

## HCBS Settings Transition Provider Self-Assessment Tool: Residential

### Section A: Provider Information

Provider Name:		Date Completed:	
Site Name:		Phone:	
Address:		City:	Zip Code:
Names and Roles of those Completing this Assessment:		Email Address:	
Number of Medicaid HCBS Individuals Served at this Location:		HCBS Provider Type:	<i>Residential Facility, /Supported Living, Assisted Living Facility; if other please specify</i>
Services Provided at this Location:		Waivers Served:	<i>Acquired Brain Injury, Community Supports, New Choices</i>

**RESPONSES TO THIS SELF-ASSESSMENT TOOL MUST NOT CONTAIN ANY CONFIDENTIAL OR PROTECTED HEALTH INFORMATION PERTAINING TO CLIENTS. THIS INCLUDES IDENTIFIABLE DEMOGRAPHIC DATA, INFORMATION ABOUT THE PHYSICAL OR MENTAL HEALTH CONDITION(S) OF AN INDIVIDUAL, OR ANY INFORMATION REGARDING TREATMENT REGIMENS OR PAYMENT HISTORY FOR HEALTHCARE SERVICES PROVIDED TO AN INDIVIDUAL.**

**PLEASE PROVIDE CITATIONS ONLY FOR POLICIES, HANDBOOKS, TRAINING CURRICULUM, & MATERIALS.**

### Section B: CMS HCBS Community Rule: Self-Assessment and Planning Tool for Residential Settings

**Characteristic 1: 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)**

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
1. Is the setting in a public or privately-owned facility that provides inpatient treatment? <i>-If yes, please provide the name and type of facility.</i>		
2. Is the setting on the grounds of, or immediately adjacent to a public institution? <i>-If yes, please provide the name and type of public institution.</i>		
3. Is the setting located in a gated/secured community for people with disabilities? <i>-If yes, please provide the name and a description of the community.</i>		
4. Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitates integration with the greater community? <i>-If no, please describe the setting's location.</i>		
5. Does the setting allow the individual(s) the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>6. Does the setting provide individual HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>7. Can the individual(s) come and go at any time?  <i>-If yes, please provide evidence</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>8. Does the setting afford opportunities for individual schedules that focus on the needs and desires of the individual(s) and opportunities for individual growth?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>9. Does the setting restrict individuals from having 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, and who in the setting will facilitate and support access to these activities?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>10. In settings where the individual(s) are of working age, is there activity with the individual(s) to pursue work as an option?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>11. In settings where personal budget assistance is part of the service, does the setting facilitate the opportunity for the individual(s) to have a checking or savings account or other means to have access to and control personal funds?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>12. Are the individual(s) informed that they are not required to sign over their paychecks to the provider?  <i>-If yes, please provide evidence.</i>  <i>-If no, what requirements exist and why?</i></p>		
<p>13. Does the setting restrict the individual(s) from receiving information about, or training on, how to access and use means of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available when requested?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
14. Where public transportation is limited, does the setting provide information about resources for the individual(s) to access the broader community, including accessible transportation for individuals who use wheelchairs? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 1</b>		
This setting has demonstrated compliance with Settings Characteristic 1.	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
<b>Characteristic 2: The setting is selected by the individual from among setting options, including nondisability specific settings and an option for a private unit in a residential setting. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
15. Does the setting reflect individual needs and preferences and ensure the informed choice of the individual(s), based on their resources? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
16. Is the option of a private room provided to the resident(s) as appropriate? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
17. Does the setting restrict access to 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? <i>-If no, please provide evidence.</i> <i>-If yes, what restrictions exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 2</b>		
This setting has demonstrated compliance with Settings Characteristic 2.	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
<b>Characteristic 3: 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)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
18. Is all information about the individual(s) 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? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>19. Do setting requirements assure that staff do not talk to other staff about the individual(s) in the presence of others or in the presence of an individual as if he/she were not present?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>20. Does the setting assure that staff interact and communicate with the individual(s) respectfully and in a manner in which they would like to be addressed, while providing assistance during the regular course of daily activities?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>21. Can the individual(s) have a private cell phone, computer or other personal communication device, or does the setting provide access to a telephone or other technology device to use for personal communication in private at any time?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>22. In settings with more than one individual, does the setting 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?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>23. Does the setting offer a secure place for the individual(s) to store personal belongings?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>24. Is information about filing a complaint made readily available and does the setting inform the individual(s) of how to make a complaint?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>25. Can the individual(s) file an anonymous complaint?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		
<p>26. Is informal (written and oral) communication conducted in a language that the individual(s) understand?  <i>-If yes, please provide evidence.</i>  <i>-If no, what limitations exist and why?</i></p>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
27. Does the setting support individuals who need assistance with their personal appearance, dress, and grooming to appear as they desire, and is personal assistance provided in private, as appropriate? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
28. Does the setting afford dignity to the diners (i.e., the individual(s) are treated age appropriately and not required to wear bibs)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 3</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 3.		
<b>Characteristic 4: 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)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
29. Does the setting post or provide information on individual rights? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
30. Does the setting allow the individual(s) to engage in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner consistent with individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
31. 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)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
32. Does the setting afford the opportunity for tasks and activities matched to individual skills, abilities and desires? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
33. Does the setting afford opportunities for the individual(s) to choose with whom to do activities, either in the setting or outside the setting, and is participation voluntary? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
34. Can the individual(s) sit in any seat in a dining area? <i>-If no, what limitations exist and why?</i>		
35. If an individual desires to eat privately, can he/she do so? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
36. Can the individual(s) request an alternative meal if desired? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 4</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 4.		
<b>Characteristic 5: The setting facilitates individual choice regarding services and supports, and who provides them.</b> <b>42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(v)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
37. Does the setting restrict the services, providers, or supports available to the individual(s)? <i>-If no, please provide evidence.</i> <i>-If yes, what restrictions exist and why?</i>		
38. Does the setting afford the individual(s) the opportunity to update or change their preferences at any time? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
39. Does the setting ensure the individual(s) receive support in developing plans to support their needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of the individual(s)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 5</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 5.		
<b>Characteristic 6: The individual has a lease or other legally enforceable agreement providing similar protections.</b> <b>42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(vi)(A)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
40. Does the setting provide the individual(s) with a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
41. Does the setting inform the individual(s) of their rights regarding housing and when they could be required to relocate? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
42. Does the setting inform the individual(s) of how to relocate and request new housing? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
43. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 6</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 6.		
<b>Characteristic 7: The setting ensures the individual has privacy in their sleeping or living unit including lockable doors, choice of roommates, and freedom to furnish or decorate the unit. 42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(vi)(B)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
44. Can the individual(s) close and lock the bedroom door? <i>-If no, what limitations exist and why?</i>		
45. Can the individual(s) close and lock the bathroom door? <i>-If no, what limitations exist and why?</i>		
46. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual(s)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
47. Do staff or other residents always knock and receive permission prior to entering a bedroom, bathroom, or private living space? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
48. Are cameras present in the setting? <i>-If yes, please provide evidence that surveillance equipment has been authorized.</i>		
49. Do the furniture, linens, and other household items reflect individual preferences, interests, and hobbies as desired? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
50. Does the setting provide the individual(s) with the choice of a roommate? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
51. Does the setting inform the individual(s) of how to request a roommate change? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 7</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 7.		
<b>Characteristic 8: The setting ensures the individual has the freedom and support to control his/her own schedule and activities, and have access to food at any time. 42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(vi)(C)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
52. Can the individual(s) have a meal at the time of their choosing? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
53. Are snacks accessible and available anytime? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
54. Does the setting require the individual(s) to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.? <i>-If no, please provide evidence.</i> <i>-If yes, what requirements exist and why?</i>		
55. Does the setting allow the individual(s) to access such things as a television, radio, and leisure activities that interest them and can they schedule such activities at their convenience? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 8</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 8.		
<b>Characteristic 9: The individual can have visitors of his/her choosing at any time. 42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(vi)(D)</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
56. Can the individual(s) have visitors at any time? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
57. Are visitors welcomed and encouraged? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
58. Can the individual(s) have private visits with family and friends? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		



Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
59. Are there restricted visitor's meeting areas? <i>-If no, please provide evidence.</i> <i>-If yes, what restrictions exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 9</b>		
This setting has demonstrated compliance with Settings Characteristic 9.	Yes, No, Partial	Comments or Additional Information
<b>Characteristic 10: The setting is physically accessible to the individual. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(vi)€</b>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
60. Does the setting ensure there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
61. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
62. Does the setting provide the individual(s) with full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
63. For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 10</b>		
This setting has demonstrated compliance with Settings Characteristic 10.	Yes, No, Partial	Comments or Additional Information

<b>Characteristic 11: The setting ensures that any modification of the HCBS Settings qualities and conditions is supported by a specific assessed need and justified in the person-centered service plan. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(vi)(F)</b>		
<b>Indicator</b>	<b>Yes, No, N/A</b>	<b>Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance</b>
64. Does the plan include a description of the condition that is directly related to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
65. Does documentation note if positive interventions and supports were used prior to any plan modifications? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
66. Are less intrusive methods of meeting the need that were tried initially documented? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
67. Does the setting policy require that the individual(s) and/or their representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 11</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 11.		
<b>Characteristic 12: The setting enforces the Home and Community-Based Settings Regulation requirements. 42 CFR 441.301(c)(4)/441.710(a)(1)/441.530(a)(1)</b>		
<b>Indicator</b>	<b>Yes, No, N/A</b>	<b>Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance</b>
68. Do paid and unpaid staff receive new hire training and continuing education related to the rights of the individual(s) receiving services and member experience as outlined in HCBS rules? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
69. Are provider policies outlining participant rights and experiences made available to the individual(s) receiving services? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
70. Are provider policies on HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
71. Do you have any additional questions or concerns specific to the Home and Community-Based Settings Regulation requirements?		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 12</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Characteristic 12.		
<b>OVERALL ASSESSMENT OF COMPLIANCE FOR HCBS SETTINGS RULE</b>	<b>Yes, No, Partial</b>	<b>Comments or Additional Information</b>
This setting has demonstrated compliance with Settings Rule characteristics 1-12.		

The Department of Health, Bureau of Authorization and Community Based Services wishes to thank all providers for taking the time to complete this Self-Assessment.