavior support plans, Positive Behavioral Support Plans\* (minimum of 3 to 5 completed plans)  Case notes\* (minimum of 3 months of 3 to 5 participant case notes)  Individual participant setting-based and community-based schedules\* (minimum 3 to 5 participant schedules)  Examples of milestones and the measurement of progress toward community integrated employment (CIE) (i.e., [Form F-00395](https://www.dhs.wisconsin.gov/library/f-00395.htm) Prevocational Services Six-Month Progress Report and Prevocational Plan)  Other: Specify: | Reviewer Notes: |
| * **Documentation submitted should not include any personally identifiable information regarding any individual receiving waiver services.**   **If you are submitting examples of individual service plans/care plans, or other participant-specific documentation, you MUST ensure that any personally identifiable information is redacted.** | |
| **Additional Resources for Medicaid Home and Community-Based Services (HCBS)** | |
| HCBS Rule and Requirements:  <https://www.dhs.wisconsin.gov/hcbs/nonresidential.htm> | Implementation of HCBS in Wisconsin:  <https://www.dhs.wisconsin.gov/publications/p02428.pdf> |
| Please contact the HCBS review staff with questions toll-free at 877-498-9525 or by email at [dhshcbssettings@dhs.wisconsin.gov](mailto:dhshcbssettings@dhs.wisconsin.gov) | |