

Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S409, Little Rock, AR 72203-8059

MEMORANDUM

TO: All HCBS Providers

FROM: Martina Smith, Director, Division of Provider Services and Quality Assurance

DATE: December 12, 2022

NOTICE: HCBS Provider Self-Assessment Survey Required

On March 17, 2014, The Center for Medicare and Medicaid Services (CMS) issued a final rule for Home and Community-Based Services (HCBS) that requires states to review and evaluate HCBS residential and non-residential settings and to determine compliance with rule <u>42</u> CFR <u>441.301(c)(4)(i)</u> <u>/441.710(a)(1)(i)/441.530(a)(1)(i)</u>. The State of Arkansas is required to evaluate and analyze HCBS settings-where HCBS residents receive services; to determine if the current settings comply with the final rule, and to demonstrate how compliance can be achieved for HCBS settings that do not meet the requirements. The final rule requires that all HCBS settings meet the following qualifications:

- The setting is integrated in and supports full access to the greater community;
- · The setting is selected by the individual from setting options;
- The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- · The setting optimizes autonomy and independence in making life choices; and
- The setting facilitates choice regarding services and who provides them.

In addition, the final rule also includes provisions for provider-owned or controlled home and communitybased residential settings, which includes the following requirements:

- · The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in his/her unit including lockable doors, choice of roommate and freedom to furnish or decorate the unit;
- · The individual controls his/her own schedule;
- · The individual has access to food at any time;
- · The individual can have visitors at any time; and
- The setting is physically accessible.

Below is the link to complete the self-assessment on behalf of your facility:

Non-Residential Self-Assessment Survey- <u>https://www.surveymonkey.com/r/HNHH2JF</u> Residential Self-Assessment Survey- <u>https://www.surveymonkey.com/r/HFL832K</u>

This assessment is due by December 22, 2022. We appreciate your cooperation as we gather critical information. Failure to complete the assessment could jeopardize your certification status as a Medicaid provider.

If you have any questions, please send them to: <u>Kristie.Hayes@dhs.arkansas.gov</u> or <u>Taniesha.Richardson-</u> <u>Wiley@dhs.arkansas.gov.</u>