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# Home and Community- Based Settings Rule

Long-term Care Supports and Services  
Division of Provider Enrollment, Claims, and Compliance

# Federal Rule: Home and Community-Based Settings

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- Centers for Medicare & Medicaid Services (CMS) issued the HCBS final rule on January 16, 2014
  - The rule became effective on March 17, 2014
  - Full compliance is required by **March 2023**
- The rule describes requirements for home and community-based services provided under Medicaid authorities 1915(c), 1915(i), and 1915(k)



# What is the Community Rule?

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- Ensure that individuals receive **long term services and support** through HCBS services program and enhance the quality of the HCBS services
- Ensure that individuals have **full access** to benefits of **community living** and the opportunity to receive services in the most **integrated setting** appropriate
  - Integration – access to the community
  - Individual Rights – privacy, dignity, respect
  - Autonomy – independence and choice



# Who Is Affected?

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- Medical Day Care
- Senior Center Plus
- Therapeutic Integration
- **Assisted Living Facility**
- Residential Habilitation



# Federal Requirements of Community Rule

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- **Examples of requirements for Residential Setting:**
  1. Setting must be physically accessible to the individual
  2. Individuals have right to have visitors **at any time**
  3. Facility have lockable entrance and bedroom doors, with individuals and appropriate staff having **keys**
  4. Each individual has **privacy** in their own room
  5. Individuals sharing rooms have the **choice** of roommate
  6. Individuals **control** their own schedules and have access to food any time



# Path to Compliance

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- The provider completes **self-assessment survey**
  - Survey is required to keep the Medicaid provider number, so **must be completed** even if the provider currently does not have Medicaid clients
- DHMH identifies specific facilities that will need further review
  - The review is based on the results of the survey and CMS (Center of Medicare and Medicaid Services) guidance
- DHMH gives the non-compliant providers time to submit request for reconsideration/Corrective Action Plan
- DHMH will conduct a site visit as a validation strategy to survey to **every provider**
- DHMH will continue to provide technical assistance to providers



# Example: self-assessment survey

SurveyMonkey Inc. [US] [https://www.surveymonkey.com/r/MD\\_HCBS\\_Assessment](https://www.surveymonkey.com/r/MD_HCBS_Assessment)

Exit this survey



## Maryland HCBS Waiver Provider Self-Assessment 2016

### Physical Characteristics and Community Involvement at Setting

\* 9. Is the site located in one of the following?

- A nursing facility
- An institution for mental diseases
- An intermediate care facility for individuals with intellectual disabilities
- A hospital
- None of the above

\* 10. Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?

- Yes
- No

\* 11. Are multiple types of services (e.g., housing, day services, medical, behavioral, and/or social and recreational activities) provided at this site?

- Yes
- No

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# Modification of the HCBS Rule if Necessary

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- Modifications and restrictions allowed on individual basis but providers must first:
  - Identify the reason why
  - Review what has been tried for this individual before
  - Monitor the individual to see if the modification is working
  - Assurance to cause no harm
  - Ensure the modification is agreed to by the individual





# Questions

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**HCBS Team**  
**Office of Health Services**  
**Maryland Department of Health**  
**[mdh.hcbssetting@maryland.gov](mailto:mdh.hcbssetting@maryland.gov)**

