

**PRESUMPTIVELY INSTITUTIONAL EVIDENTIARY PACKAGE
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TAB 1

- Setting identification information
- Demographic information of individuals served
- Self-assessment, if applicable
- Managed care plan assessment

TAB 2

- Pictures of the setting and the greater community
- Residential housing or zoning requirements
- Description of the proximity to available public transportation, training materials to teach recipients how to access public transportation services, and an explanation of how transportation is provided where public transportation is limited
- Description of the proximity to, and scope of, recipient interactions with community settings used by individuals not receiving Medicaid funded HCBS

TAB 3

- Licensure requirements or other State regulations
- On-site validation visit findings
- Remediation plan
- Remediation implementation documentation/evidence
- Description of how/why the setting does not have the qualities of an institution
- Policies and procedures demonstrating support for activities in the greater community
- Documentation the setting complies with the requirements for provider-owned or controlled settings at §441.301(c)(4)(vi)A through D, and if any modifications to these requirements have been made, such modifications are documented in the person-centered plan(s)
- Documentation demonstrating individuals served selected the setting from among setting options, including non-disability-specific settings

TAB 4

- Provider qualifications for staff employed in the setting that indicate training or certification in HCBS, and that demonstrate the staff is trained in a manner consistent with the HCB settings rule
- Service definitions that explicitly support the HCB setting requirements

TAB 5

- Public comments/testimonials
- Recipient experience surveys/testimonials