

***Please do not attach policies, manuals, or standard operating procedures at this time. This information will be verified through the on-site validation process. Do not include Protected Health Information in this Self-Assessment.

HCBS Settings Transition Provider Self-Assessment Tool: Residential

Section A: Provider Information

Provider Name:	Medicaid Provider	A private residence or group home may not have a site name. For Supported Employment, use work location and/or business name.	Date Completed:	6/1/16	If electronic, leave only the provider type that applies in this space. If PDF, circle those provider types that apply.
Site Name:	Layton #1		Phone:	801-123-4567	
Address:	12345 Layton Avenue		City: Layton	Zip Code: 84040	
Names and Roles of those Completing this Assessment:	John Smith, Executive Director		Email Address:	johnsmith@medicaidprovider.com	
Number of Medicaid HCBS Individuals Served at this Location:	2		HCBS Provider Type:	Residential Facility	
Services Provided at this Location:	RHS		Waivers Served:	New Choices	

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.

If electronic, leave only the waiver(s) that apply in this space. If PDF, circle all waivers that apply.

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>	No	
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>	No	
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>	No	
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>	Yes	Evidence and Analysis is required for the majority of responses in the Self-Assessment. See each indicator for required additional information. If this required information is not included, the Self-Assessment will be returned to the provider for completion.
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>	Yes	Reference Participant Manual provided to all residents at intake. There are no restrictions to move inside and outside the setting.
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>	Yes	The setting is located in a residential neighborhood among other private residences and businesses.

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>	Yes	Yes, unless there are health and safety restrictions in place. One resident requires supervision, however this restriction is only applied to this individual and is documented on the Person Centered Plan.
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>	Yes	Individual schedules are created and changed based on individuals' needs and desires as reflected in their Person Centered Plan.
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>	No	The setting encourages these activities. Residents can ask staff for information regarding community activities, and staff will support as much as possible. Family members often take participants out into the community and staff help to get participants ready for these activities.
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>	N/A	All residents receiving Medicaid HCBS in the setting are aged and disabled. They do not work at this time.
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>	N/A	This setting does not offer personal budget assistance as a part of the service. Participants and/or guardians access and control personal funds.
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>	Yes	Individuals sign and review The Paycheck Agreement Form annually regarding their paychecks.
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>	No	The individuals are familiar with bus routes and use public transportation regularly. Staff will provide additional information such as phone numbers for taxi companies upon request. Participants utilize Medicaid Transportation services for medical appointments which are facilitated by the Support Coordinator.
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>	Yes	Staff can provide additional information in these areas when requested. Public transportation, informal supports, and current services meet the needs of the residents at this time.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 1	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 1.	Yes	

All N/A responses require an explanation in the Evidence and Analysis section.

The Overall Assessment of Compliance for each Characteristic is a required field. If you are unsure, do the best you can with the information provided.

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)

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>	Yes	All participants chose this setting willingly with assistance from their support coordinator and families. Participant resources are considered to ensure they can afford room and board payments and a single room if it is their preference.
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>	Yes	Private rooms are available in this setting if there is a vacancy.
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>	No	Participants are encouraged to participate in community activities as they desire. Many residents attend church or other community events with friends/family. The residents in this home choose not to work.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 2	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 2.	Yes	

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)

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>	Yes	Private information is kept in a locked cabinet in the office. Privacy practices are covered during New Employee Orientation Manual.
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>	Yes	Direct Support Staff are trained on confidentiality during New Employee Orientation and this policy is reviewed regularly. This is documented in the Employee Handbook.
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>	Yes	DSP's receive training on prevention of abuse, neglect, exploitation and maltreatment. Emphasis is placed on treating all individuals with respect. See New Employee Orientation, Preventing Abuse and Neglect Training and Human Rights Training.

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>	Yes	All participants in the setting have private cell phones and/or personal computers for which use is not restricted. There is a landline phone in the home that residents have access to as well.
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>	Yes	All support plans addressing behavioral needs are individually written and not general to a setting.
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>	Yes	Participants store personal items in their bedrooms.
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>	Yes	The Complaint Form is given annually to the individuals and their guardians for reference on making a complaint.
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>	Yes	Anonymous complaints can be sent to AnonymousComplaint@MedicaidProvider.com
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>	Yes	All residents and DSP's in this setting speak English. Sometimes repetition or adjustment in speed or volume is required.
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>	Yes	Personal hygiene needs and dressing are provided in a private bathroom or bedroom to assist residents in these areas.
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>	Yes	The individuals choose what to eat, when, where and how to dress when eating.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 3	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 3.	Yes	
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)		
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>	Yes	Individual Rights Form is reviewed regularly. DSP receive regular training on individual human rights. See New Employee Orientation Manual and Human Rights Training.
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>	Yes	The individuals choose which activities they participate in.
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>	Yes	The setting has a back patio with grass for recreation and seating available. There are common areas in the home with seating in the kitchen and family room. Participants can spend time in their bedrooms if they choose.
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>	Yes	Activities are created based off of assessments and information gathered at annual planning meetings. The individuals choose whether or not to participate based off of personal preferences.
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>	Yes	Individuals choose who to do activities with, there is no forced participation for any activities.
34. Can the individual(s) sit in any seat in a dining area? <i>-If no, what limitations exist and why?</i>	Yes	
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>	Yes	If an individual prefers to eat alone accommodations can be made.
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>	Yes	Alternative meal options are provided by the Setting. Participants can also choose to eat out or eat food they have purchased if finances allow for this.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 4	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 4.	Yes	
Characteristic 5: 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)		
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>	No	The Support Coordinator for each participant provides choice for all services, providers, and supports available to the individual. This setting does not restrict these areas in any way.

