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*Strengthening Organizations, Strengthening Communities*

# **Kansas Department for Aging and Disability Services HCBS Final Rule Compliance Site Visit Models**

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## Final Rule Compliance

According to the Center for Medicare and Medicaid Services, the intent of the Final Rule is “to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate”. The final rule was also implemented “to enhance the quality of HCBS and provide protections to participants”. To comply with this final rule, states were required to create a transition plan to demonstrate how they would implement new rules and ensure that each of their waivers made the appropriate changes, if needed, to meet the new standards dictated by the final rule. (For more information about the Final Rule, see the presentation from the Center for Medicare and Medicaid Services at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>)

Since each state has different types and amounts of waivers, each state has a different plan to assess whether their HCBS providers under the various waivers are in compliance with the Final Rule. Of the 50 states, 44 have decided upon a plan to assess compliance. Table 1 outlines the various assessment tools that each state will use to determine which providers are in compliance.

Table 1: Assessment Tools

State	No Plan Published/Decided Upon	Provider Self-Assessment/Setting Surveys	Participant/Member Surveys	On-site Evaluation	Plan Varies by Waiver	Other Tools
Alabama		X		X	X	
Alaska		X		X		
Arizona	X					
Arkansas	X					X
California		X				
Colorado		X	X	X		
Connecticut		X				
Delaware		X		X		
District of Columbia		X				

Florida		X		X		
Georgia		X		X		
Hawaii		X	X			
Idaho		X				
Illinois	X	X		X		
Indiana		X		X		
Iowa		X		X		
Kentucky		X		X		
Louisiana		X		X		
Maine		X	X	X		
Maryland		X	X	X		
Massachusetts						
Michigan		X		X	X	
Minnesota		X		X		
Mississippi		X		X		
Missouri				X		
Montana		X	X	X		
Nebraska		X		X		
Nevada		X		X		
New Hampshire	X					
New Jersey		X			X	
New Mexico		X		X		
New York		X	X			X
North Carolina		X				X
North Dakota		X	X			
Ohio		X		X		
Oklahoma		X		X		
Oregon		X	X			
Pennsylvania		X		X		
Rhode Island		X				
South Carolina		X		X		
South Dakota		X	X	X		
Tennessee		X	X			
Texas		X	X	X		
Utah		X				
Vermont	X					
Virginia				X	X	
Washington	X					
West Virginia		X	X	X		

Wisconsin		X		X		
Wyoming		X	X	X		

The most common assessment plan is to have providers complete a self-assessment. The departments in charge of HCBS, which varies for each state, usually give anywhere between a month and 3 months to complete the self-assessment, which lists all of the qualifications that either a residential or non-residential provider should meet. Many of the states then completed on-site visits. Thirty-one of the states are using on-site visits as part of their assessment plans. On-site visits to assess whether sites are compliant are done for three basic reasons: to evaluate all of the sites, to further assess the sites that are non-compliant based on various surveys, and a random sample done to validate the findings of the various surveys. Most of the states use the on-site visits as a way to validate the self-assessments from providers. Table 2 outlines how states use on-site visits.

Table 2: Types of On-site Visits with Progress Status

State	Random Sample to Validate Survey Findings	Visits to Non-Compliant sites Based on Surveys	On-site Evaluations for all Settings	Completed as of June 2015	In Progress	Not Started
Alabama	X			X		
Alaska		X				X
Colorado	X				X	
Delaware	X			X		
Florida		X			X	
Georgia	X			X		
Illinois	X				X	
Indiana						X
Iowa			X		X	
Kentucky			X			X
Louisiana	X				X	
Maine		X				X
Maryland		X			X	
Michigan	X				X	
Minnesota	X				X	
Mississippi	X				X	
Missouri			X			X
Montana			X			X
Nebraska						X

Nevada				X		
New Mexico	X		X			X
Ohio					X	
Oklahoma					X	
Pennsylvania		X			X	
South Carolina		X			X	
South Dakota				X		
Texas			X	X		
Virginia	X				X	
West Virginia		X			X	
Wisconsin	X				X	
Wyoming		X				X

Appendix A, B, C, and D are model on-site visit or setting assessment evaluation forms that are used to assess whether providers are complying with the final rule. These appendices are screen shots from Alaska's Transition plan, Arkansas' entry on the HCBS advocacy website, the Florida Transition Plan, and Nevada's Transition plan (respectively). The evaluation forms in the Appendices may be models for creating a successful on-site visit form for the providers in Kansas.

Wichita State University's Center for Community Support & Research (CCSR) is dedicated to improving the health of Kansans through research and evaluation, leadership development, organizational capacity building, community collaboration, and public health and behavioral health initiatives. CCSR's skilled staff works directly with community coalitions, nonprofits, government entities, health and human services organizations, and self-help groups to help them plan for and provide effective, sustainable services.

Want to know more about this report? Contact Dr. Tara Gregory at [tara.gregory@wichita.edu](mailto:tara.gregory@wichita.edu)

## References

- Arkansas Residential Settings Questionnaire- Individual. Retrieved from <https://hcbsadvocacy.files.wordpress.com/2014/04/dra-foia-request-residential-settings-questionnaire-4-individual.pdf>
- Arkansas Settings Questionnaire- Staff. Retrieved from <https://hcbsadvocacy.files.wordpress.com/2014/04/dra-foia-request-residential-settings-questionnaire-staff-4.pdf>
- Final Rule Medicaid HCBS. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>
- Florida Statewide Transition Plan. (2015, March 17). Retrieved from [http://ahca.myflorida.com/medicaid/hcbs\\_waivers/docs/transition/Revised State wide Transition Plan and Summary of Public Comments to CMS 3-17-15.pdf](http://ahca.myflorida.com/medicaid/hcbs_waivers/docs/transition/Revised_Statewide_Transition_Plan_and_Summary_of_Public_Comments_to_CMS_3-17-15.pdf)
- HCBS Advocacy. Retrieved from <http://hcbsadvocacy.org/>
- NASDDDS Statewide Transition Plans. (2015, April 29). Retrieved from [http://www.nasdds.org/uploads/documents/statewide\\_transition\\_plans\\_04.29.20152.pdf](http://www.nasdds.org/uploads/documents/statewide_transition_plans_04.29.20152.pdf)
- Nevada Home and Community Based Services (HCBS) Settings Transition Plan Background February 2015. (2015, February 1). Retrieved from [https://dhcfp.nv.gov/HCBS/NVTransition Plan to CMS-February 2015.pdf](https://dhcfp.nv.gov/HCBS/NVTransition_Plan_to_CMS-February_2015.pdf)
- State of Alaska Department of Health and Social Services Senior and Disabilities Services, CFR 42 §441.301(c)(6) Transition Plan for Home and Community-Based Services Settings. Retrieved, from [http://dhss.alaska.gov/dsds/Documents/docs/AlaskaTransitionPlan draft.pdf](http://dhss.alaska.gov/dsds/Documents/docs/AlaskaTransitionPlan_draft.pdf)

