

## Adult Residential PTP

### Demographic Information About Setting

Please review and confirm all of the information in this section and make any necessary changes.

Legacy Provider ID	This is the eight-digit Provider ID number that you used for this setting in the portal maintained by Xerox. You may have had different Provider IDs for different services, settings, and/or waivers. <input type="text"/>
New Provider ID	This is the eight- or ten-digit Provider ID number that you use for this setting in the new InterChange portal maintained by HPE. This number might be your ten-digit National Provider Identifier (NPI) or your eight-digit legacy Provider ID number. <input type="text"/>
Provider name	<input type="text"/>
Provider or setting alternate name/DBA (if any)	<input type="text"/>
Setting type	Check the boxes for all Adult Residential home- and community-based services that are provided at this setting. <div><input type="checkbox"/> Alternative care facility (ACF) <input type="checkbox"/> Group Residential Services and Supports (GRSS) group home <input type="checkbox"/> Individual Residential Services and Supports (IRSS) host home <input type="checkbox"/> Individual Residential Services and Supports (IRSS) other <input type="checkbox"/> Supported Living Program (SLP) facility under BI waiver <input type="checkbox"/> Transitional Living Program (TLP) facility under BI waiver</div>
Waivers served	Check the boxes for all waivers that are served at this setting. <div><input type="checkbox"/> Persons with Brain Injury (BI) <input type="checkbox"/> Elderly, Blind, and Disabled (EBD) <input type="checkbox"/> Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses <input type="checkbox"/> Persons with Developmental Disabilities (DD)</div>
Number of individuals served	Total number of individuals served at this setting (including private-pay and other payment sources) <input type="text"/>
Number of waiver participants served	Number of individuals receiving HCBS waiver services at this setting <input type="text"/>
Street address of setting	<input type="text"/>
Apartment/suite	Second line of setting address (if any) <input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

ZIP code	<input type="text"/>
Phone number of person completing this form	<input type="text"/>
Email address of organization	<p><b>Keep this information on file. You will need to use it to log in to this system even if the email account is deactivated.</b></p> <input type="text"/>
Email address of person completing form	<input type="text"/>
Contact person	<input type="text"/>
Updates	<p>If you are unable to edit a field above that needs to be updated or corrected, or if you need to provide other demographic updates, please describe your requested change in this text box.</p> <div style="border: 1px solid black; height: 60px;"></div>
Optional certification	<p>If you provide adult residential HCB services at more than one setting of the same type (e.g., multiple host homes), you must complete a PTP for each such setting. After you complete the <u>first</u> such PTP, you may complete the PTPs for an <u>additional</u> setting of the same type by doing either of the following:</p> <ul style="list-style-type: none"> <li>Complete an entire second PTP by filling out all sections for the additional setting. <i>You must complete an entire PTP for any setting that is operated differently from the first setting in any material respect.</i></li> <li>OR</li> <li>Check the certification box and complete the address field below           <ul style="list-style-type: none"> <li><input type="checkbox"/> By checking this box, I certify that the setting identified above has a PTP that is identical in all material respects to the PTP that has already been completed for the setting at the following address: <input type="text"/></li> </ul> </li> </ul> <p><i>If you make this certification, you may save the form and stop here, instead of completing the remaining sections of this PTP. Do not make this certification if the two settings are operated differently from each other in any material respect; in that case, you must complete a separate PTP for each setting.</i></p> <p>You may elect to complete the PTP individually for some settings, and to make the optional certification for other settings.</p>

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

1.  
Demographic  
Information

2. Supporting  
Documentation

3. Rights  
and  
Autonomy

4.  
Remedies  
for Rights  
and  
Autonomy

5.  
Informed  
Choice

6.  
Remedies  
for  
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Choice

7.  
Community  
Integration

8. Remedies  
for  
Community  
Integration

9. Institutional  
Characteristics

10. Remedies  
for Institutional  
Characteristics

11.  
Provider  
Status  
Summary

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## Adult Residential PTP

### Supporting Documentation

**Provider: please submit all of the following documents that your agency currently has:**

#### Policies and Procedures

- Admission and Discharge Policies
- Dispute Resolution
- Grievances/Complaints
- Incident Reporting
- Medication Administration, including Use of Medication Reminder Boxes
- Mistreatment, Abuse, Neglect, and Exploitation
- Management of Resident Funds, including Personal Needs Funds
- Rights of Persons Receiving Services
- Use of Physical and Other Restraints

#### Handouts for individuals


- Rights Handout
- House Rules
- Person-Centered Tools
- Informed Consent

#### Other

- Lease or Residency Agreement
- Copy of a recent monthly calendar of activities

**If you are uploading an updated or revised document, please so indicate in the file name (e.g., "UPDATED House Rules").**

**You can upload documents by clicking on the button below.**

 Click here to attach a file

**Do not upload documents containing personal health information (PHI). If your documents contain such information, redact it before uploading.**

**Do not upload documents that you have already uploaded in connection with another PTP. Simply identify below (a) the street address of the setting for which you have already uploaded documents, and (b) the documents from that setting that also relate to the current setting (can be "all of the above").**

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.



