

***[Provider]***

**Home and**

**Community Based**

**Participant Services**

**Handbook**

**Sample**

[Provider] HCBS Participant Services Handbook

The language below is sample HCBS language that may be used for policies. This language should not replace existing policies, but may be used to enhance existing policies.

### **What this means to you?**

If you receive Medicaid Home and Community Based waiver services, you have the right to make choices about your life. You may make decisions about how, when and where you get your services. You may come and go when and where you want. You should have the choice to work and be involved in your community.

### **[Provider] Objectives:**

1. [Provider] will make sure you have choice and full access to be part of your community.
2. [Provider's] Handbook is a document that explains how your services will be carried out. [Provider] will make sure your services meet the HCBS requirements.

### **Mission Statement:**

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## **HCBS requirements:**

### **ACCESS TO THE COMMUNITY (42 CFR 441.301(4)(i))**

1. The setting is integrated in and supports full access to the greater community and engagement in community life.

(42 CFR 441.301(4)(i))

#### **Which means. . .**

[Provider] will make sure you have choices about events and have full access to your community. If you want to go to an event, staff will help you see if you have enough money and transportation. [Provider] will help you find local events, parades, etc. and provide options for you to choose from. You will be encouraged to go to public events, such as clubs, groups, parades or fairs, etc.

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### **EMPLOYMENT (42 CFR 441.301(4)(i))**

The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(4)(i))

#### **Which means. . .**

If you want a job, you may talk with [Provider] and/or ask for a meeting to talk about your employment options. Your planning team will help you with your employment service options.

### **MONEY MANAGEMENT/PERSONAL RESOURCES (42CFR 441.301(4)(i))**

The setting supports control of personal resources. (42CFR 441.301(4)(i))

#### **Which means. . .**

[Provider] will work with you and those who help manage your money. You may have access to your money, but may also ask to have your [Provider] help take care of funds. [Provider] will help pay your bills, make deposits, budget for more costly items, and work through how to manage money. You will have your own account and can ask for help and information about your money.

### **COMMUNITY RESOURCES (4 CFR 441.301(4)(i))**

The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (42CFR 441.301(4)(i))

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**Which means . . .**

[*Provider*] will talk to you about what you like and your choices in accessing services in your community; such as, medical, social and recreational activities, or those services that apply.

**CHOICE OF SETTINGS (42 CFR 441.301(4)(ii))**

The setting is selected by the individual from among setting options including non-disability specific settings.  
(4 CFR 441.301(4)(ii))

**Which means . . .**

[*Provider*] will work with you to learn about your likes and dislikes. This means you have choice of where you live, work and the things you do in your community, including doing things with people who do not have disabilities.

**RESTRICTIONS/MODIFICATIONS (42CFR 441.301(4)(ii))**

The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences.  
(42 C.F.R § 441.301(c)(4)(iv))

**Which means . . .**

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You will not have your rights limited, unless it's in your individual support plan. Any limits must be approved by you, your guardian, and your team. It must also be reviewed by Due Process committee.

**PRIVACY (42CFR 441.301(4)(ii))**

The residential setting provided the individuals with the option for a private bedroom. (42CFR 441.301(4)(ii))

**(42CFR 441.301(4)(iii))**

The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))

**Which means . . .**

You can talk with your friends/family privately. You will have privacy in your bedroom. You have the right to privacy in your home. Staff will knock before entering your home or room.

You will have choice about who you live with. If an issue comes up between housemates, [Provider] will meet with you to solve it. If you want new housemates, [Provider] will help you make changes.

**HOUSING OPPORTUNITIES (42CFR 441.301(4)(ii))**

The person centered service plan documents the options based on the individual's resources available for room and board. (42CFR 441.301(4)(ii))

**Which means . . .**

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[Provider] will give you choice of housing options. [Provider] will work with you to find the best home for you and one you can afford. You may express your wants with [Provider] and [TCM entity] during your meetings.

### **CODE OF CONDUCT (42CFR 441.301(4)(iii))**

The setting ensures the individuals  
rights of dignity and respect.  
(42CFR 441.301(4)(ii))

#### **Which means . . .**

[Provider] and all staff will treat you with “dignity and respect”. You should be treated the way you want. You should be talked to in a nice manner and helped in a positive way.

### **GREIVANCE POLICY (42CFR 441.301(4)(iii))**

The setting ensures freedom from  
coercion and/or restraint.  
(42CFR 441.301(4)(iii))

#### **Which means . . .**

You can talk to staff any time you are unhappy with your services, and [Provider] will try to fix the issue. [Provider staff] will help you contact your guardian or your support coordinator, if needed. If the issues have not been fixed, you and/or your guardian can file a verbal or written complaint.

[Provider] will have the Division’s Constituent Services Office phone number so you or your guardian/family can call with a complaint. You do not have to give your name.

### **FREEDOM OF CHOICE (42CFR 441.301(4)(iv))**

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The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices.  
(42CFR 441.301(4)(iv))

**Which means . . .**

[Provider] will make sure you have choices in your life. You will make choices about how you spend your free time. You can do things you like at your home, such as play video games, watch TV or listen to the radio. You may do your laundry and other household activities at times you choose.

**VISITORS (42CFR 441.301(4)(iv))**

The setting optimizes autonomy and independence in making choices regarding with whom the individual interacts. (42CFR 441.301(4)(iv))

**Which means . . .**

You may invite family and friends to your home at any time.

**SERVICES AND SUPPORTS (42CFR 441.301(4)(v))**

The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))

**Which means . . .**



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You get to choose your services and who you want to provide them. [Provider] will ask you about what you want or which staff are the best fit. [Provider] will offer options so you and your guardian may make a choice.

**Person-Centered Planning Process and Individual Support Plan (ISP) (42 CFR 441.301(c)(1))**

**Which means. . .**

This plan process should include people that you choose. The plan needs to be easy for you to understand. The process should take place at times and locations that work for you and your family. Your plan should identify your needs and support you receiving them.

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**Missouri law gives individuals who receive mental health services the following rights without limitation:**

- (1) To humane care and treatment;
- (2) To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;
- (3) To safe and sanitary housing;
- (4) To not participate in non-therapeutic labor;
- (5) To attend or not attend religious services;
- (6) To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which the individual is informed insofar that person is capable of understanding;
- (7) To be treated with dignity as a human being;
- (8) To not be the subject of experimental research without prior written and informed consent or that of a parent, if the person is a minor, or guardian; except that no involuntary committed person shall be subject to experimental research, except as provided by statute;
- (9) To decide not to participate or to withdraw from any research at any time for any reason;
- (10) To have access to consultation with a private physician at the individual's expense;
- (11) To be evaluated, treated or habilitated in the least restrictive environment;
- (12) To not be subjected to any hazardous treatment or surgical procedure unless the individual's parent, if the person is a minor, or guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
- (13) In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of life;

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(14) To a nourishing, well-balanced and varied diet;

(15) To be free from verbal and physical abuse.

You may also direct your grievance or complaint to:

Department of Mental Health  
P.O. Box 687, Jefferson City, MO 65102  
**800-364-9687 or 573-751-4122**

Deaf or Hard of Hearing individuals may call the above numbers or the Office of Deaf Services:  
**573-751-7033**

I, \_\_\_\_\_ acknowledge receipt of and understanding of the [Provider] HCB Services Handbook and understand my “rights” as a participant of HCB Services.

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Participant Signature

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Participant Name (Please Print)

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If Applicable: Guardian Signature

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Date