# Appendix A- Alaska Setting Assessment

## Senior and Disabilities Services

### Setting Qualities Checklist and Exploratory Questions for Home and Community-Based Services Settings

Setting name	
Setting address	
Services provided at setting	
Reviewer	Date
Notes:	
<b>Qualities required for all home and community-based services setting</b>	
<input type="checkbox"/> <b>Not located in building/on grounds with institutional characteristics</b>	
<ul style="list-style-type: none"> <li>• Is the setting in a publicly or privately operated facility that provides inpatient institutional treatment?</li> <li>• Is the setting located in a building on the grounds of, or adjacent to, a public institution?</li> </ul>	
<input type="checkbox"/> <b>Does not isolate recipients from broader community of individuals not receiving HCBS?</b>	
<ul style="list-style-type: none"> <li>• Does the setting provide multiple types of services/activities on-site with consequent decrease in opportunities for recipient participation in broader community?</li> <li>• Does the setting isolate recipients because of its nature, e.g., disability-specific farm community, gated/secured community for people with disabilities, residential school?</li> <li>• Is the setting located in the community among private residences rather than in a business area?</li> <li>• Does the setting operate in a manner that congregates recipients so that they live/receive services in an area separate from non-recipients?</li> <li>• Does the setting use interventions/restrictions like those that might be used in institutional settings, or are deemed unacceptable in HCBS settings, e.g., seclusion, chemical restraints, locked doors?</li> </ul>	
<input type="checkbox"/> <b>Provides opportunities and support for employment in competitive, integrated settings</b>	
<ul style="list-style-type: none"> <li>• Do any recipients work in integrated community settings?</li> <li>• Does the setting offer, to recipients who would like to work, information and support to ensure they are able to pursue that option?</li> <li>• Does the setting support recipients that do work, e.g., planning services around the work schedule, prompting recipients when it is time to go to work, assuring transportation is available?</li> </ul>	

<input type="checkbox"/> <b>Provides opportunities to participate in and receive services in community</b>
<ul style="list-style-type: none"> <li>• Does the setting provide, or assist recipients to obtain, information on activities/services in the community?</li> <li>• Are recipients able to come and go at any time, e.g., for appointments, shopping, church, entertainment, dining out?</li> <li>• Is the setting located near a bus stop?</li> <li>• Are bus schedules posted in a convenient location?</li> <li>• Are taxis or accessible vans available to transport recipients?</li> <li>• Are transportation services schedules/telephone numbers posted/available?</li> <li>• Does the setting facilitate/train recipients in the use of public transportation?</li> <li>• Are recipients able to talk about activities occurring outside the setting, how they accessed those activities, and who assisted in facilitating that access?</li> </ul>
<input type="checkbox"/> <b>Provides opportunities for control of personal resources</b>
<ul style="list-style-type: none"> <li>• Do recipients have bank accounts or other means to control their money?</li> <li>• Does the setting facilitate/support recipients to access accounts/funds as they choose?</li> <li>• If recipients work, is it clear to them that they are not required to sign over paychecks to the provider?</li> </ul>
<input type="checkbox"/> <b>Needs/preferences considered when settings options offered</b>
<ul style="list-style-type: none"> <li>• Does the setting reflect the needs and preferences of each recipient?</li> <li>• Do recipients express satisfaction regarding the setting?</li> </ul>
<input type="checkbox"/> <b>Offers choice of receiving services in non-disability specific settings</b>
<ul style="list-style-type: none"> <li>• If recipients choose to change providers, are they given the option of receiving services in non-disability specific settings?</li> </ul>
<input type="checkbox"/> <b>Process for protecting recipients' rights to privacy, dignity, and respect</b>
<ul style="list-style-type: none"> <li>• Is health information kept private, e.g., schedules/information regarding meds, diet, PT/OT are not posted in open area for all to view?</li> <li>• Do staff refrain from discussing recipient health information within hearing distance of others who do not have a need to know?</li> <li>• Do recipients have/have access to telephones or other electronic devices to use for personal communication in private and at any time?</li> <li>• Are communal telephones/computers located so that privacy in communication is ensured?</li> <li>• Do staff/recipients knock and receive permission to enter prior to entering a sleeping/living unit or bathroom?</li> <li>• Does the setting provide assistance with grooming/hygiene as needed?</li> <li>• Are recipients dressed in clothes that fit, are clean, are to their liking, and are appropriate for the time of day/season/weather?</li> <li>• Do staff converse with recipients while providing assistance and during the course of daily activities?</li> <li>• Do staff address recipients as individuals in the manner in which they would like to be addressed as opposed to addressing them with generic terms such as "hon" or "sweetie"?</li> <li>• Do staff talk about a recipient in his/her presence as though the recipient was not present or within hearing distance?</li> <li>• Are there cameras monitoring the setting?</li> </ul>

<input type="checkbox"/> <b>Process for protecting recipients from coercion and restraint</b>
<ul style="list-style-type: none"> <li>• Are recipients compelled to be absent from a setting for the convenience of the provider?</li> <li>• Are recipients required, against their wishes, to be present in a setting in order to benefit the provider financially?</li> <li>• Do recipients feel they can discuss concerns without fearing consequences?</li> <li>• Are recipients informed regarding how to file a complaint?</li> <li>• Is complaint filing information posted and understandable by recipients?</li> <li>• Can complaint filing be done anonymously?</li> <li>• Are staff trained in the use of restrictive interventions?</li> </ul>
<input type="checkbox"/> <b>Provides opportunities/support for recipient initiative, autonomy, and independence</b>
<ul style="list-style-type: none"> <li>• Do recipients have opportunities to participate regularly in meaningful non-work activities in community settings of their choice and for the period of time preferred?</li> <li>• Does the setting make clear to recipients that they are not required to adhere to a set schedule?</li> <li>• Do staff ask recipients about their needs and preferences?</li> <li>• Are recipients assisted in a manner that leaves them feeling empowered to make choices and decisions?</li> <li>• Are the choices and decisions supported/accommodated rather than ignored or denied?</li> </ul>
<input type="checkbox"/> <b>Optimizes opportunities for recipients to make choices regarding daily activities</b>
<ul style="list-style-type: none"> <li>• Does the setting support recipients in choosing their daily activities and in setting and controlling their own schedules?</li> <li>• Do recipients' schedules vary from others in the same setting?</li> <li>• Does the setting provide television/radio, access to the internet, movies, and other leisure activities that are of interest to recipients and that can be used at their convenience?</li> </ul>
<input type="checkbox"/> <b>Optimizes opportunities for recipients to make choices regarding the physical environment</b>
<ul style="list-style-type: none"> <li>• Are there barriers to movement preventing entrance to or exit from certain areas in the setting?</li> <li>• Are recipients limited to a specific area for activities or able to move about to various areas?</li> <li>• Are recipients able to move inside and outside the setting as they choose as opposed to being "parked" in one spot for the convenience of the provider?</li> <li>• Are there requirements or a curfew regarding return to the setting if a recipient leaves?</li> <li>• Are recipients assisted to access amenities (e.g., pool or gym) that are used by non-recipients?</li> <li>• Are recipients restricted to meeting visitors in an area designated for that purpose?</li> </ul>
<input type="checkbox"/> <b>Optimizes opportunities for recipients to choose with whom to interact</b>
<ul style="list-style-type: none"> <li>• Does the setting require recipients to occupy assigned seating for activities or meals?</li> <li>• Does the setting limit conversations/interactions among recipients?</li> <li>• Does the setting provide an area for recipients who wish, on occasion, to not participate in activities or to be alone?</li> </ul>