## Adult Residential PTP

### Rights/Autonomy

**These are the elements of the HCBS Settings Final Rule that relate to Rights and Autonomy in all HCBS settings:**

- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- The setting 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.

**In a provider-owned or controlled residential setting, the following additional conditions relating to Rights and Autonomy must be met:**

1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
2. Each individual has privacy in their sleeping or living unit:
  - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - Individuals sharing units have a choice of roommates in that setting.
  - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
3. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
4. Individuals are able to have visitors of their choosing at any time.
5. The setting is physically accessible to the individual.
6. Any modification of the additional conditions under items 1 through 4 above 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:
  - i. Identify a specific and individualized assessed need.
  - ii. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
  - iii. Document less intrusive methods of meeting the need that have been tried but did not work.
  - iv. Include a clear description of the condition that is directly proportionate to the specific assessed need.
  - v. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  - vi. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - vii. Include the informed consent of the individual.
  - viii. Include an assurance that interventions and supports will cause no harm to the individual.

### **Compliance issues relating to rights and autonomy**

**The compliance issues below are examples of ways that a setting might come into conflict with the HCBS Settings Final Rule. Please review the compliance issues and determine whether they accurately describe your setting ("True") or not ("False"). A "True" statement means that the setting has a potential compliance issue. A text box is available at the bottom of this screen for you to enter additional compliance issues at your organization related to rights and autonomy.**

House rules restrict residents' rights under federal settings rule on a broad (not individualized) basis	<input type="text"/>
Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities	<input type="text"/>
The setting employs chemical, mechanical, or physical restraints*  * Mark this item False (no compliance issue) if the setting uses restraints, but does so only in a manner consistent with the applicable waiver(s), and on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
The setting regiments daily activities	<input type="text"/>

Individuals do not get to choose or set their own schedule	<input type="text"/>
The setting does not offer individualized supports that enable individuals to choose activities of their own interests (with a group or individually)	<input type="text"/>
Individuals have only scheduled times that they are allowed to be away from the facility	<input type="text"/>
Individuals do not have a key or key-code to enter the facility/home when they wish*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals do not have a legally enforceable lease or residency agreement that provides protections for evictions and appeals at least comparable to those under the jurisdiction's landlord/tenant law*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals cannot lock their bedroom doors*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals cannot lock bathroom doors*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
The setting uses cameras in interior areas used by residents*  * Mark this item False (no compliance issue) if the setting uses cameras in interior areas, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan (a) of the individual(s) who need to be watched and (b) of other residents, who should be informed of the camera and any methods in place to mitigate the impact on their privacy. See above for documentation requirements.  Mark this item False (no compliance issue) if cameras are used only on staff-only desks, entrance/exit doors, and exterior areas in a manner similar to how non-HCBS settings would use them.	<input type="text"/>
Individuals must share a room and do not have choice of roommates*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals do not have the opportunity to exercise personal choice (e.g., haircut and style, preferred clothing, decoration and personal items in rooms)*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals do not have access to food of their choice when they wish*  * Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.	<input type="text"/>
Individuals do not have input and choice with respect to menu planning	<input type="text"/>

