*This form may be used to outline how a setting will come into compliance with the HCBS Final Rule by March 17, 2023.*

**Provider:**       **Date:**

**Contact Name:**       **Phone#**:

**Email:**

**Site Information:**

**Address:**       **County:**

**Program number:**       **Licensed Capacity:**

**NPI Number:**       **Total Number of Residents**:

**HCBS Remedial Actions** (Choose all that apply:)

**Rights and Autonomy**

Modify policies, procedures, and/or house rules to align with federal and state requirements on rights and

autonomy. Provide updated documents to residents, along with a plain-language explanation of the

updates.

Review and modification of current staff trainings to ensure rights and autonomy.

Development of tools/messaging materials to educate individuals and families on rights and autonomy.

Training for individuals on managing budgets, safety, respecting others, and other independent living skills.

Increase support for individuals to leave the setting and interact with others.

Provide training for individuals on ways to leave the setting and interact with others (i.e. how to access

transportation options, etc.).

Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals’

opportunity to make independent choices regarding their daily activities.

Provide residents with a key or key-code to enter the facility/home when they wish.

Install locks and distribute keys so that residents can lock their bedroom doors. (Any variation to this must

be based on a specific assessed need and identified in the person centered service plan).

Install locks so that residents can lock bathroom doors.

Remove cameras or modify policies/procedures to align with federal and state requirements.

Remove audio monitors/devices that chime or modify policies/procedures for their use to align with

federal and state requirements.

Development of a policy/procedure to allow residents that share a room to have a choice of roommates.

Development of a policy/procedure to allow residents freedom to furnish and decorate their sleeping or living units within the enforceable lease or residency agreement.

Development of a policy/procedure to allow residents access to food 24 hours a day.

Development of a policy/procedure to allow residents to have visitors at any time.

Development of a policy/procedure to allow residents to make phone calls and text/email at any time.

Modifications or purchases to enhance physical accessibility.

Modifications to policies or procedures to allow individuals to control their money, to the degree they are

able.

Modifications to policies or procedures to allow individuals to self-administer medication.

1. Modifications to policies, procedures or practices to allow individuals access to a dining area where
2. they can choose their own seat, company (or the lack thereof), and choose to converse (or not).

Confidential information, including names of individuals, will be removed from common areas.

Provider/staff training in person-centered principles.

1. Provide updated documents to residents, along with a plain-language explanation on how to file a
2. grievance.

Other

**Legally Enforceable Lease or Residency Agreement**

Development, application of, and/or modification to a legally enforceable lease or residency agreement.

Provide updated documents to residents, along with a plain-language explanation of the updates.

Other

**Informed Choice**

Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice. Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates.

Development of or modifications to forms and procedures to ensure informed choice.

Provider/staff participation in specific education and outreach on informed choice.

Training for individuals on informed decision-making skills and resources.

Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance individual choice regarding services and supports, and who provides them.

Provider/staff training in person-centered principles.

Other

**Community Integration**

Provider/staff participation in specific education and outreach on community integration.

Review and modification of current staff trainings on community integration.

Modifications to policies, procedures, and/or house rules to align with federal and state requirements

on community integration.

Development of programs aimed at increasing opportunities for community integration.

Reduce individual-to staff ratios and/or adjust staff responsibilities in order to enhance community integration.

Increase support for individuals to leave the setting and engage with the community.

Provide training for individuals on community integration.

Develop tools/messaging materials to educate individuals and families on community integration.

Provide updated documents to residents, along with a plain-language explanation of the updates.

1. Eliminate staff uniforms, staff messages, labels, and other institutional features not found in a typical home.
2. Provide training for individuals on ways to access the greater community (i.e. how to access transportation options, how to get around the neighborhood, nearby options, community festivals, etc.).
3. If a setting uses a restrictive egress system that is not documented in the service plan, install new locks and/or restrictive egress alert systems or devices that comply with federal and state requirements.

Other

**Institutional Characteristics**

Separation of operations from those of the institution.

Provider/staff participation in specific education and outreach on ways to overcome the

institutional presumption.

Movement to a new location.

Development of a plan to decrease isolation from the broader community.

Referrals of individuals to support coordinators or peers who can help them understand

other setting options available in the community.

Request for state assistance to relocate individuals to a community setting.

Other

**Corrective Action Plan Summary:**

**Projected Date of Completion:**

**Attestation:**

**Settings that are not in full compliance with the HCBS Federal Settings Rule by March 17, 2023 may be found ineligible for waiver billing. The signature below attests the intention of the provider agency to reach full compliance by implementing the remedial action strategies identified in this corrective action plan. Any negative outcomes due to noncompliance with this requirement are the responsibility of the provider agency.**

**Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**DDD Office Use Only:**

Corrective action plan approved. Setting will achieve HCBS compliance March 17, 2023.

Corrective action plan approved. Setting will require heightened scrutiny to confirm that the site will

overcome an institutional presumption.

Corrective action plan rejected. Additional remediation strategies are needed to reach compliance.

Setting will not reach HCBS compliance. Actions to relocate the setting and/or plans for non-Medicaid funding are warranted.

**HCBS Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**