

CMS HCBS Setting Regulations

The regulations listed are to be addressed for both the Residential Settings and Non-Residential Settings. Per CMS guidance it is best to use the verbiage word for word.

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 integrated 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.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.
6. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
7. Individuals are able to have visitors of their choosing at any time.
8. The setting is physically accessible to the individual.
9. Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
 - a. Identify a specific and individualized assessed need.
 - b. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
 - c. Document less intrusive methods of meeting the need that have been tried but did not work.
 - d. Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - e. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - f. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - g. Include the informed consent of the individual.
 - h. Include an assurance that interventions and supports will cause no harm to the individual.