



**HCBS Toolkit: Disclosure of Rights and Required  
Practices for Individuals Receiving Medicaid Adult Day Health Care Services**

As part of Virginia's efforts to demonstrate compliance with the HCBS final rule, particularly in the area of rights afforded to individuals receiving HCBS waiver services, DMAS highly recommends that all ADHC providers adopt a process to notify individuals, upon acceptance into ADHC services, about their additional HCBS-specific rights and about expectations for person-centered service planning as it relates to their experience in the setting.

There are three foundational prerequisites to demonstrate organizational compliance with the HCBS settings requirements. You must

- 1) have a rights policy that specifically details the HCBS rights afforded to individuals receiving Medicaid HCBS. Include this in your standard admission processes for individuals and their representative;
- 2) the HCBS rights policy includes a requirement for the annual disclosure of HCBS rights to individuals/families; and
- 3) there is a policy, or incorporation into an existing policy, a requirement for annual staff/volunteer training on HCBS rights and expectations.

DMAS has developed a template statement on HCBS rights that ADHC providers may use. The template statement is on the next page.



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Home and Community Based Services Rights	July 1, 2018

Home and Community-Based Services (HCBS) Waivers provide Virginians enrolled in Medicaid long-term services and supports the option to receive community services instead of nursing facility placement. Per federal regulations (42 CFR 441.301), individuals enrolled in long-term services and supports waivers are permitted specific rights. For individuals receiving Medicaid Adult Day Health Care (ADHC) services, the ADHC setting must:

- Be integrated in and supports full access to the greater community.
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimize, 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.
- Facilitate individual choice regarding services and supports, and who provides them.

**Expectations for Person-Centered Services Plans**

In addition, Person Centered Service Plan (PCSP) for individuals must reflect the services and supports that are important for the individuals' identified needs and preferences. For ADHC services, an individual's written PCSP must:

- Reflect that the ADHC setting was the individual's choice and is integrated in, and supportive of full access of the individual to the greater community.
- Reflect the individual's strengths and preferences.
- Reflect clinical and support needs that have been identified through a functional needs assessment.
- Includes individually identified goals and outcomes.
- Reflect the (paid/unpaid) services/supports, and providers of such services/supports that will assist the individual to achieve identified goals.
- Reflect risk assessment, mitigation, and backup planning.
- Be understandable (e.g. linguistically, culturally, and disability considerate) to both the individual receiving HCBS and the individual's support system.
- Identify the individual and/or entity responsible for monitoring the PCSP.
- With the written, informed consent of the individual, be finalized, agreed to, and signed by all individuals/providers responsible for implementation of the PCSP.
- Be distributed to the individual and others involved in the PCSP.
- Include services that afford the individual the option to self-direct.
- Prevent service duplication and/or the provision of unnecessary services/supports.



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**Disclosure of Rights and Required Practices for  
Individuals Receiving Medicaid HCBS Waiver Supports**

I hereby acknowledge that on \_\_\_\_\_, \_\_\_\_\_  
(Date) (Provider Name)

shared information with me about the Medicaid Home and Community Based Services (HCBS) settings requirements and my rights as an individual receiving Medicaid HCBS.

\_\_\_\_\_  
Individual Date

\_\_\_\_\_  
Family/Representative Date

\_\_\_\_\_  
Provider Representative Date

Disclosure of HCBS Rights will be completed annually

\_\_\_\_\_  
Name

\_\_\_\_\_  
Medicaid Number