<input type="checkbox"/> <b>Facilitates choice regarding services/supports and agency staff who provide them</b>
<ul style="list-style-type: none"> <li>• Do recipients know how and to whom to make a request for services?</li> <li>• Are recipients aware of the fact that they can choose to receive services from other providers/staff?</li> <li>• Are recipients able to identify other providers who could provide the same services?</li> <li>• Does the setting assist recipients to change providers or to obtain other requested services?</li> <li>• Do recipients express satisfaction with the services received?</li> <li>• If a recipient is dissatisfied with/would prefer not to interact with an individual staff member, is he/she supported in the choice to receive services from a different staff person?</li> </ul>
<b>Additional qualities required for provider-owned or controlled residential settings</b>
<input type="checkbox"/> <b>Offers choice of non-disability specific setting and private unit</b>
<ul style="list-style-type: none"> <li>• Is the setting limited to use by people with disabilities?</li> <li>• Was the setting chosen from among options that included non-disability specific settings?</li> <li>• Are recipients offered the choice of a private room/unit where they are available for non-recipients?</li> </ul>
<input type="checkbox"/> <b>Residential options based on recipient resources for room and board</b>
<ul style="list-style-type: none"> <li>• Were the residential services offered realistic in view of the recipient resources for payment of room and board?</li> <li>• If residential services were limited because of resources, was the matter discussed with the recipient?</li> </ul>
<input type="checkbox"/> <b>Legally enforceable agreement specifying responsibilities and protections from eviction</b>
<ul style="list-style-type: none"> <li>• Does the agreement specify the responsibilities of the recipient and the provider with respect to the setting?</li> <li>• Does the agreement specify the circumstances under which it can be terminated?</li> <li>• Does the agreement address the steps a recipient can follow to request a review/appeal a termination of services?</li> <li>• Does the recipient understand the terms of the agreement?</li> </ul>
<input type="checkbox"/> <b>Sleeping or living unit doors lockable by recipient</b>
<ul style="list-style-type: none"> <li>• Can the doors to the unit be locked?</li> <li>• Can bathroom doors be locked?</li> <li>• Do recipients have keys to their doors?</li> </ul>
<input type="checkbox"/> <b>Sleeping or living unit key availability limited to appropriate staff</b>
<ul style="list-style-type: none"> <li>• Is there a master key or are there copies of unit keys available for use if needed?</li> <li>• Is use of the master key/unit keys limited to appropriate staff?</li> <li>• Are the master key/unit keys used to enter units only in limited circumstances agreed upon with the recipient?</li> <li>• Is there a policy regarding the circumstances when the master key/unit keys may be used by staff and which staff may use those keys?</li> </ul>

<input type="checkbox"/> <b>Choice of roommates if sleeping or living units shared</b>
<ul style="list-style-type: none"> <li>• Are recipients given a choice regarding roommates?</li> <li>• Do recipients speak about their roommates in a positive manner?</li> <li>• Do recipients express a wish to remain in a room/unit with their roommates?</li> <li>• Are couples able to choose whether to share a room?</li> <li>• Do recipients know that they can (and how to) request a change in roommates?</li> </ul>
<input type="checkbox"/> <b>Lease/rental agreement addresses how recipients may furnish/decorate sleeping/living units</b>
<ul style="list-style-type: none"> <li>• Do recipients know that they may furnish and decorate their units as they please within the terms spelled out in in the agreement?</li> <li>• Are recipients' personal items (e.g., pictures, books, memorabilia) evident and arranged as they wish?</li> <li>• Do furniture, linens, and other household items reflect personal choices?</li> <li>• Do recipients' units reflect varying interests and tastes rather than having a standardized appearance?</li> <li>• Is furniture arranged as recipients wish for comfort?</li> <li>• Are shared rooms configured so that privacy is protected when assistance is provided to recipients?</li> </ul>
<input type="checkbox"/> <b>Supports recipient freedom to control schedules and activities</b>
<ul style="list-style-type: none"> <li>• Does the setting make clear to recipients that they are not required to adhere to a set schedule for waking, bathing, eating, exercising, or activities?</li> <li>• Is there staff sufficient to allow for scheduling variations?</li> <li>• Do recipients' schedules vary from others in the same setting?</li> <li>• Does the setting allow for the recipient to be alone and not participate in activities?</li> <li>• Do recipients have access to typical home areas such as cooking and dining areas, laundry, and living and entertainment areas?</li> <li>• Are meals served according to a set menu at scheduled times in a specified location?</li> <li>• Can recipients request alternatives to a meal?</li> <li>• Can recipients request meals at times other than when scheduled?</li> <li>• Can recipients eat meals in locations other than the dining area, e.g., in an entertainment area or in private in a sleeping/living unit?</li> </ul>
<input type="checkbox"/> <b>Food available to recipients at all times</b>
<ul style="list-style-type: none"> <li>• If a recipient misses a regularly scheduled meal, are provisions made for a nutritionally-equivalent meal to be available at a time convenient to the recipient?</li> <li>• Are there appliances for safe food storage and cooking/heating in recipients' sleeping/living units or in a common area accessible by recipients?</li> <li>• Are snacks available anytime?</li> </ul>
<input type="checkbox"/> <b>Allows visitors of recipient's choosing at any time</b>
<ul style="list-style-type: none"> <li>• Are there limitations on visiting hours or the number of visitors allowed at one time?</li> <li>• If visiting hours are addressed in the lease/rental agreement, is the recipient made aware of limitations before moving into the residential setting?</li> <li>• Is furniture in living areas arranged to support small group conversations?</li> </ul>

