

## Instructions - HCB Assessment Tool

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The assessment tool is designed for assessors to determine whether a residential or non-residential setting in which individuals receive Florida Medicaid funded home and community-based services (HCBS) are:

- Home-like (HLE)
- Promote community inclusion (CI)
- Person centered (PC)

### Who Uses the Tool?

- **HCBS Providers**  
Providers are required to complete the assessment tool pertinent to the setting and maintain a copy on file. Providers must contact the Agency for Health Care Administration (AHCA) immediately, if they determine the setting meets one or more of the criteria of a presumptively institutional setting.
- **Florida Medicaid Health Plans**  
Health plans providing Long-term Care HCBS are required to ensure providers are compliant with the HCBS Settings Rule (CMS-2249-F).
- **State Monitors**  
The Agency for Health Care Administration, or its delegate, uses the tool to validate provider self-assessments and health plan credentialing. The Agency for Persons with Disabilities, Department of Elder Affairs or other delegate performs the assessments.

### Tool Layout

The tool consists of 3 sections:

#### 1. Setting Information

Assessors complete demographic and identifying information about the setting.

#### 2. Presumptively Institutional Settings

Assessors document whether the setting meets one of the three Centers for Medicare and Medicaid Services (CMS)-defined characteristics that indicate a setting exhibits the characteristics of an institution.

Answering “YES” to any of the presumptively institutional criteria may result in the setting being subject to heightened scrutiny. The heightened scrutiny process may include collecting additional evidence of the setting’s compliance with the HCBS Settings Rule, remediation action, a determination by the State the setting complies with the HCBS Settings Rule and a final determination by CMS.

Providers performing self-assessments that answer “YES” to any of the presumptively institutional criteria must send a copy of the fully completed assessment to AHCA at [FLMedicaidWaivers@ahca.myflorida.com](mailto:FLMedicaidWaivers@ahca.myflorida.com) immediately upon completion including the following additional information with the submission:

- Contact telephone number,
- Contact email address, and

- Any evidence/documentation to-date demonstrating the setting meets the requirements of the HCBS Settings Rule despite meeting the criteria for being presumptively institutional.

### **3. HCBS Characteristics**

Assessors document whether the setting meets the requirements of the HCBS Settings Rule.

Assessors may use the companion HCBS Settings Rule Probing Questions to assist in determining whether a setting meets each requirement. Answering “NOT MET” to any of the standards will require the provider to remediate to come into compliance with the HCBS Settings Rule.

Providers performing self-assessments must work to remediate any deficiencies they identify. Providers may contact AHCA to request technical assistance by sending the fully completed assessment to [FLMedicaidWaivers@ahca.myflorida.com](mailto:FLMedicaidWaivers@ahca.myflorida.com) including the following additional information with the request:

- Contact telephone number,
- Contact email address,
- Request for technical assistance, and
- Proposed remediation steps and timeframes.

Florida Medicaid health plan or state assessors will inform providers of any deficiencies and will follow the respective remediation process accordingly.

### **Completing the Tool**

Assessors must complete the tool fully and include brief explanations in the comments section to justify their findings.

The assessment sections of the tool have 3 columns:

#### **1. Criteria/Standard**

A statement or question pertaining to a specific aspect of the HCBS Setting Rule requirements. The standards include an expectation explaining what is required in order for the setting to meet the accompanying standard.

#### **2. Setting Meets Criteria/Standard Met**

The assessor must record whether the setting meets the criteria of a presumptively institutional; setting by indicating “YES” or “NO”.

The assessor must record whether the setting meets the requirements of the HCBS Settings Rule by indicating whether a standard is “MET” or “NOT MET”.

#### **3. Comments**

Assessors must justify their findings for each criteria/standard with a brief explanation.

## **Assessment Process**

Assessors must ensure the settings' operational guidelines comport with whether the individuals receiving HCBS in the setting experience reflects the requirements of the HCBS Settings Rule. Assessors may use the accompanying probing questions as a guide to determine whether a setting is compliant, however, the probing questions are not exhaustive, nor is the assessor required to ask/use all probing questions provided.

Assessors may employ multiple assessment methods such as:

- **Policy Review**  
Review of written policy and procedure documentation when available.
- **Provider/Staff Interview**  
Questioning setting staff on how operations comply with the HCBS Settings Rule and asking them to demonstrate how the setting implements specific requirements.
- **Record Review**  
Observing how requirements are documented in the recipient's person-centered plan or file.
- **Observation**  
Observing how HCBS Setting Rule requirements are met in the course of service provision.
- **Recipient Interview\***  
Questioning individuals to determine whether their experience demonstrates that the setting fully complies with the HCBS Setting Rule requirements.

*\*If conducted, the recipient interviews will be conducted at the setting being assessed*