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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-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** [x]  **check mark have already been received. Thank you.****Please provide all remaining documentation within 10 business days via email to:** 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 |