**Physically accessible for each recipient**

- Are there features that could limit mobility, e.g., raised doorways, narrow halls, shag carpets?
- Are there physical adaptations that counter any limiting features, e.g., ramps, stair lifts, or elevators?
- Are supports to facilitate mobility provided where likely to be needed, e.g., grab bars, shower seats, or hand rails?
- Are appliances accessible, e.g., microwave reachable without difficulty, front-loading washer/dryer useable for those with mobility devices?
- Are tables and chairs at convention height for recipients to access comfortably?
- Is furniture placed so as not to obstruct pathways for those with mobility devices?
- Are there gates, locked doors, or other barriers preventing access/exit from areas in the setting?

**Protocol for modification of residential setting conditions**

- Does the setting have a process/policy addressing modification of residential setting requirements when needed for recipients?
- Does the process/policy include the following?
  - Identification of a specific and individualize assessed need
  - Documentation of positive interventions and supports before modification
  - Documentation of less intrusive methods that did not work before modification
  - Description of the condition that resulted in the need for modification
  - Collection and review of data to measure effectiveness of the modification
  - Specification of timeframes for review of the modification to determine whether it is no longer needed or should be continued or terminated
  - Informed consent of the recipient
  - Assurance modification will not cause harm to the recipient

# Appendix B- Arkansas Residential Settings Questionnaires

## Residential Settings Questionnaire - Individual

Program Name: \_\_\_\_\_

Interviewee: \_\_\_\_\_ Contact No. \_\_\_\_\_

Setting Address: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

### Conversational questions:

How do you like living here? Are you happy here? Did you choose to live here? If not, who chose? Do you have a lease? Do you know what it means to have a lease? Can you furnish and decorate the way you want to? Did you choose to have \*\* as a roommate? If not, who chose? Is there a curfew? If you wanted to go out for the evening, could you stay out as late as you wanted to or do you have to be back by a certain time? What if you wanted to move? Where would you move go? Would you be able to move?

If dinner is being served at 6, could you eat dinner at 8 if you chose to? Could you eat in your bedroom, living room or on the patio or does everybody eat as a group? Is the group meal the only time food is available or can you eat whenever you want to? Do you want to eat with the group or would you rather eat in your bedroom? Do you purchase your own food, snacks and beverages? Can you have a snack whenever you want to? Can you go out to eat if you want to?

Do you have enough privacy? If you wanted to be alone with a friend, boy/girlfriend, family, where do you go? Can you go to your bedroom and lock the door? Can you have visitors at any time? If you just want to be by yourself for a little while, can you go into your bedroom and lock the door? Are you able to have a girl/boyfriend? Are you allowed to be alone with them? Could you have an intimate relationship if you wanted to? Do you have freedom to make phone calls? Are there any restrictions? Have you ever think about maybe getting married? Would you like to be married? Would you be allowed to get married (probing questions about relationships).

Do you go to bed when you want to? Get up when you want to? If you woke up and didn't feel well, could you stay home if you wanted to? When do you prefer to take a bath; mornings or evenings? What if you wanted to take a bath in the middle of the day? Do you choose where you go during the day, plan your own activities, choose what you do in the evenings? Who works with you during the day? Did you assist with building your service plan? Do you know what your goals are?

What about church? Do you go as a group? If you wanted to visit a new church could you go to the church of your choosing? What do you like to do? Hobbies? Can you do them when you want to? How often do you get out into the community? Do you have to complete your chores before you go out? Do you ever go to the Library? Park? Pool? Do you go as a group or could you choose to go by yourself (with staff as appropriate). What about a job? Would you like to have a job? Is the program or staff encouraging your wishes or helping you to find a job?

Do you have a checking or savings account? Do you have access to your money? Do you choose how your money is spent? If you were to go to the mall and found a pair of blue jeans that you wanted, could you buy them if you wanted to or would you have to ask for somebody's permission? Did you decide what you have on today? Do you dress how

you want to? What about your hair do? Is that how you want to style your hair? If you decided that you didn't like the way the stylist was styling your hair, could you choose to go to a different stylist?

Do you have access to transportation? If you wanted to go to the store this evening, would you have a way to get there? Are you allowed to use public transportation such as city buses or taxis if staff or family is not available?

What if you had a complaint? Who would you tell? Do you know your rights?

If you could make any changes here, what would they be?

Reviewer observations:

- physically accessible, meet the needs of the residents
- Is the décor the same in all rooms, bedrooms; bedspreads, wall hangings, clothing. Is the décor in the main living areas age appropriate
- types of beds; twin, double, appropriate for the resident
- residents are dressed and groomed; are they all dressed the same; clothing identifying the provider
- clean, comfortable, designated smoking area
- Posted group activity schedules, OT, PT, ST schedules, menus, special diets, medication lists
- Free access to kitchen, food, refrigerator, cabinets, restroom, laundry room
- Privacy; do residents have locks on their doors to keep others out
- Are there locks to keep residents in
- On the grounds of an institution, next door to a nursing home or hospital, multiple group homes on the same street or next door to each other (compound like)
- Cameras
- Is there a program identifying sign or vehicle in front of the residence
- Does staff treat residents as adults; plastic cutlery, bibs, speak to residents as children
- Internet and phone access
- policy prohibiting intimate relationships, alcohol, tobacco

Residential Settings Questionnaire - Staff

Program Name: \_\_\_\_\_

Staff: \_\_\_\_\_ Contact No. \_\_\_\_\_

Setting Address: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Conversational questions:

If a resident you're working with gets out of control, what methods do you use to regain control? Do you use chemical, mechanical or physical restraints? Redirection? Do residents get sent to 'time out'; told to go to their rooms? What about during the night? How do you make sure residents don't sneak out?

What sort of infraction would cause a resident to lose their privileges? What happens when a resident refuses to do their chores but have an activity planned? What do you do if a resident goes into their bedroom or the bathroom and locks the door?

What happens when one of the residents is on a restricted diet? How do you keep up with the diet? Do you post their diet somewhere? Do you lock down the kitchen? Lock the cabinets? What about medication management, do you post the residents meds?

What time does everybody go to bed? When is meal time? bath time? Does everybody eat together? Is there a schedule for the use of the restrooms? What if someone wants to eat by themselves in their bedroom or living room? When can residents use the laundry room? What if they smoke? Where do they smoke?

