The Home and Community Based Services (HCBS) Final Rule established by the Centers for Medicare and Medicaid Services (CMS) defines HCBS settings and Person Centered Care Planning (PCCP) (Policy 4.20) requirements in Medicaid HCBS Waiver programs. The purpose of the rule is to ensure individuals receive HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as individuals who do not receive HCBS.

**Home and Community Based Services (HCBS) Setting**

The Final Rule establishes mandatory requirements for the qualities of HCBS settings and identifies settings that are not HCBS. All HCBS settings must meet the following requirements:

- Be integrated in and support access to the greater community;
- Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;
- Ensure the individual receives services in the community to the same degree of access as individuals not receiving HCBS;
- Is selected by the individual from among setting options, including non-disability specific settings;
- Ensure an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint;
- Optimizes individual initiative, autonomy, and independence in making life choices;
- Facilitates individual choice regarding services and supports, and who provides them.

Each participant is informed of their right to receive services in a setting in the above requirements through the HCBS Care Plan and Participant Choice Statement (DA-3).