CMS GUIDANCE FOR NON-RESIDENTIAL SETTING EVIDENCE PACKAGES

#	Topic	CMS Promising Practices	CMS Exploratory Questions	CMS Recommended Evidence	Other Suggested Documentation
			ORGANIZATION		
1	Staffing	Implement organizational changes that assure the required level of support, including appropriate staffing and adequate transportation options to offer both group and individualized options that facilitate optimal community engagement based on individual preferences (as articulated in beneficiary person-centered service plans). Decentralize staff structures to promote greater flexibility and encourage staffing focused on individuals' access to and participation in the broader community rather than centralized insular staff models focused around a specific facility/site.			Policy that **only** staff who are fully trained and understand the HCBS settings requirements will deliver services/supports in HCBS settings. . . Page from operations/staff manual defining required staff to person ratios, describing how the staff "backup system" works, etc. Policy giving maximum flexibility for staff, including permission for hours worked away from the setting while supporting/training a person in the community. Examples of staff schedules with a focus on individuals' community access and participation. Plans for a program to match staff and individuals with like interests for joint activities in the community. These activities could occur on or off the clock. Consider reimbursements for mileage and/or time.
2	Service Design	The design/model of service provision ensures that individuals have numerous opportunities for interaction in and with the community, including with individuals not receiving HCBS. Implement a broad range of services and supports, programming, and multiple daily activity options so individuals can select from an array of individual and/or group options and control his or her own schedule.	Do staff ask the individual about her/his needs and preferences? Are individuals aware of how to make a service request? Are requests for services and supports accommodated, as opposed to ignored or denied? Can the individual identify other providers who render the services she/he receives? Is there a variety of non-work activities that reflect the goals,	A copy of the procedures and services from settings indicating evidence of access to and demonstrated support for beneficiary integration in community activities, consistent with individuals' person-centered service plans. Description of daily activities, person-centered service plans, and/or interviews to determine that there is variation in the scope, frequency, and breadth of individual beneficiary interactions and engagement in and with the broader community.	Documentation of service provision design ensuring that individuals have numerous opportunities for community interaction. List of specific opportunities for community interaction and individuals' current roles (and/or future plans) in the community. Samples of daily schedules prepared by individuals (remove PHI and other identifying information, per HIPAA). Page(s) from staff training materials on how to communicate with persons with disabilities. Example of a Community Events Calendar posted in the setting.

			interests, skills and needs of the individuals? Are the tasks and activities comparable to tasks and activities for people of similar ages who do not receive HCB services? Can individuals choose the setting option, including the ability to choose a combination of more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation.)		
3	Setting Integration	The setting is integrated in the broader community and facilitates beneficiary opportunity to access it and participate in community services, consistent with the individual plan.	Do individuals receiving HCBS receive services in a different area of the setting separate from non-recipients? Is the setting in the community among other private residences, retail businesses? Is the traffic pattern consistent around the setting (people do not cross the street when passing to avoid it)? Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	Photos of the setting (not of beneficiaries or other identifying information) demonstrating that it overcomes its institutional presumption.	Maps showing location of setting, distances to community shopping, dining, services, etc., and transportation routes. Excerpts of individual plans showing the services individuals chose to receive in the community (remove PHI and other identifying information, per HIPAA).

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			INDIVIDUAL		
4	Choice, Independence, and Autonomy	The setting encourages beneficiary choice to receive services or to engage in activities outside of the setting. Daily activity options should promote greater HCBS beneficiary independence and autonomy.	Are individuals given a choice of available options regarding types of services and where to receive the services? Are individuals supported in developing plans to reflect his/her needs and preferences? Are individuals able to determine who is invited to their plan meeting? Are individuals aware of (or does s/he have access to materials to become aware of) activities occurring outside of the setting? Are individuals allowed to choose with whom to do activities in the setting or outside the setting, or are individuals assigned only to be with a certain group of people? If in an employment setting, do individuals have the opportunity to negotiate their work schedule, break/lunch times, leave and medical benefits to the extent of individuals not receiving Medicaid funded HCBS? In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have checking or savings account or other	Attestation that the setting has been selected by the individual from among options, including non-disability-specific settings. Attestation that any modifications to the settings criteria are documented per HCBS regulation. Examples of how schedules are varied according to individual beneficiaries' preferences and in recognition of the need to integrate into the local community at times when the general community attends an activity.	Documentation of choices presented to individuals to receive services in the community and to engage in community activities (volunteer opportunities, classes, etc.). Policy requiring support for individuals to make "informed choices" instead of staff making choices on their behalf. Page(s) from staff training materials on how to assist individuals to make personal choices leading to greater autonomy & independence. Copies of Partnership Agreements from GIPSEs. (Remove PHI and other identifying information, per HIPAA). Excerpts from GIPSEs showing wage reporting data including if benefit counseling has been completed and who will report wages to Social Security/other appropriate governmental agencies providing assistance. Documentation of training provided to individuals on how to report their own wages. Examples of assistive technology used by individuals to assist with communication.