Are the residents allowed to have guests? Can the residents be alone with their guests? Can you show me where they can go to visit with their guests so that they have some privacy? What if the guest is a boy/girlfriend? Can they be alone in a bedroom with the door locked? Could they be intimate? What if they wanted to have a beer or a glass of wine with their guest? What if they decided they wanted to go out to eat or go see a movie with their guest? Would they be able to go? How would they get there if the guest didn't have a vehicle, would staff take them?

Do the residents have leases? Are they provided with information regarding what it means to sign a lease? Are they provided with 'house rules'? What happens if a resident breaks a rule or wants to break their lease?

# Appendix C-Florida Review Tool

Attachment III HCB Characteristics Review Tool – Residential Settings			
Date			
Facility Reviewer Name			
Enrollee ID (if interview conducted)			
Facility Name		Facility Type	
Address			
1. Setting			
Standard	Comments	Standard Met Y/N/NA	Example Probing Questions
<p><b>1.1</b> Does the facility's setting intentionally, or effectively, isolate individuals from the surrounding community and persons who are not receiving Medicaid HCBS services? <u>Expectation:</u> Individuals do not live in isolated compounds, or settings which limit their potential integration with the community at large.</p>			<ul style="list-style-type: none"> <li>Is the facility surrounded by high walls/fences and/or have closed/locked gates?</li> <li>Is the facility setting among private residences/businesses and community resources?</li> <li>Does the facility purposefully separate individuals receiving Medicaid HCBS services from those who do not, or groups of individuals from others?</li> <li>Is the facility on the grounds of, or adjacent to, a public institution?</li> <li>Is the setting on a gross lot area exceeding 8 acres?</li> <li>Is the setting located on a parcel of land that contains more than one State licensed facility?</li> <li>Is there an ADT program, or a licensed residential facility on the same or adjacent parcels of land?</li> <li>Does the licensed capacity of the facility exceed 15 residents?</li> </ul>
<p><b>1.2</b> Do the facility's common areas have a home-like feel? <u>Expectation:</u> The communal areas do not resemble an institution and are conducive to comfortable and social interactions free from undue restrictions.</p>			<ul style="list-style-type: none"> <li>Are the common areas decorated in a homely fashion (paint, artwork, home furnishings etc.)?</li> <li>Is there a common living room/social area with homely furnishings?</li> <li>Are individuals free to move around common areas?</li> </ul>
<p><b>1.3</b> Is the facility traversable by the individuals it serves; does it meet the needs of individuals who require supports? <u>Expectation:</u> Individuals are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.</p>			<ul style="list-style-type: none"> <li>Are supports provided for individuals who need them to move around the setting independently/at will (grab bars, ramps, viable emergency exits etc.)?</li> <li>Are appliances/amenities accessible to individuals with varying access needs?</li> <li>Can individuals make use of furniture and spaces conveniently and comfortably?</li> <li>Are hallways/common areas accessible to individuals of varying needs?</li> <li>Are individuals, or groups of individuals, restricted from areas of the facility because it is inaccessible to individuals with specific ambulatory needs?</li> </ul>

