**The following Federal Requirements were determined to be uncompliant according to your site survey. Since conducting the site surveys, we have updated the language and criteria used to assess compliance. In the Remediation Tool below, the new language and criteria are listed to help guide you through a remediation strategy. Please reference your site survey for more detail as to why each federal requirement was not met. Once you have completed the tool, please return to the Division of Aging, no later than the date indicated below, for approval. After your remediation plan has been reviewed by the Division of Aging, this tool will be returned for adjustments and implementation.**

**Name of Provider:**

**Provider ID:**

**Provider Address:**

**Provider Contact:**

**Date HCBS Final Rule Tool Issued:** February 7, 2017

**Date HCBS Final Rule Remediation Tool Due:** April 10, 2017

**Note: All Federal Requirements are required to be met, at all times, in order to provide HCBS Waiver Services. The following items were not met at the time survey was administered.**

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| 1. **Federal Requirement: The setting is integrated in and supports full access to the greater community. §441.301(c)(4)(i)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Participants are not limited to a certain area of the community. (Disregard private business spaces, i.e. offices, kitchen, storage) * The site does not impose barriers to the right of participants to come and go as they choose. * The site does not impose barriers to participants who wish to participate in community activities. * Transportation schedules, options, and contact numbers are available to all participants. * Participants are able to have a car on the premises if they so choose. * The site does not impose barriers to private communications with people outside the site. * There are scheduled activities that take place both onsite and out in the community. | | |

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| 1. **Federal Requirement: Each individual has the right to privacy, is treated with dignity and respect, and is free from coercion and restraint. §441.301(c)(4)(iii)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Interactions among staff and participants are positive, attentive, dignified, and respectful. * Participants are able to have guests when they choose within the terms of the lease or rental agreement. * Contact information for the Ombudsman is posted. * Participants are free from coercion, restraints, or seclusion. * Except for escorting, all ADL assistance is provided in the participant's private unit or in the location of the participant’s choosing. * Participant files are kept in a private and secure area. * The site does not impose barriers on handling medications in a way that promotes participant control and privacy. * Participants can privately send and receive mail. | | |

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| 1. **Federal Requirement: Provides individuals independence in making life choices. §441.301(c)(4)(iv)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Participants are able to access food at all times. * The site does not impose barriers on participant choice of whom they eat with, including eating alone and/or in their apartment if they so choose. * There are individual controls for heating and air conditioning. * There are a variety of activities available. | | |

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| 1. **Federal Requirement: The individual is given choice regarding services, supports, and who provides them. §441.301(c)(4)(iv) and §441.301(c)(4)(v)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Service plan form that can be used for all participants. * Provider’s service plan form includes the following elements:   + assessed health care needs   + social needs and preferences   + limited nursing and medication services including frequency of service and level of assistance, if applicable   + personal care tasks   + place for participant's signature, or their legal representative   + place for provider's signature   + place for license nurse's signature   + place for the waiver case manager's signature   + date of plan approval   + address any individual modifications to HCBS settings requirements | | |

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| 1. **Federal Requirement: Responsibilities and rights of tenant, legally enforceable agreement §441.301(c)(4)(vi)(A)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| Residency agreement in place includes the following:   * Written notice is required before terminating the agreement upon expiration of agreement term (IC 32-31-1-5; IC 32-31-1-7) * Ten days’ written notice is required before terminating the agreement for failure to pay rent (IC 32-31-1-6) * Thirty days written notice is required before modifying the agreement (IC 32-31-5-4) * Reasonable written or oral notice is required before the landlord enters the unit (IC 32-31-5-6(g)(2) * The rental space is in safe, clean and habitable condition (IC 32-31-8-5) * IF it is a MONTH TO MONTH agreement – agreement must contain automatic renewal language and a forty-five day written notice if the provider does not plan to renew * For agreements with a longer duration than month to month – agreement must give the participant at least 60 days to review any renewal agreement and 30 days written notice of a nonrenewal | | |

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| 1. **Federal Requirement: Privacy in sleeping or living unit §441.301(c)(4)(vi)(B)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * There is a lock on separate sleeping areas, if applicable. §441.301(c)(4)(vi)(B) | | |

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| 1. **Federal Requirement: Lockable doors, staff have access only as needed §441.301(c)(4)(vi)(B)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * There is a lockable entry door to the apartment. §441.301(c)(4)(vi)(B)(1) * There is a private, lockable bathroom containing sink, toilet, and shower or bath. * Staff and other participants knock on each other’s doors or ask for permission before entering apartments. | | |

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| 1. **Federal Requirement: Freedom to furnish and decorate §441.301(c)(4)(vi)(B)(3)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Apartments are decorated and/or furnished differently from one another. * There are signs of personal touches (e.g. personal pictures, drawings, special quilts, etc.). * The environment is well-kept and clean. | | |

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| 1. **Federal Requirement: Choice of roommates for shared rooms and assurance of choice to not have a roommate within that setting §441.301(c)(4)(vi)(B)(2)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Participants are free to choose whether or not to have a roommate. §441.301(c)(4)(vi)(B)(2) * Participants are free to choose their own roommate. §441.301(c)(4)(vi)(B)(2) | | |

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| 1. **Federal Requirement: Control own schedule and activities and access to food at any time. §441.301(c)(4)(iv) and §441.301(c)(4)(vi)(C)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Apartment has a working refrigerator. * Apartment has a microwave. * Apartment has a food preparation area big enough to prepare a light snack or drink. * There is access to a stove/oven for hot food preparation in a common area. * Meal times allow for flexibility in eating times. | | |

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| 1. **Federal Requirement: Able to have visitors at any time §441.301(c)(4)(vi)(D)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
| **Action** | **Estimated Completion Date** |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * Participants have the right to have visitors at the times of their choosing within the terms of the residency agreement. | | |

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| 1. **Federal Requirement: Physically accessible §441.301(c)(4)(vi)(E)** | | |
| **Remediation Plan** | **Estimated Timeline** | |
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| **Observational Guidance to be Used to Assess Compliance** | | |
| * There is an emergency pull cord or other device in each unit. * There are smoke alarms in each unit. * There are sprinklers in each unit. * The apartment is free of dust, dirt, insects, and rodents. * Entrances, common areas, and dining rooms onsite are handicap accessible. * The site is free from gates, locked doors, or other barriers preventing individuals’ entrance to and exit from all areas of the setting. * There are assistive devices (e.g. grab bars, wheelchairs, etc.) available for those who require them. | | |