<p>Individuals do not have the ability to have visitors at any time and to socialize with whomever they choose (including romantic relationships)*</p> <p>* Mark this item False (no compliance issue) if the setting restricts the right in question, but does so only on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan. See above for documentation requirements.</p>	<input type="text"/>
Individuals do not have full access to typical facilities in the home (kitchen, dining area, laundry, comfortable seating in shared areas)	<input type="text"/>
Staff have not been trained in person-centered principles	<input type="text"/>
Setting does not provide individuals with a plain-language (including pictorial, if warranted) explanation of rights	<input type="text"/>
<p>Setting is otherwise noncompliant with the federal requirements above relating to rights and autonomy (provide detail below)</p> <p>Detail:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="text"/>
<p>Based on all of the above information, setting has ANY compliance issues relating to rights and autonomy</p> <p>If your cursor is still in the text box above, click your mouse elsewhere on the screen in order to access this drop-down menu.</p>	<input type="text"/>
<div>Save and Go to Next Section</div> <p>Or press any button below to navigate to a different part of the PTP without saving any changes on this page.</p>	
<div> <div>1. Demographic Information</div> <div>2. Supporting Documentation</div> <div>3. Rights and Autonomy</div> <div>4. Remedies for Rights and Autonomy</div> <div>5. Informed Choice</div> <div>6. Remedies for Informed Choice</div> <div>7. Community Integration</div> <div>8. Remedies for Community Integration</div> <div>9. Institutional Characteristics</div> <div>10. Remedies for Institutional Characteristics</div> <div>11. Provider Status Summary</div> <div>12. End</div> </div>	

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### Remedial action steps relating to rights and autonomy

Please select the action steps that will be taken to address the setting's compliance issue(s). If an action step that you plan to take is not included, please select "other" and describe the action step in the applicable text box below. Guidance at the links below may be helpful to you in developing remedial action steps:

The Final Settings Rule is available [here](#).


CMS guidance materials regarding the Final Settings Rule, including an informational bulletin, press release, fact sheets, FAQs, and exploratory questions, are available [here](#).

CMS trainings regarding the Final Settings Rule, including copies of slide decks presented during webinars, are available [here](#).

Departmental trainings and other guidance materials are available [here](#).

If your cursor is in a text box when you need to access a drop-down menu, click your mouse elsewhere on the screen in order to access the drop-down menu.

Provider training, outreach, and education:	
Provider/staff participation in specific education and outreach on rights and autonomy	<input type="text"/>
Review and modification of current staff trainings to ensure rights and autonomy	<input type="text"/>
Provider/staff training in person-centered principles	<input type="text"/>
Policy/procedure change at the provider level:	
Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy	<input type="text"/>
Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals' opportunity to make independent choices regarding their daily activities (if this change will entail hiring additional staff, please describe details in the box below for detail on action items)	<input type="text"/>
Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars) (if this change will entail purchasing additional vehicles, please describe details in the box below for detail on action items)	<input type="text"/>
Provide residents with a key or key-code to enter the facility/home when they wish	<input type="text"/>
Development, application of, and/or modifications to a legally enforceable lease or residency agreement	<input type="text"/>
Install locks and distribute keys so that residents can lock their bedroom doors	<input type="text"/>
Install locks so that residents can lock bathroom doors	<input type="text"/>
Development of a policy/procedure to allow residents that share a room to have a choice of roommates	<input type="text"/>
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	<input type="text"/>
Development of a policy/procedure to allow residents access to food 24 hours a day	<input type="text"/>
Development of a policy/procedure to allow residents to have visitors at any time	<input type="text"/>
Education at the participant level:	

Training for individuals on managing budgets, safety, respecting others, and other independent living skills	<input type="text"/>
Training for individuals on ways to leave the setting and interact with others ( <i>e.g.</i> , how to access transportation options)	<input type="text"/>
Development of tools/messaging materials to educate individuals and families on rights and autonomy	<input type="text"/>
Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates	<input type="text"/>
<b>Other:</b>	
Other remedial action plan(s) (provide details below)	<input type="text"/>
<p><b>Please provide detail on action items. For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (<i>e.g.</i>, residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction or protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law).</b></p> <p><b>Not all remedial action plans will require providers to incur costs. If your remedial action plan does entail costs, describe them here.</b></p>	
Person(s) responsible for completing all remedial action steps described above	<input type="text"/>
Date by which all remedial actions will be completed (should be within three months if possible)	<input type="text"/> 
Current status of remedial action(s)	<input type="text"/>
<div>Save and Go To Next Section</div> <p>Or press any button below to navigate to a different part of the PTP without saving any changes on this page.</p>	
<div> <div>1. Demographic Information</div> <div>2. Supporting Documentation</div> <div>3. Rights and Autonomy</div> <div>4. Remedies for Rights and Autonomy</div> <div>5. Informed Choice</div> <div>6. Remedies for Informed Choice</div> <div>7. Community Integration</div> <div>8. Remedies for Community Integration</div> <div>9. Institutional Characteristics</div> <div>10. Remedies for Institutional Characteristics</div> <div>11. Provider Status Summary</div> <div>12. End</div> </div>	



## Adult Residential PTP

### Informed Choice

These are the elements of the HCBS Settings Final Rule that relate to Informed Choice:

- 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.
- The setting facilitates individual choice regarding services and supports, and who provides them.