Attachment III HCB Characteristics Review Tool – Residential Settings			
1. Setting			
Standard	Comments	Standard Met Y/N/NA	Example Probing Questions
<p><b>1.4</b> Are visitors restricted from entering the facility? Do individuals have a private meeting room to receive visitors? <u>Expectation:</u> Individuals are able to receive visitors. Visitation is not restricted or hampered by facility policies or practices. Standard visiting hours are posted and individuals are made aware of afterhours visiting policy. Visitors must be allowed outside of standard visiting hours, but restrictions to accommodate other residents, such as limiting visitors to certain areas of the facility and observing "quiet hours," may be imposed. There is a comfortable private place for individuals to have visitors.</p>			<ul style="list-style-type: none"> <li>Are visiting hours restricted; if so, are visiting hours posted?</li> <li>Are individuals or visitors required to give advance notice or visitation?</li> <li>Are there provisions for private visitation in home-like settings?</li> <li>Are there restricted visitor meeting areas?</li> </ul>
<p><b>1.5</b> Are there areas within the facility that an individual cannot enter without permission or an escort? If so, list in Comments. <u>Expectation:</u> Individuals are able to access all areas of the facility unless their safety would be jeopardized, e.g., individuals do not have access to maintenance rooms, janitor's closets, etc.</p>			<ul style="list-style-type: none"> <li>Which areas are individuals restricted from entering?</li> <li>How are individuals prevented from entering restricted areas (industrial gates, locked door, barriers etc.)?</li> </ul>
<p><b>1.6</b> Do individuals have access to standard household amenities/appliances? <u>Expectation:</u> Individuals have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate.</p>			<ul style="list-style-type: none"> <li>Do individuals have access to laundry facilities?</li> <li>Do individuals have access to cooking/food preparation facilities?</li> <li>Are individuals able to do personal chores/housekeeping if necessary?</li> </ul>
<p><b>2.1</b> Do individuals have a choice of private/semi-private room and choice of roommate if applicable? <u>Expectation:</u> Individuals have the ability to choose whether to upgrade to a private room (room and board rates may differ based on the individual's election of a private or semi-private room.) If the individual is housed in a semi-private room, they are not auto-assigned a roommate.</p>			<ul style="list-style-type: none"> <li>Do individuals have the option to elect a private room?</li> <li>Can individuals chose their roommate if applicable?</li> <li>How can an individual select their roommate (identify character requirements, nominate a specific person, personality/needs matching etc.)?</li> <li>Does the individual talk positively about their roommate?</li> <li>Do individuals know how to request a roommate change?</li> <li>Can married couples elect to share, or not to share, a room?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>2. Room/Privacy</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>2.2</b> Are the facility's rooms home-like? <u>Expectation:</u> Individuals' living quarters do not resemble institutional settings or wards. Individuals have the ability to maintain their personal space according to their preferences, and living quarters are the appropriate size for the number of residents.</p>			<ul style="list-style-type: none"> <li>How many beds are in the bedroom?</li> <li>Can the individual decorate their personal space?</li> <li>Can the individual personalize their furnishing?</li> <li>Can the individual have home furnishings in their personal space?</li> <li>Can the individual personalize their furniture arrangement?</li> <li>Does the individual have the ability to keep and/or prepare food/snacks in their personal space?</li> <li>Is the individual allowed visitors in their personal space?</li> </ul>
<p><b>2.3</b> Do individuals have privacy in their living quarters? <u>Expectation:</u> Individuals have the right to privacy including lockable doors to their living quarters unless the individual's physical or cognitive condition means their safety could be compromised if afforded privacy. Reasons to impede a person's right to privacy are fully and accurately documented.</p>			<ul style="list-style-type: none"> <li>Does the individual's room and bathroom have a locking door?</li> <li>Who has keys to access individual's rooms?</li> <li>Do furniture arrangements ensure privacy?</li> <li>Do staff, other residents and visitors always knock, and receive permission prior to entering an individual's room or bathroom?</li> <li>Are cameras present in the facility?</li> </ul>
<p><b>2.4</b> Does the facility have a policy and procedure that addresses staff access to individuals' rooms? <u>Expectation:</u> Facility staff respects the individual's privacy in their room, and is familiar with and properly implements the policy and procedure to enter an individual's room (e.g., knock twice and wait for a response, etc.).</p>			<ul style="list-style-type: none"> <li>Under what circumstances would an individual's room be accessed without their permission, or without prior notification; were these provisions discussed with, and agreed to by the individual?</li> <li>Provide/describe the facility's privacy and access policy?</li> </ul>
<p><b>2.5</b> If the desired living arrangement is not available when the individual moves in, are they given the opportunity to change when their first choice becomes available? <u>Expectation:</u> Individuals are given the option to move room and/or change roommate if their preference becomes available.</p>			<ul style="list-style-type: none"> <li>Under what circumstances can an individual change room and/or roommate?</li> <li>How do individuals request a change of room/roommate?</li> <li>Does the facility alert individuals to the fact their room/roommate preference is available?</li> </ul>
<p><b>2.6</b> Are individuals able to make/send private telephone calls/text/emails at their preference and convenience? <u>Expectation:</u> Individuals are able to communicate at will with persons of their choosing and in privacy.</p>			<ul style="list-style-type: none"> <li>Are individuals able to contact persons of their choosing at will?</li> <li>Do individuals have private cell phones, computers, telephones or other communication devices for personal communications?</li> <li>Do individuals' rooms have telephones/telephone jack/internet access or internet capabilities?</li> <li>Are individuals able to contact persons of their choosing in privacy?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>2. Room/Privacy</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>2.7</b> Is the individual's right to dignity and privacy respected? <u>Expectation:</u> The individual's right to dignity and privacy is protected and respected?</p>			<ul style="list-style-type: none"> <li>Is PHI and personal information kept private?</li> <li>Are individuals' service schedules posted in common areas?</li> <li>Are individuals who need assistance with grooming groomed in accordance with their schedule and style preferences?</li> <li>Are individuals well kempt and clean?</li> <li>Are individual who need assistance with dressing clothes appropriately for the time of day/weather etc. and/or in accordance with their preferences?</li> </ul>
<b>3. Meals</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>3.1</b> Are individuals required to follow a set schedule for meals? <u>Expectation:</u> Individuals have the choice of when to eat?</p>			<ul style="list-style-type: none"> <li>Can individuals eat at times of their choosing?</li> <li>Do individuals have access to food/snacks outside of prescribed meal times?</li> <li>If an individual misses a meal, can they eat it, or a replacement at another time?</li> </ul>
<p><b>3.2</b> Do individuals have a choice of meals that are consistent with their preferences? <u>Expectation:</u> Individuals have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections.</p>			<ul style="list-style-type: none"> <li>How are individual's preferences incorporated into the facility's menus?</li> <li>Can individuals choose from a variety of menu options?</li> <li>Can individuals make special menu/meal requests?</li> <li>Can individuals request an alternate meal?</li> <li>What restrictions are there on individuals requesting alternate meals?</li> </ul>
<p><b>3.3</b> Do individuals have a choice of where, and with whom to eat their meals in the facility? <u>Expectation:</u> Individuals are given the option to eat in areas other than the dining room, including their private living quarters, and may choose to eat with persons of their choosing, or alone.</p>			<ul style="list-style-type: none"> <li>Are individuals required to sit in an assigned seat for meals?</li> <li>May individuals eat alone, or with people of their choosing?</li> <li>May individuals eat in their private living quarters or in areas of the facility other than a designated dining room?</li> <li>Do individuals converse during meal times?</li> </ul>
<p><b>3.4</b> Are individuals afforded dignity and respect during meal times? <u>Expectation:</u> Individuals are free from unnecessary interventions and rules during meal times which may impinge on their ability to eat and drink with dignity and respect.</p>			<ul style="list-style-type: none"> <li>Are individuals required to wear bibs or other protection equipment?</li> <li>Does the facility use home-like dishes and cutlery or disposable table wear?</li> <li>Are individuals required to stay in the dining room/at the table during meal times?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>3. Meals</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>3.6</b> Do individuals have access to snacks? Are they allowed to make their own snacks? Is there an area individuals can use to keep their own food and prepare snacks (e.g., kitchen or snack preparation area with refrigerator, sink, and microwave)?</p> <p><u>Expectation:</u> Individuals have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a place to prepare and reheat foods), or a food pantry where they can store snacks that are accessible at any time.</p>			<ul style="list-style-type: none"> <li>Do individuals have to ask staff for a snack?</li> <li>Can individuals prepare their own snack at will?</li> <li>What facilities are available for individuals to prepare their own snack?</li> <li>Does the facility provide snacks; if so, how can individuals access them?</li> <li>How/where can individuals store snacks/personal food items?</li> </ul>