			means to have access to and control his/her funds? (For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?) Are individuals allowed to have meals/snacks at the time and place of their choosing? Are individuals given the opportunity to update or change their preferences regularly?		
5	Community Participation	Daily activity options should expose beneficiaries to community activities and situations comparable to those in which individuals not receiving HCBS routinely engage. Opportunities for participation in the broader community are reflected in both individuals' person-centered service plans and the policies and practices of the setting.	Does the individual regularly access the community and is s/he able to describe how s/he accesses the community, who assists in facilitating the activity and where s/he goes? Does the individual come and go at any time? Does the individual talk about activities occurring outside of the setting? Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?	Descriptions of processes or actions by DSPs to support, monitor, improve, and enhance individual beneficiary integration in and with the broader community over time. List of procedures in place to routinely monitor individual access to services and activities of the broader community to the extent identified in their plans. Documentation showing that the setting does not solely or primarily rely on "reverse integration" but instead provides meaningful opportunity to interact with the community outside of the setting.	Excerpts of individual plans showing individuals' participation in the community (any modifications/restrictions to this right must be properly documented). Remove PHI and other identifying information, per HIPAA. Description of individuals' interactions with and roles in the community. Page(s) from staff training materials about balancing rights and risk, supervision of individuals, and promotion of community integration. Sample of training material for individuals about risk, rights, and responsibilities. List of Group Employment sites where individuals are supported through Employment Services – Group. Examples of assistive technology used by individuals to increase independence in the community, (e.g. Cell phone GPS/other apps, scheduled call ins while in the community, talking watch, medication reminders)

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6	Skills Development	Daily activity options should promote skills development and facilitate training and educational opportunities designed to attain and expand opportunities for community-based integration, including volunteering, social and recreational activities, competitive, integrated employment.	Does the individual work in an integrated community setting? If the individual would like to work, is there activity that ensures the option is pursued? Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?		Attestation that staff (DSPs) can articulate the training goals of each person in setting, what the person is doing to move toward those goals, and how the person is progressing. Examples of skill development, training, and educational activities outlined in individual plans (remove PHI and other identifying information, per HIPAA). Copy of communications to individuals listing opportunities in the community to learn new things or gain skills. List of volunteer opportunities in the community available for individuals. Consider religious communities, animal shelters, soup kitchens, Meals on Wheels, etc. Description of community based work experience options offered to individuals to determine interests and competencies for Competitive Integrated Employment. The number of people who have transitioned from a center-based setting to employment (number to ES –I and number to ES-G) within the last year or average per year. Examples of assistive technology used to remind/instruct individuals of tasks to be completed. (e.g. Can Plan mobile app)
7	Individual Rights	Fully implement person-centered thinking, planning, and practices. Promote greater HCBS beneficiary independence and autonomy.	Does the individual's schedule vary from others in the same setting? Is personal assistance provided in private, as appropriate, when needed? Is a secure place available for the individual to store personal belongings?	Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning, consistent with state standards.	Policy and practice fully compliant with HCBS Settings "Final Rule", including (but not limited to) non-residential setting rules that ensure individual's rights to privacy, dignity and respect, control personal resources, freedom from coercion and restraint, freedom and support to control their own schedules and activities. Documentation that the setting is physically accessible to the individual.

