



## Home- and Community-Based Services (HCBS) Nonresidential Setting Assessment

<b>Provider Information</b>
Provider Name:
Setting Location:
Service Provided:
Number of Members Served in Setting:
<p>Providers of the services listed below will undergo the site-specific HCBS nonresidential settings assessment process.</p> <ul style="list-style-type: none"><li>• Adult Day Care</li><li>• Day Habilitation</li><li>• Prevocational</li><li>• Supported Employment</li><li>• IMMT</li></ul> <p>The above HCBS waiver and Habilitation service locations will be assessed for compliance using the assessment criteria below. The HCBS Quality Oversight Unit will be responsible for completion of the nonresidential setting assessment. Upon completion of the assessment the HCBS Quality Oversight Unit shall submit a nonresidential review report within 30 calendar days based on the findings of the onsite review.</p>
<p><b>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i), 441.710(a)(1)(i), 441.530(a)(1)(i)</b></p>
<ul style="list-style-type: none"><li>• Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?</li><li>• Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?</li><li>• Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting? Who in the setting will facilitate and support access to these activities?</li><li>• Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?</li><li>• Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?</li></ul>

- Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?
- Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?
- In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?
- Does the setting provide individuals with contact information access to and training on the use of public transportation, such as buses, taxis, etc.? Are these public transportation schedules and telephone numbers available in a convenient location?
- Where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?
- Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?
- Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?
- Do the majority of members receive most of their services in a setting that supports access to, and facilitates integration with the greater community within and outside the setting?

Is the service setting integrated in and support a member's full access to the greater community? (Yes or No)  Yes  No

If YES, please describe evidence/supporting documentation.

If NO, identify the action steps needed for the provider to come into compliance.

**The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)**

- Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?
- Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?
- Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g., combine competitive employment with community habilitation)?

Does the setting support and provide opportunity for members to make an informed choice when selecting the service setting location? (Yes or No)  Yes  No

If YES, please describe evidence/supporting documentation.

If NO, identify the action steps needed for the provider to come into compliance.

**The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii), 441.710(a)(1)(iii), 441.530(a)(1)(iii)**

- Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?
- Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?
- Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?
- Do setting requirements assure that staff does not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if the individual were not present?
- Does the setting policy require that the individual and/or representative grant informed consent before using of restraints and/or restrictive interventions and document these interventions in the person-centered plan?
- Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

- Does the setting offer a secure place for the individual to store personal belongings?

Does the setting support a member's right to privacy, dignity and respect, and freedom from coercion and restraint? (Yes or No)

Yes  No

If YES, please describe evidence/supporting documentation.

If NO, identify the action steps needed for the provider to come into compliance.

**The setting optimizes, 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. 42 CFR 441.301(c)(4)(iv), 441.710(a)(1)(iv), 441.530(a)(1)(iv)**

- Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?
- Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?
- Does the setting allow for individuals to have meals/snacks at the time and place of their choosing? For instance:
  - Does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?
  - Does the setting provide for an alternative meal and/or private dining if requested by the individual?
  - Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?
  - Does the setting afford individuals the freedom to go out of the setting for meals in the community?
- Does the setting provide information on individual rights?
- Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?
- Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?

Does the setting support and provide opportunity for members to make informed life choices? (Yes or No)  Yes  No

If YES, please describe evidence/supporting documentation.

If NO, identify the action steps needed for the provider to come into compliance.

**The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v), 441.710(a)(1)(v), 441.530(a)(1)(v)**

- Was the individual provided a choice regarding the services, provider, and settings and the opportunity to visit/understand the options?
- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
- Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference, and needs of individuals?
- Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?

Does the setting support and provide opportunities for members to make informed choices about the services received and who provides them? (Yes or No)  Yes  No

If YES, please describe evidence/supporting documentation.

If NO, identify the action steps needed for the provider to come into compliance.