<b>4. Activities/Community Integration</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>4.1</b> Are individuals able to move freely outside of the facility?</p> <p><u>Expectation:</u> Individuals have full access to the community and are allowed to come and go from the facility, as they desire, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the facility's individual record. Attempts to mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.</p>			<ul style="list-style-type: none"> <li>Are individuals able to come and go from the facility and its grounds at will?</li> <li>Can individuals engage in community and social activities of their preference outside of the facility at will?</li> <li>Are individuals moving around inside and outside of the facility?</li> <li>Does the facility impose a curfew, or otherwise restrict individuals' ability to enter or leave the facility at will?</li> <li>Do individuals have access to public transportation; are transport options accessible to the individual?</li> <li>Are public transport schedules and contact information readily accessible to individuals?</li> <li>Does the facility provide accessible transportation so individuals may access the community?</li> <li>Does the facility offer training to individuals on how to use public transportation?</li> </ul>
<p><b>4.2</b> Are individuals made aware of community activities via a community board, flyers, etc.?</p> <p><u>Expectation:</u> Individuals have the opportunity, but are not required, to participate in scheduled and unscheduled community and social activities. An activities calendar is posted in a common area of the facility. Individuals are consulted in selecting, planning and scheduling organized activities.</p>			<ul style="list-style-type: none"> <li>Are individuals able to participate in community activities?</li> <li>How does the facility facilitate individual access to community activities?</li> <li>Where is the activity calendar posted; how often is it updated?</li> <li>Does the facility organize activities, or facilitate access to activities of individuals' choosing?</li> <li>Do individuals shop, attend religious services, schedule appointments, meet family and friends etc. in the community and at their will and convenience?</li> <li>Do individuals in the facility talk about social/community activities?</li> <li>Are individuals required to participate in any activities?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>4. Activities/Community Integration</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>4.3</b> Do individuals have access to newspapers, radio, computers, television, and/or the Internet?</p> <p><u>Expectation:</u> Individuals have access to outside communications.</p>			<ul style="list-style-type: none"> <li>What publications are available to individuals?</li> <li>Where are publications kept?</li> <li>Can individuals choose which publications are available?</li> <li>Do individuals have access to radios and televisions?</li> <li>Does the facility afford individuals access to the Internet for personal use and/or computers with internet access for communal use?</li> </ul>
<p><b>4.4</b> Are individuals allowed to create their personal daily schedules (e.g., decide when to wake up or go to bed; go to the movies, the mall, religious events, etc.)?</p> <p><u>Expectation:</u> Individuals are allowed to choose how to spend their day including sleeping schedule (i.e., wake up and bedtimes, scheduled or unscheduled naps). Individuals are allowed to vary their schedule at will in accordance with their person-centered plan.</p>			<ul style="list-style-type: none"> <li>How does the facility ensure an individual knows they do not have to conform to prescribed schedule for activities of daily living and social activities?</li> <li>Do individual schedules vary from others?</li> <li>Do any facility policies or practices inhibit individuals' choice?</li> </ul>
<p><b>4.5</b> Is transportation provided or arranged by the facility to community activities?</p> <p><u>Expectation:</u> Transportation is provided or arranged to community activities such as shopping, restaurants, religious institutions and senior centers, etc. The facility should have a policy for requesting transportation and individuals should be made aware of the policy. Observe sign-up sheets, instructions on how to request transportation, etc.</p>			<ul style="list-style-type: none"> <li>How does the facility organize appropriate transportation to community activities?</li> <li>Provide/describe the facility's policies and procedures regarding transportation to community activities?</li> <li>Does the facility have a sign-up sheet and information about provided transportation accessible to individuals?</li> </ul>
<p><b>4.6</b> Are individuals employed outside of the facility?</p> <p><u>Expectation:</u> Individuals have the ability to seek and gain competitive employment in the community</p>			<ul style="list-style-type: none"> <li>How does the facility aid individuals who wish to pursue competitive employment in the community?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>5. Respect/Rights/Choice</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<b>5.1 Can individuals keep/control their own resources?</b>  <u>Expectation:</u> Individuals have the option to keep their own money and to control their own finances/resources.			<ul style="list-style-type: none"> <li>Do individuals have the option of having personal bank accounts?</li> <li>How can individuals access their personal funds?</li> <li>How does the facility ensure individuals understand they are not required to sign over their personal resources to the provider?</li> </ul>
<b>5.2 Do individuals know how to file an anonymous complaint?</b>  <u>Expectation:</u> Information is available to individuals on how to file an anonymous complaint. Telephone numbers for the Agency Consumer Complaint Hotline, Long-Term Care Ombudsman, and the Abuse and Exploitation Hotline are posted in a common area of the facility.			<ul style="list-style-type: none"> <li>How does the facility make information about how to register an anonymous complaint available to individuals?</li> </ul>
<b>5.3 Are individuals free from coercion?</b>  <u>Expectation:</u> Individuals have the right to live in an environment and exercise their right to choice and self-determination free from coercion.			<ul style="list-style-type: none"> <li>Is information about filing complaints posted in obvious and accessible areas?</li> <li>Are individuals comfortable with discussing concerns?</li> <li>Do individuals in the setting display different personal styles/haircuts etc.</li> </ul>
<b>5.4 How does staff treat individuals?</b>  <u>Expectation:</u> Staff treats individuals in a dignified manner.			<ul style="list-style-type: none"> <li>Do individuals greet and chat with staff?</li> <li>Does staff converse with individuals while providing assistance/services and during the course of the day?</li> <li>Does staff talk to other staff in front of individuals as if they are not there?</li> <li>Does staff address individuals in the manner they like to be addressed?</li> </ul>
<b>5.5 Are individual choices accommodated?</b>  <u>Expectation:</u> Individual choice are accounted for an honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.			<ul style="list-style-type: none"> <li>Does staff ask the individual about their needs/preferences?</li> <li>Are individuals aware of how to make service requests?</li> <li>Are individuals satisfied with the services/supports received and those who deliver them?</li> <li>Are individual requests accommodated?</li> <li>Is individual choice facilitated such that the individual feels empowered to make decisions?</li> <li>Can the individual choose from whom they receive services and supports?</li> <li>Do individuals know how to request a change of service provider or support staff?</li> </ul>

**Attachment III  
HCB Characteristics Review Tool – Residential Settings**

<b>5. Respect/Rights/Choice</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<b>5.6 Are individuals, or their delegate, an active participant in the development of, and updates to, the person-centered plan?</b>  <u>Expectation:</u> Individuals and/or their representatives are active participants in the person-centered planning process. Their ability to participate is not impinged upon by the facility, and their contributions/opinions are not viewed as instrumental to the facilities care planning process.			<ul style="list-style-type: none"> <li>Is/are the individual/chosen representative(s) aware of how to schedule a person-centered planning meeting?</li> <li>Can individuals explain how they would initiate a person-centered plan meeting/updates?</li> <li>Was the individual/representative(s) present during the last person-centered plan meeting?</li> <li>Do planning meetings occur at times convenient to the individual/representative(s)?</li> </ul>

<b>6. Other</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<b>6.1 Is there a legally enforceable agreement for the unit or dwelling where the individual resides?</b>  <u>Expectation:</u> The individual has the same landlord/tenant protections, are protected from eviction and afforded appeal rights as persons not receiving Medicaid HCBS services.			<ul style="list-style-type: none"> <li>Does the individual have a lease, or for setting in which landlord/tenant laws do not apply a residency agreement?</li> <li>Are individuals aware of their housing rights?</li> <li>Do individuals know how to relocate and request new housing?</li> <li>Does the lease/agreement include protections to address eviction processes and appeals comparable to Florida's landlord tenant laws?</li> </ul>
<b>6.2 How are modifications to the HCB Characteristics addressed and documented?</b>  <u>Expectation:</u> Modifications to the HCB Characteristics requirements are supported by an assessed need and justified in the individual's person-centered plan.			<p><u>Probing Questions</u></p> <ul style="list-style-type: none"> <li>Does documentation note if positive interventions and supports were used prior to any plan modifications and/or the restriction of an HCB Characteristic requirement?</li> <li>Were less intrusive methods of meeting the need tried and documented first?</li> <li>Does the plan include a description of condition that is directly proportional to the assessed need, data to support the ongoing need for modification, informed consent and an assurance the intervention will not cause harm to the individual?</li> </ul>

