

HCBS Remediation Plan

Setting location: (Address) _____

Services provided: _____

Name of provider: _____

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301 (c)(4)(i)

Describe the neighborhood in which the setting is located.	
Are there any physical indicators that make this location stand out from the surrounding community? (Gates, signage, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please provide plan for remediation:
Are transportation supports available (public, provider-operated, other, etc.) to allow individuals to travel to other locations?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation:
Are activities available in naturally occurring environments outside the HCBS setting?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation: If Yes, please describe:
For those individual/group activities offered within the setting, are members from the broader community encouraged to participate?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation: If Yes, please describe:
Are tasks and activities provided on-site comparable to those for people of similar ages without	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation:

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disabilities? <i>Intent: people can learn- new opportunities</i>	If Yes, please describe:
Do you ensure that individuals with complex physical, medical, and/or behavioral needs are afforded the same level of access to community activities and involvement with visitors as people with less complex needs?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation: If Yes, please describe: YES <input type="checkbox"/> but with restrictions approved in accordance with individual's ISP
Do you have policies/practices that promote involvement by members of the general public and/or encourage individuals to invite friends and family to their home?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation: If Yes, please describe:
Does your agency have a strategic plan which promotes developing and maintaining community connections?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide plan for remediation: If Yes, please describe:
Does the setting balance the agency mission of serving people with developmental disabilities with being a part of the broader community?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:

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2. The setting is selected by the individual from among other setting options including non-disability-specific settings 42 CFR 441.301 (c)(4)(ii)

Once an individual selects your agency as their provider, does your agency have policies/practices that ensures that individuals are able to select the home in which they wish to reside if your agency provides services in multiple settings?	YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Agency Operates in only one setting) <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:
Does your agency have policies/practices that assist an individual with obtaining assistance if they desire to move/change provider?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:
Does your agency own the setting in which the individual receives waiver services?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, is the setting licensed? YES <input type="checkbox"/> NO <input type="checkbox"/>

3. The setting ensures an individual's right to privacy, dignity, and respect and freedom from coercion and restraint. 42 CFR 441.301 (c)(4)(iii)

Does the setting have a way to store private information in a confidential manner? (documents secured, no posting of personal information)	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:
Is the physical environment accessible so that individuals have the ability to enter/exit and move freely about the setting?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe: YES <input type="checkbox"/> but with restrictions approved in accordance with individual's ISP

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May individuals spend time with friends and family in the area of their choosing?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe: YES <input type="checkbox"/> but with restrictions approved in accordance with individual's ISP
Are personal care, health-related tasks, or other supports provided in ways that ensure individual privacy?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:
Does the individual have full access to all areas of the residential setting?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please describe: YES <input type="checkbox"/> except for individuals whose plans include approved restrictions

4. The setting optimizes, but does not regiment, individual autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301 (c)(4)(iv)

Is there a variety of activity locations at the site that support personal interests/preferences? (Large/small groups, indoor/outdoor spaces, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:
Do daily routines vary based upon individual choice?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe: YES <input type="checkbox"/> except for individuals whose plans include approved restrictions

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<p>Are individual-specific activities being available?</p> <ul style="list-style-type: none"> Flexibility of schedule/ability for people to change their minds about what to do Activities that meet a range of different interests/abilities Group participants change throughout the day 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If No, please provide a plan for remediation:</p> <p>If Yes, please describe:</p>
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5. The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301 (c)(4)(v)

<p>How do the setting's policies and practices promote individual choice?</p>	
<p>Does the setting demonstrate an expectation of staff to support participant-direction, choice, person-centered supports?</p> <ul style="list-style-type: none"> Expectation within position descriptions? Component of staff training? Measured in performance evaluations? 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If No, please provide a plan for remediation:</p> <p>If Yes, please describe:</p>
<p>Are modifications made to the manner in which services are provided or to the environment to help people be successful</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If No, please provide a plan for remediation:</p> <p>If Yes, please show evidence of this flexibility through individual-specific success stories:</p>
<p>Does the setting have a process for seeking comments/suggestions/input from individuals receiving services, family members, and direct support professionals?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If No, please provide a plan for remediation:</p> <p>If Yes, please describe:</p>

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Does the setting have a quality improvement process through which feedback is intentionally gathered and evaluated to adjust how services are delivered?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please provide a plan for remediation: If Yes, please describe:

Remediation Plan Review Date: _____

OPSR/MDA Staff: _____

Remediation Plan Complete: YES ☐ NO ☐ If no, Date of Face-to-Face Meeting: _____

Imposed Remediation Plan: YES ☐ NO ☐

Higher Scrutiny Review: YES ☐ NO ☐

Remediation Plan Approval Date: _____

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Name of Reviewer: _____