## Checklist: Person-centered Plan Documentation of Modifications to HCBS Requirements **Policy, Procedures and Operational Guidelines** 1. Ensure that P&P Manual contains the specific requirement that any modification of the rights specified in the Does the Manual contain the HCBS rule must be supported by a specific assessed need and documented in the person-centered plan. expectation for each policy? 2. Ensure the P&P Manual describes the expectation that providers ensure all modifications are implemented in Does the Manual describe the provider's specific procedures for the least restrictive manner necessary to protect the person and provide support to reduce or eliminate the need for the modification in the most integrated setting and inclusive manner. ensuring each policy is implemented? 3. Ensure that the P&P Manual or other operational guidelines include a procedure for documenting Check to confirm policy is Yes Nο modification, including: complete a. Positive interventions and supports used prior to any modifications to the service delivery plan b. Less intrusive methods of meeting the need that have been tried but did not work Contains c. Regular collection and review of data to measure the ongoing effectiveness of the modification d. Established time limits for periodic reviews to determine if the modification is still necessary or Describes can be terminated e. An assurance that interventions and supports will cause no harm to the person 3. Includes f. Informed consent 4. Ensure that P&P Manual describes the specific procedure to obtain due process if a modification is required, in keeping with the description in the Checklist for Person- Centered Plan Documentation of Modifications to HCBS 4. Describes Requirements. 5. Ensure that P&P Manual requires provider staff are trained with regard to individuals' ability to have visitors of 5. Requires their choosing at any time. Ensure that provider staff have been trained to competency for this requirement. Name of Training: 1. Is there training curriculum available for review? Name of Trainer: Date of Training: Does the training material accurately reflect the requirement and what it should look like in practice? Training Roster Available: 3. Do the training rosters show that all staff have been trained in this requirement? Duaridan Canfinnatian

Provider Confirmation	External Review for Heightened Scrutiny Review & Advocacy		
Name of Policy	Type of Review	Name of Reviewer	<u>Date</u>
Policy Page and/or Number	Certification		
Date Policy Completed/Approved	Monitoring		
Approved By	Advocacy		

NOTE: External Reviews will include 'Observation" and "Interview" questions below during Certification and Monitoring Visits			
Observations	Individual Name(s)	Date	
Observe to ensure that, if there are any approved modifications for any individuals in a			
setting, there is a corresponding plan in place to remove it that is consistent with the			
person-centered plan and due process policy described above.			
✓ Review the person-centered plan.			
<ul> <li>Review the HRC approval minutes for the approved plan to remove the modification.</li> </ul>			
✓ Review documentation to show that the setting keeps data and completes periodic			
reviews, as defined in the approved plan, to determine if a modification might be			
reduced or removed. Ensure that the determination is data-based and the rationale			
is clearly documented			
Interviews	Individual Name(s)	Date	
Interview individuals with modifications, and guardians as applicable, to ensure they provided consent. Ask:			
✓ If you are not allowed to (specify the modification), did staff tell you why and did you agree to it?			
Interview staff to ensure that, If any individual has an approved modification consistent			
with the due process policy, they know about it and the plan to remove it, and can			
describe their roles and responsibilities in implementing that plan.			
Notes:			