### Compliance issues relating to informed choice

The compliance issues below are examples of ways that a setting might come into conflict with the HCBS Settings Final Rule. Please review the compliance issues and determine whether they accurately describe your setting ("True") or not ("False"). A "True" statement means that the setting has a potential compliance issue. A text box is available at the bottom of this screen for you to enter additional compliance issues at your organization related to informed choice.

Individuals are told that they must reside in or receive services from the setting, even if they would prefer something else	<input type="text"/>
Individuals are not informed of and given a chance to choose among setting options, including non-disability-specific settings	<input type="text"/>
Setting options are not identified and documented in the person-centered service plan	<input type="text"/>
Setting options are not based on the individual's needs, preferences, and, for residential settings, resources available for room and board	<input type="text"/>
Setting does not facilitate individual choice regarding services and supports, and who provides them	<input type="text"/>
Setting is otherwise noncompliant with the federal requirements above relating to informed choice (provide detail below) Detail: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="text"/>
Based on all of the above information, setting has ANY compliance issues relating to informed choice  If your cursor is still in the text box above, click your mouse elsewhere on the screen in order to access this drop-down menu.	<input type="text"/>

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

1. Demographic Information	2. Supporting Documentation	3. Rights and Autonomy	4. Remedies for Rights and Autonomy	5. Informed Choice	6. Remedies for Informed Choice	7. Community Integration	8. Remedies for Community Integration	9. Institutional Characteristics	10. Remedies for Institutional Characteristics	11. Provider Status Summary	12. End
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## Adult Residential PTP

### Remedial action steps relating to informed choice

Please select the action steps that will be taken to address the setting's compliance issue(s). If an action step that you plan to take is not included, please select "other" and describe the action step in the applicable text box below. Guidance at the links below may be helpful to you in developing remedial action steps:

The Final Settings Rule is available [here](#).


CMS guidance materials regarding the Final Settings Rule, including an informational bulletin, press release, fact sheets, FAQs, and exploratory questions, are available [here](#).

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Departmental trainings and other guidance materials are available [here](#).

If your cursor is in a text box when you need to access a drop-down menu, click your mouse elsewhere on the screen in order to access the drop-down menu.

<b>Provider training, outreach, and education:</b>	
Provider/staff participation in specific education and outreach on informed choice	<input type="text"/>
Review and modification of current staff trainings to ensure informed choice	<input type="text"/>
Provider/staff training in person-centered principles	<input type="text"/>
<b>Policy/procedure change at the provider level:</b>	
Modifications to policies, procedures, and/or house rules to align with federal and state requirements on informed choice	<input type="text"/>
Development of or modifications to forms and procedures to ensure informed choice	<input type="text"/>
Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance individual choice regarding services and supports, and who provides them (if this change will entail hiring additional staff, please describe details in the box below for detail on action items)	<input type="text"/>
<b>Education at the participant level:</b>	
Training for individuals on informed decision-making skills and resources	<input type="text"/>
Development of tools/messaging materials to educate individuals and families on informed choice	<input type="text"/>
Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates	<input type="text"/>
<b>Other:</b>	
Other remedial action plan(s) (provide details below)	<input type="text"/>
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
<p><b>Please provide detail on action items. For example, if you plan to develop new forms or procedures to ensure informed choice, please indicate how this action will meet the HCBS standards.</b></p> <p><b>Not all remedial action plans will require providers to incur costs. If your remedial action plan does entail costs, describe them here.</b></p>	

Person(s) responsible for completing all remedial action steps described above	<input type="text"/>
Date by which all remedial actions will be completed (should be within three months if possible)	<input type="text"/> 
Current status of remedial action(s)	<input type="text"/>
<div>Save and Go To Next Section</div> <p>Or press any button below to navigate to a different part of the PTP without saving any changes on this page.</p>	
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## Adult Residential PTP

### Community Integration

This is the element of the HCBS Settings Final Rule that relates to Community Integration:

- 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.

### Compliance issues relating to community integration

The compliance issues below are examples of ways that a setting might come into conflict with the HCBS Settings Final Rule. Please review the compliance issues and determine whether they accurately describe your setting ("True") or not ("False"). A "True" statement means that the setting has a potential compliance issue. A text box is available at the bottom of this screen for you to enter additional compliance issues at your organization related to community integration.

Individuals interact only with people with disabilities and paid staff	<input type="text"/>
Setting has a Medicaid-only or disabled-only resident or client population* * If this statement is true at the setting, the setting does not necessarily violate the HCBS Settings Final Rule, but it may need to be closely scrutinized to ensure that it is in compliance.	<input type="text"/>
Setting has policies, procedures, or practices preventing individuals from interacting with or receiving services in the community	<input type="text"/>
Setting does not ensure that residents have the opportunity to be engaged in community activities outside the setting with individuals without disabilities* * So-called "reverse integration" (bringing individuals without disabilities into the setting) is important, but is not by itself sufficient to comply with the community integration requirement.	<input type="text"/>
Setting has no visitors without disabilities	<input type="text"/>
Setting does not allow individuals to manage their own finances (e.g., access to their own funds or checking account when they choose), or requires them to receive unwanted/non-optional assistance in managing their finances. If an individual wants such assistance or has an SSI rep payee, this fact should be documented in their service plan.	<input type="text"/>
Setting or staff prohibit individuals from leaving at will (e.g., locks; house rules), in a way not properly documented in the individual's person-centered plan	<input type="text"/>
Setting uses restrictive egress alert devices on a setting-wide (non-individualized) basis, in a way not properly documented in the individual's person-centered plan	<input type="text"/>
Setting is otherwise noncompliant with the federal requirements above relating to community integration (provide detail below) Detail: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="text"/>
Based on all of the above information, setting has ANY compliance issues relating to community integration If your cursor is still in the text box above, click your mouse elsewhere on the screen in order to access this drop-down menu.	<input type="text"/>

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.



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### Remedial action steps relating to community integration

Please select the action steps that will be taken to address the setting's compliance issue(s). If an action step that you plan to take is not included, please select "other" and describe the action step in the applicable text box below. Guidance at the links below may be helpful to you in developing remedial action steps:

The Final Settings Rule is available [here](#).

CMS guidance materials regarding the Final Settings Rule, including an informational bulletin, press release, fact sheets, FAQs, and exploratory questions, are available [here](#).

CMS trainings regarding the Final Settings Rule, including copies of slide decks presented during webinars, are available [here](#).

Departmental trainings and other guidance materials are available [here](#).

If your cursor is in a text box when you need to access a drop-down menu, click your mouse elsewhere on the screen in order to access the drop-down menu.

Provider training, outreach, and education:	
Provider/staff participation in specific education and outreach on community integration	<input style="width: 95%;" type="text"/> ▼
Review and modification of current staff trainings on community integration	<input style="width: 95%;" type="text"/> ▼
Policy/procedure change at the provider level:	
Modifications to policies, procedures, and/or house rules to align with federal and state requirements on community integration	<input style="width: 95%;" type="text"/> ▼
Development of programs aimed at increasing opportunities for community integration	<input style="width: 95%;" type="text"/> ▼
Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to enhance community integration (if this change will entail hiring additional staff, please describe details in the box below for detail on action items)	<input style="width: 95%;" type="text"/> ▼
Increase support for individuals to leave the setting and engage with the community (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars) (if this change will entail purchasing additional vehicles or other increased expenditures, please describe details in the box below for detail on action items)	<input style="width: 95%;" type="text"/> ▼
Install new locks and/or restrictive egress alert systems or devices that comply with federal requirements.	<input style="width: 95%;" type="text"/> ▼
Education at the participant level:	
Training for individuals on community integration	<input style="width: 95%;" type="text"/> ▼
Training for individuals on ways to access the greater community (e.g., how to access transportation options)	<input style="width: 95%;" type="text"/> ▼
Development of tools/messaging materials to educate individuals and families on community integration	<input style="width: 95%;" type="text"/> ▼
Provide updated documents to residents, along with a plain-language (including pictorial, if warranted) explanation of the updates	<input style="width: 95%;" type="text"/> ▼
Other:	
Other remedial action plan(s) (provide details below)  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input style="width: 95%;" type="text"/> ▼

**Please provide detail on action items. For example, if you plan to develop a new program to enhance community integration, please indicate how this action will meet the HCBS standards.**

**Not all remedial action plans will require providers to incur costs. If your remedial action plan does entail costs, describe them here.**

Person(s) responsible for completing all remedial action steps described above

Date by which all remedial actions will be completed (should be within three months if possible)

Current status of remedial action(s)

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

1.  
Demographic  
Information

2. Supporting  
Documentation

3. Rights  
and  
Autonomy

4.  
Remedies  
for Rights  
and  
Autonomy

5.  
Informed  
Choice

6.  
Remedies  
for  
Informed  
Choice

7.  
Community  
Integration

8. Remedies  
for  
Community  
Integration

9. Institutional  
Characteristics

10. Remedies  
for Institutional  
Characteristics

11.  
Provider  
Status  
Summary

12.  
End

## Adult Residential PTP

### Institutional Characteristics

**This is the element of the HCBS Settings Final Rule that relates to Institutional Characteristics:**

For 1915(c) home and community-based waivers, 42 C.F.R. § 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:

- any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
- any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

### **Factors relating to institutional characteristics**

**The factors below are examples of ways that a setting might be subject to heightened scrutiny under the HCBS Settings Final Rule. Please review the statements and determine whether they accurately describe your setting ("True") or not ("False"). A "True" statement means that the setting may be subject to heightened scrutiny.**

Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment	<input type="text"/>
Setting is located in a building on the grounds of, or immediately adjacent to, a public institution	<input type="text"/>
Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS	<input type="text"/>
Based on all of the above information, setting has ANY compliance issues relating to institutional characteristics	<input type="text"/>

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

1. Demographic Information	2. Supporting Documentation	3. Rights and Autonomy	4. Remedies for Rights and Autonomy	5. Informed Choice	6. Remedies for Informed Choice	7. Community Integration	8. Remedies for Community Integration	9. Institutional Characteristics	10. Remedies for Institutional Characteristics	11. Provider Status Summary	12. End
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## Adult Residential PTP

### Remedial action steps relating to institutional characteristics

Please select the action steps that will be taken to address the setting's institutional characteristics. If an action step that you plan to take is not included, please select "other" and describe the action step in the applicable text box below. Guidance at the links below may be helpful to you in developing remedial action steps:

The Final Settings Rule is available [here](#).

CMS guidance materials regarding the Final Settings Rule, including an informational bulletin, press release, fact sheets, FAQs, and exploratory questions, are available [here](#).

CMS trainings regarding the Final Settings Rule, including copies of slide decks presented during webinars, are available [here](#).

Departmental trainings and other guidance materials are available [here](#).

If your cursor is in a text box when you need to access a drop-down menu, click your mouse elsewhere on the screen in order to access the drop-down menu.

#### Provider training, outreach, and education:

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



#### Policy/procedure change at the provider level:

Separation of operations from those of the institution



Movement to a new location



Development of a plan to decrease isolation from the broader community



Provider request for state assistance to relocate individuals to a community setting



#### Education at the participant level:

Referrals of individuals to case managers or peers who can help them understand other setting options available in the community



#### Other:

Other remedial action plan(s) (provide details below)


Detail for remedial action plan(s) not identified by the above examples (including a brief summary of remedial action plans described elsewhere in the PTP, if relevant to overcoming the institutional presumption):



Please provide detail on action items. For example, if you plan to develop a policy to ensure that individuals are not isolated from the broader community, please indicate how this action will meet the HCBS standards.

Not all remedial action plans will require providers to incur costs. If your remedial action plan does entail costs, describe them here.

Person(s) responsible for completing all remedial action steps described above

Date by which all remedial actions will be completed (should be within three months if possible)	<input type="text"/> 
Current status of remedial action(s)	<input type="text"/>
<div>Save and Go To Next Section</div> <p>Or press any button below to navigate to a different part of the PTP without saving any changes on this page.</p>	
<div><div>1. Demographic Information</div><div>2. Supporting Documentation</div><div>3. Rights and Autonomy</div><div>4. Remedies for Rights and Autonomy</div><div>5. Informed Choice</div><div>6. Remedies for Informed Choice</div><div>7. Community Integration</div><div>8. Remedies for Community Integration</div><div>9. Institutional Characteristics</div><div>10. Remedies for Institutional Characteristics</div><div>11. Provider Status Summary</div><div>12. End</div></div>	



## Adult Residential PTP

### Provider Status Summary

Thank you for completing the PTP for this setting!

**Please note that further action may be needed!** Providers must update their PTPs every three months, starting three months after the initial site visit (if any) or completion of the PTP, whichever is later. This timeframe is designed to allow ample time for providers to take necessary action steps towards compliance. It also allows time for organizational change and process and protocol revision. For the three-month update, you will return to this PTP using the same web-link and login information that you are currently using. You will overwrite information as appropriate (for example, changing the statement of compliance issues from "True" to "False" for issues have been resolved).

Providers should submit an updated PTP every three months until they receive a notice from the Department that further updates are not required. If your three-month update is due, do not wait for a reminder from the Department; simply make your updates.