			Is information about individuals kept private? Is confidentiality maintained in that staff do not talk to others about an individual in the presence of other people or in the presence of the person as if they were not present? Do staff interact and communicate with individuals respectfully while providing assistance during the regular course of daily activities? Is informed consent of the individual and/or representative required prior to the use of restraints and/or restrictive interventions? Is this documented in their plan? Are the individual's supports/plans to address behavioral needs specific to that individual and not the same as everyone else in the setting? Is information on individual rights posted or provided to individuals?		Sample of training material for individuals about risk, rights, and responsibilities. Documentation of number of individuals in the setting who are registered voters. Documentation of information given to individuals about community advocacy groups and events. Documentation of participation in community advocacy events.

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			COMMUNITY		
8	Natural Supports	Daily activity options should encourage families and friends to participate regularly in activities with the beneficiary onsite as well as in the broader community.	Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present? Is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?	Documentation of the inclusion of natural supports available to meet the person's needs.	Examples of individuals spending time in the community. Excerpts from the Day Services Assessment the Comprehensive Vocational Service Assessments, and/or other assessments completed for those receiving day services showing individuals' hobbies and leisure time preferences. Excerpts from GIPSEs showing natural supports with transportation and wage reporting.
9	Community Partnerships	Develop partnerships and alliances with generic, community-based entities that result in inclusion of HCBS beneficiaries in the broader community available to all. Establish a community-based advisory group to help identify and design new models and strategies for the setting to expand its individualized service offerings and increase greater access to activities in the broader community.		Documentation of the inclusion of external resources available to meet the person's needs.	List of current community partnerships/alliances promoting individual's participation in community. List of members of existing advisory group(s) and copy of group plans/goals. Plan to build community partnerships, alliances, and advisory group(s). Include names and SMART goals. Plan to include individuals with disabilities as members of (or advisors to) community partnerships. Summary of results of a survey of individuals on subject of community partnerships.
10	Access to Transportation	Expand strategies for increasing beneficiary access to transportation, including through existing public transportation,	Do individuals in the setting have access to public transportation?	Description of the setting's proximity to public transportation or how transportation is facilitated.	Copy of local public transit routes and times. List of public resources with transportation options. (SCDEW website)

		friends/family, and volunteer organizations, to activities in the broader community. This could include providing transportation in a way that promotes ease of access and optimizes individuals' ability to select their own options and make decisions about their services and supports.	Are there bus stops nearby or are taxis available in the area? Is an accessible van available to transport individuals to appointments, shopping, etc.? Are bus and other public transportation schedules and telephone numbers posted in a convenient location? Is training in the use of public transportation facilitated? Where public transportation is limited, are other resources provided for the individual to access the broader community?		List of reputable taxis, Uber drivers, Lyft drivers, and other private transport companies. Include contact info, car descriptions, flat and/or per mile rates to specific locations in or near bus stops, shopping centers, public libraries, restaurants and other locations. A "walking guide" for popular community locations that are a reasonably close and safe walk. Include location map, route instructions, distances, estimated walking times, and an emergency number if person needs help during their walk. Documentation of initial plan to encourage individuals to consider using bicycles for transportation. Include plans for bicycle safety classes/workshops. Consider inviting local police. A "biking guide" for popular community locations that are a reasonably close and safe ride. Include location map, route instructions, distances, estimated riding times, and an emergency number if person needs help while biking. Documentation of training provided to individuals to use public/private transportation options. Documentation of number of individuals who have their driver's license.

REFERENCES

CMS Promising Practices: Department of Health & Human Services, Centers for Medicare & Medicaid Services. (March 22, 2019). SMD # 19-001 Re: Home and Community-Based Settings Regulation, Heightened Scrutiny, p. 3-4 (amended). Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf

CMS Exploratory Questions: Department of Health & Human Services, Centers for Medicare & Medicaid Services. (2014). Exploratory Questions to Assist States in Assessment of Non- Residential Settings. Retrieved from https://www.medicaid.gov/medicaid/hcbs/downloads/exploratory-questions-re-settings-characteristics.pdf

CMS Recommended Evidence: Department of Health & Human Services, Centers for Medicare & Medicaid Services. (March 22, 2019). SMD # 19-001 Re: Home and Community-Based Settings Regulation, Heightened Scrutiny, p. 8-10 (amended). Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf