

Home and Community-Based Standards (HCBS) Provider Attestation
FOR DISCUSSION PURPOSES ONLY!

Person Centered Service Plans:

In accordance with 42 CFR PART 441-Services: Requirements and Limits, Subpart K-State Plan Home and Community-Based Services for Elderly and Disabled Individuals Sec. §441.665, Person-centered service plan; providers of CAP I/DD, Innovations, and Personal Assistance Services (PAS) are required to develop an individual plan of care based on a person-centered process for recipients of CAP I/DD, Innovations, and Personal Assistance Services (PAS). See

Person-centered planning process

Based on the independent assessment required in § 441.662 of this subpart, the State must develop (or approve, if the plan is developed by others) a written service plan jointly with the individual (including, for purposes of this paragraph, the individual and the individual's authorized representative if applicable). The person-centered planning process is driven by the individual. The process:

1. Includes people chosen by the individual
2. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions
3. Is timely and occurs at times and locations of convenience to the individual.
4. Reflects cultural considerations of the individual.
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of interest guidelines for all planning participants.
6. Offers choices to the individual regarding the services and supports they receive and from whom.
7. Includes a method for the individual to request updates to the plan
8. Records the alternative home and community-based settings that were considered by the individual.

The person-centered service plan

The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State plan HCBS benefit, the plan must:

1. Reflect that the setting in which the individual resides is chosen by the individual.
2. Reflect the individual's strengths and preferences.
3. Reflect clinical and support needs as identified through an assessment of functional need.
4. Include individually identified goals and desired outcomes.
5. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports cannot supplant needed paid services unless the natural supports are unpaid supports that are provided voluntarily to the individual in lieu of State plan HCBS.
6. Reflect risk factors and measures in place to minimize them, including Individualized backup plans.

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The person-centered service plan

7. Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her.
8. Identify the individual and/or entity responsible for monitoring the plan.
9. Be finalized and agreed to in writing by the individual and signed by all individuals and providers responsible for its implementation.
10. Be distributed to the individual and other people involved in the plan.
11. Include those services, the purchase or control of which the individual elects to self-direct, meeting the requirements of §441.574(b) through (d) of this subpart.
12. Prevent the provision of unnecessary or inappropriate care.
13. Other requirements as determined by the Secretary. Reviewing the person-centered service plan. The person-centered service plan must be reviewed, and revised upon reassessment of functional need as required in § 441.662 of this subpart, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.

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Home and Community Living Characteristics

The following home and community living standards must be met by all facilities participating in CAP I/DD, Innovations, or PAS Medicaid Programs. **They must be applied to all residents in the facility except where such activities or abilities are contraindicated specifically in an individual's person centered plan and applicable due process has been executed to restrict any of the standards or rights.** Residents must be respectful to others in their community and the facility has the authority to restrict activities when those activities are disruptive or in violation of the rights of others living in the community.

- Telephone Access
 - Telephones must be accessible by residents 24/7/365
 - Operation Assistance must be available if Necessary
 - Telephones must be private
 - Residents are permitted to have and maintain personal phones in their rooms
- Visitors
 - Visitors must be allowed at any time 24/7/365
 - Visitors do not require facility approval (although facility may require visitors to sign in or notify the facility administrator that they are in the facility)
 - Visitors must not have conduct requirements beyond respectful behavior toward other residents
- Living Space
 - No more than 2 residents may share a room
 - If two individuals must share a room, they will have choice as to who their roommate is; under no circumstance will individuals be required to room together if either of them objects to sharing a room with the other
 - Residents must have the ability to work with the facility to achieve the closest optimal roommate situations
 - Residents must have the ability to lock the rooms
 - Residents must be allowed to decorate and keep personal items in the rooms (decorations must conform to building safety codes and licensure rules)
 - Residents must be able to come and go at any hour
 - Residents must have an individual personal lockable storage space available at any time.
 - Residents must be able to file anonymous complaints
 - Residents must be permitted to have personal appliances and devices in their rooms (where appliances do not violate building safety codes and licensure rules)
- Service Customization
 - Residents must be given maximum privacy in the delivery of their Services
 - Residents must be provided choice(s) in the structure of their Service delivery (services and supports, and from where and whom)
 - Include the individual in care planning process as well as people chosen by the individual to attend care plan meetings
 - Provide the appropriate support(s) to ensure that the individual has an active role in directing the process
 - Person centered planning process must be at convenient locations and times for the individuals to attend
 - Ensure there are opportunities for the person centered plan are updated on a continuous basis

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- Food, Meal(s), and Storage of Food Access
 - Resident must have access to food, meal(s), and storage of food 24/7/365
 - Residents must have input on food options provided
 - Residents must be allowed to choose who to eat meals with including the ability to eat alone if desired
- Group Activities
 - Residents must be given the choice of participating in facility's recreational activities and pursuing individual activities of interest
 - Residents must be allowed to choose with whom and when to participate in recreational activities
- Community Activities
 - Residents must be given the opportunity to take part in community activities of their choosing
 - Residents must be encouraged and supported to remain active in their community
 - Residents must be supported in pursuing activities of interest and not be restricted from participating in community activities of their choosing
- Community Integration
 - Only in settings that are home and community based, integrated in the community, provide meaningful access to the community and community activities, and choice about providers, individuals with whom to interact, and daily life activities.

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