<b>Date of most recent PTP submission/alteration</b>  If you are filling out this PTP for the first time, enter today's date. This date should also be updated after major changes and updates to the PTP (e.g., after the site visit team works with the provider to update the PTP; at the three-month update). Do not change this date if you have made only minor changes to the PTP (e.g., updating your phone number or email address).	<input type="text"/> 
<p><b>The items that follow are for state use only. These items should be completed by state staff only. Providers, please do not edit the information that follows; simply click "Submit Form (Done)" at the bottom.</b></p>	
<b>Status of PTP</b>  A determination that the PTP is complete does not mean that the setting is necessarily in compliance with the settings rule; it means that the provider has correctly prepared the PTP (including any necessary remedial action plan) and submitted all relevant evidence. A complete PTP that includes a remedial action plan will still need to be updated to show that the remedial action plan has been implemented.	<input type="text"/>
<b>Notes on status of PTP</b>  State staff should identify any problems with the PTP and explain what they have done to contact the provider to obtain any missing information, corrections, etc.	<input type="text"/>
<b>Due date for update to PTP</b>  Providers may disregard this date and stop filing updates to the PTP <u>only</u> after the State has informed them that no further action is needed.	<input type="text"/> 
<b>Flag for overdue updates to PTP</b>  Providers may disregard this field <u>only</u> after the State has informed them that no further action is needed.	<input type="checkbox"/>
<b>Compliance status</b>  If your cursor is still in the text box above, click your mouse elsewhere on the screen in order to access this drop-down menu.	<input type="text" value="(7) Not yet known"/>
<div style="text-align: center;"> <input type="button" value="Submit Form (Done)"/> </div> <p>Or press any button below to navigate to a different part of the PTP without saving any changes on this page.</p>	

1. Demographic Information	2. Supporting Documentation	3. Rights and Autonomy	4. Remedies for Rights and Autonomy	5. Informed Choice	6. Remedies for Informed Choice	7. Community Integration	8. Remedies for Community Integration	9. Institutional Characteristics	10. Remedies for Institutional Characteristics	11. Provider Status Summary	12. End
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Adult Residential PTP

End of PTP

Thank you!

1. Demographic Information

2. Supporting Documentation

3. Rights and Autonomy

4. Remedies for Rights and Autonomy

5. Informed Choice

6. Remedies for Informed Choice

7. Community Integration

8. Remedies for Community Integration

9. Institutional Characteristics

10. Remedies for Institutional Characteristics

11. Provider Status Summary

12. End

## Adult Residential PTP

### Heightened Scrutiny (if applicable)

**This section is for state use only. This section should be completed by state staff only if applicable. Providers, please do not edit the information on this page.**

Factor(s) triggering the potential for heightened scrutiny (from Institutional Characteristics section above):	
Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment	<input type="text"/>
Setting is located in a building on the grounds of, or immediately adjacent to, a public institution	<input type="text"/>
Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS	<input type="text"/>
Based on all of the above information, setting has ANY compliance issues relating to institutional characteristics	<input type="text"/>
Compliance indicators for overcoming institutional presumption:	
The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<input type="text"/>
The setting 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.	<input type="text"/>
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.	<input type="text"/>
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.	<input type="text"/>
The setting facilitates individual choice regarding services and supports, and who provides them.	<input type="text"/>
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.	<input type="text"/>
If residential and provider-owned or -controlled, the setting provides a specific unit/dwelling that is owned, rented, or occupied under a legally enforceable agreement.	<input type="text"/>
If residential and provider-owned or -controlled, the setting provides the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the jurisdiction.	<input type="text"/>
If residential and provider-owned or -controlled, and if landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement is in place that provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	<input type="text"/>
If residential and provider-owned or -controlled, the setting ensures that each individual has privacy in their sleeping or living unit.	<input type="text"/>
If residential and provider-owned or -controlled, the setting provides units with entrance doors lockable by the individual, with only appropriate staff having keys to doors.	<input type="text"/>
If residential and provider-owned or -controlled, the setting provides individuals sharing units a choice of roommates.	<input type="text"/>
If residential and provider-owned or -controlled, the setting ensures that individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	<input type="text"/>
If residential and provider-owned or -controlled, the setting ensures that individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<input type="text"/>
If residential and provider-owned or -controlled, the setting ensures that individuals are able to have visitors of their choosing at any time.	<input type="text"/>

If residential and provider-owned or -controlled, the setting ensures physical accessibility.	
If residential and provider-owned or -controlled, the setting ensures that any modification of the additional conditions for such settings is supported by a specific assessed need and justified in the person-centered service plan.	
<b>Conclusion: Based on the factors set forth above, the setting does not have the qualities of an institution and does have the qualities of home- and community-based settings.</b>	

**Summary of site visit team assessment of whether setting meets HCBS setting requirements; cite relevant evidence.**

If the site visit team believes that the setting is able to overcome the institutional presumption, describe the evidence that should be put forward to CMS and state when the provider will supply it (if it is not already on file).

If the setting is not yet able to overcome the institutional presumption, describe the remedial actions it is taking and state when its new supporting evidence will be available.

If the setting is not timely able to overcome the institutional presumption, describe its plan to transition individuals to other settings.

Save and Go To Next Section

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

1. Demographic Information	2. Supporting Documentation	3. Rights and Autonomy	4. Remedies for Rights and Autonomy	5. Informed Choice	6. Remedies for Informed Choice	7. Community Integration	8. Remedies for Community Integration	9. Institutional Characteristics	10. Remedies for Institutional Characteristics	11. Provider Status Summary	12. End	13. Heightened Scrutiny (State Only)	14. Site Visit Report (State Only)
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## Adult Residential PTP

### Site Visit/Desk Review Report (if applicable)

This section is for state use only. This section should be completed by state staff only if applicable. Providers, please do not edit the information on this page.

Initial site visit or desk review	
<b>Selected for initial site visit?</b> Please note that a setting that is not currently selected for a site visit may be selected later.	<input style="width: 95%;" type="text"/> ▼
<b>Status of initial site visit</b>	<input style="width: 95%;" type="text"/> ▼
<b>Date of initial site visit</b>	<input style="width: 95%;" type="text"/>
<b>Initial site visit team members</b>	<input style="width: 95%;" type="text"/>

**Identify the supporting documentation submitted by the provider, and follow up with the provider to obtain any missing materials.**

**The documents should include all of the following documents that the agency currently has:**

Policies and Procedures

- Admission and Discharge Policies
- Dispute Resolution
- Grievances/Complaints
- Incident Reporting
- Medication Administration, including Use of Medication Reminder Boxes
- Mistreatment, Abuse, Neglect, and Exploitation
- Management of Resident Funds, including Personal Needs Funds
- Rights of Persons Receiving Services
- Use of Physical and Other Restraints

Handouts for individuals

- Rights Handout
- House Rules
- Person-Centered Tools
- Informed Consent

Other

- Lease or Residency Agreement
- Copy of a recent monthly calendar of activities

**Details of supporting documentation obtained and efforts to obtain missing materials:**

### Findings from supporting documentation

### Findings from site visit or desk review

#### Summary of findings\*

\* Site visit and desk review teams should ensure that the PTP accurately reflects all areas of noncompliance and remedial action plans, including compliance issues and remedial action plans relating to heightened scrutiny. Overwrite any inaccurate information in the preceding sections of the



PTP.

Promising practicesAdditional notes/observations/suggestions from site visit or desk review team**Follow-up site visit(s) or desk review(s)****If multiple follow-up visits are made, overwrite the information in this section as needed.****Selected for follow-up site visit?**

Please note that a setting that is not currently selected for a site visit may be selected later.

**Status of follow-up site visit****Date of follow-up site visit****Follow-up site visit team members****Identify the supporting documentation submitted by the provider, and follow up with the provider to obtain any missing materials.****The documents should include all of the following documents that the agency currently has:**Policies and Procedures

- Admission and Discharge Policies
- Dispute Resolution
- Grievances/Complaints
- Incident Reporting
- Medication Administration, including Use of Medication Reminder Boxes
- Mistreatment, Abuse, Neglect, and Exploitation
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Handouts for individuals

- Rights Handout
- House Rules
- Person-Centered Tools
- Informed Consent

Other

- Lease or Residency Agreement
- Copy of a recent monthly calendar of activities

**Details of supporting documentation obtained and efforts to obtain missing materials:****Findings from supporting documentation****Findings from follow-up site visit or desk review**Summary of findings\*

\* Site visit and desk review teams should ensure that the PTP accurately reflects all areas of noncompliance and remedial action plans, including compliance issues and remedial action plans relating to heightened scrutiny. Overwrite any inaccurate information in the preceding sections of the PTP.

Promising practices

Additional notes/observations/suggestions from site visit or desk review team

Submit Form (Done)

Or press any button below to navigate to a different part of the PTP without saving any changes on this page.