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>	No	The individuals and/or their guardians may update or change preferences specific to this setting at any time. The Support Coordinator manages participant preferences for all other services.
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>	Yes	Residents participate in the development of their Person Centered Plans and individualized support strategies. These are developed and based on the individuals' interests, preferences, and desires as well as input from DSP's and guardian.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 5	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 5.	Yes	
Characteristic 6: The individual has a lease or other legally enforceable agreement providing similar protections. 42 CFR 441.301(c)(4)(v)441.710(a)(1)(v)/441.530(a)(1)(vi)(A)		
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>	Yes	All residents sign a written Residency Agreement.
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>	Yes	The Residency Agreement stipulates rights and responsibilities as a tenant.
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>	Yes	The Residency Agreement informs of individual rights and how to request changes including housing.
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>	Yes	The Residency Agreement is in accordance with Landlord Tenant Laws.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 6	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 6.	Yes	
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)		
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>	Yes	
45. Can the individual(s) close and lock the bathroom door? <i>-If no, what limitations exist and why?</i>	Yes	

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>	Yes	Staff receive permission to enter a resident's private living space.
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>	Yes	Staff are trained to knock prior to entering residence or any private area of the setting.
48. Are cameras present in the setting? <i>-If yes, please provide evidence that surveillance equipment has been authorized.</i>	No	
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>	Yes	Individuals are able to choose and purchase their own furniture if resources allow.
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>	Yes	If multiple roommate options are available, participants may choose as long as health and safety needs are met for each individual.
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>	Yes	Individual is informed about their rights including how to request a roommate change. See Resident Handbook.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 7	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 7.	Yes	
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)		
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>	Yes	Meals are served for approximately one hour morning, afternoon, & evening. Participants can receive help if needed at alternative times, or choose to save meals for later. Often they choose to eat together.
53. Are snacks accessible and available anytime? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>	Yes	Individuals purchase their own meals and snacks and have access to them at her choosing.
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>	Yes	Individuals create their own daily schedule. Staff do work at the same time each day. The staff schedule is designed to accommodate their needs but to also create a stable schedule, so residents will be able to have staff.
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>	Yes	Individuals have access to all of their personal belongings. Leisure activities are scheduled by the individuals based on their interests and needed supports.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 8	Yes, No, Partial	Comments or Additional Information

This setting has demonstrated compliance with Settings Characteristic 8.		Yes
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)		
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>	Yes	Residents can have visitors at any time as long as they are not disruptive to other residents in the home. House rules have been established by residents.
57. Are visitors welcomed and encouraged? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>	Yes	Staff encourages and welcomes visitors. Residents may choose the company with which to visit and the frequency of which visitors enter the home.
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>	Yes	Family and friends are welcome and encouraged based on residents' preferences.
59. Are there restricted visitor's meeting areas? <i>-If no, please provide evidence.</i> <i>-If yes, what restrictions exist and why?</i>	Yes	Visitors are welcome in all common areas of the home, however they cannot enter bedrooms of other residents.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 9	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 9.		Yes
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)€		
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>	Yes	Residents can enter any area of the home with the exception of other residents' or staff's rooms without permission from that person.
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>	Yes	No mobility issues with this setting.
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>	Yes	The individuals have access to all common areas of the home. There are kitchen clean-up rules for those who use the kitchen area to prepare food. Stove restrictions apply to two participants in the home, this information is documented on their PCSP.

<p>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></p>	<p>Yes</p>	<p>Supports are provided in the bathrooms, hallways, and bedrooms of the home as needed. Quality and durability is frequently reviewed.</p>
<p>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 10</p>	<p>Yes, No, Partial</p>	<p>Comments or Additional Information</p>
<p>This setting has demonstrated compliance with Settings Characteristic 10.</p>	<p>Yes</p>	

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)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
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>	Yes	Plans are reviewed when changes need to be made and a formal review of the plan is conducted annually. Data is kept on the support plans for effectiveness and shared with the team monthly. Individuals and/or guardians sign consents which are reviewed annually or when changes have been made. Interventions are reviewed by the treatment team and the human rights committee when necessary.
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>	Yes	Previous interventions including positive supports used are documented in each individuals plan and file and are reviewed prior to any modification to the plan.
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>	Yes	Previous interventions including positive supports used are documented in each individuals plan and file and are reviewed prior to any modification to the plan.
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>	No	Planned restraint or restrictive intervention requires consent and review by the human rights committee. If an emergency restraint or restrictive procedures are used due to imminent danger to the individual or others that has not been pre-approved, it is reviewed by the individual's team and the human rights committee.
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 11	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 11.	Yes	
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)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
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>	Yes	All staff receive education related to the rights of the individual(s) and the training is documented in their employee file.
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>	Yes	Each individual reviews their rights at least annually and they are made available upon request.
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>	Yes	The agency reviews its operations regularly and makes changes as necessary.

71. Do you have any additional questions or concerns specific to the Home and Community-Based Settings Regulation requirements?	No	
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 12	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 12.	Yes	
OVERALL ASSESSMENT OF COMPLIANCE FOR HCBS SETTINGS RULE	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Rule characteristics 1-12.	Yes	

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.

Contact Anne Stephens via email at astephens@utah.gov or hcbsettings@utah.gov, or via phone at 801-538-6991 with additional questions or concerns regarding the Self-Assessment and remediation processes.