Additional Notes:

\_\_\_\_\_  
Facility reviewer's signature and credentials

\_\_\_\_\_  
Date

**Attachment IV  
HCB Characteristics Review Tool – Non-Residential Settings**

<b>Date</b>	
<b>Provider Reviewer Name</b>	
<b>Provider Name</b>	
<b>Provider Representative Name</b>	
<b>Address</b>	<b>Location Description</b>

<b>1. Service Setting and Provision</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>1.1</b> The Non-residential service 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.</p> <p><u>Expectation:</u> Non-residential service settings should offer services in settings that are fully accessible to Medicaid waiver recipients. HCB service provision should encourage Medicaid waiver recipients to engage in the larger community outside the waiver program.</p>			<ul style="list-style-type: none"> <li>Is the location where the service is provided surrounded by high walls/fences and/or have closed/locked gates?</li> <li>Is the setting where the service is provided among private residences/businesses and community resources?</li> <li>Does the setting where the service is provided purposefully separate individuals receiving Medicaid HCBS services from those who do not, or groups of individuals from others?</li> <li>Is the location where the service where the service is provided on the grounds of, or adjacent to, a public institution?</li> <li>Does the service provision provide opportunities for regular meaningful non-service related activities in integrated community settings for the period of time desired by the individual?</li> <li>Are visitors or other people encouraged 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)?</li> </ul>
<p><b>1.2</b> Do the settings' common areas have a home-like feel?</p> <p><u>Expectation:</u> The setting's communal areas do not resemble an institution and are conducive to comfortable and social interactions free from undue restrictions.</p>			<ul style="list-style-type: none"> <li>Are the common areas decorated in a homely fashion (paint, artwork, home furnishings etc.)?</li> <li>Is there a common living room/social area with homely furnishings?</li> <li>Are individuals free to move around common areas?</li> </ul>

**Attachment IV  
HCB Characteristics Review Tool – Non-Residential Settings**

<b>1. Service Setting and Provision</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>1.3</b> Is the service setting traversable by the individuals it serves; does it meet the needs of individuals who require supports?</p> <p><u>Expectation:</u> Individuals are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.</p>			<ul style="list-style-type: none"> <li>Are supports provided for individuals who need them to move around the setting independently/at will (grab bars, ramps, viable emergency exits etc.)?</li> <li>Are appliances/amenities accessible to individuals with varying access needs?</li> <li>Can individuals make use of furniture and spaces conveniently and comfortably?</li> <li>Are hallways/common areas accessible to individuals of varying needs?</li> <li>Are individuals, or groups of individuals, restricted from areas of the facility because it is inaccessible to individuals with specific ambulatory needs?</li> </ul>
<p><b>1.4</b> Are visitors restricted from entering the service setting? Do individuals have a private meeting room to receive visitors?</p> <p><u>Expectation:</u> Individuals are able to receive visitors. Visitation is not restricted or hampered by facility policies or practices. Standard visiting hours are posted and individuals are made aware of afterhours visiting policy. Visitors must be allowed outside of standard visiting hours, but restrictions to accommodate other residents, such as limiting visitors to certain areas of the facility and observing "quiet hours," may be imposed. There is a comfortable private place for individuals to have visitors.</p>			<ul style="list-style-type: none"> <li>Are individuals or visitors required to give advance notice or visitation?</li> <li>Are there restricted visitor meeting areas?</li> </ul>
<b>2. Choice of Setting</b>			
<b>Standard</b>	<b>Comments</b>	<b>Standard Met Y/N/NA</b>	<b>Example Probing Questions</b>
<p><b>2.1</b> 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 and preferences.</p> <p><u>Expectation:</u> Service setting should be chosen by the recipient and detailed on the care plan.</p>			<ul style="list-style-type: none"> <li>Is the service setting chosen by the recipient from among several options?</li> <li>Does the service setting appear on the waiver recipient's care plan?</li> <li>Does the care plan indicate the recipient's choice of setting was selected?</li> </ul>

**Attachment IV  
HCB Characteristics Review Tool – Non-Residential Settings**

**2. Choice of Setting**

Standard	Comments	Standard Met Y/N/NA	Example Probing Questions
<p><b>2.2</b> The settings options are identified and documented in the person-centered plan and are based on the individual's needs and preferences.</p> <p><u>Expectation:</u> Recipients should be given a choice of service settings that conform to their needs and the settings should appear on the service plan.</p>			<ul style="list-style-type: none"> <li>Does the service setting and service provision afford individuals the opportunity for individual schedules that focus on their needs, desires and self-growth?</li> </ul>

**3. Settings and Service Provision Characteristics**

Standard	Comments	Standard Met Y/N/NA	Example Probing Questions
<p><b>3.1</b> Does the service provision promote an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint?</p> <p><u>Expectation:</u> Information about the waiver recipient's conditions and care plan should be maintained in a secure file with only appropriate staff provided access to this information. Staff should be trained in service provision without coercion or loss of the recipient's privacy, dignity, respect or restraint.</p>			<ul style="list-style-type: none"> <li>Are files containing waiver recipient specific information maintained in a secure location and available only to appropriate staff for use in providing the authorized service?</li> <li>Are providers' personnel trained to provide the authorized service with respect for the individual's privacy, dignity, and free from restraint and coercion?</li> </ul>
<p><b>3.2</b> 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.</p> <p><u>Expectation:</u> The service setting should encourage individual autonomy and choice and not be regimented.</p>			<ul style="list-style-type: none"> <li>Does the service setting optimize the individual's initiative, autonomy and independence in making choices about activities of daily living?</li> <li>Is the service provided in a manner that encourages the individual to make choices or are choices made as part of a regimented response?</li> </ul>
<p><b>3.3</b> The setting facilitates individual choice regarding services and supports, and who provides them.</p> <p>Standard: Recipients should have a choice service provider and location where services are provided.</p>			<ul style="list-style-type: none"> <li>Is the choice of settings offered at the beginning of each authorization period?</li> <li>Are individuals satisfied with their service providers and service settings choices?</li> </ul>

Additional Notes:

Facility reviewer's signature and credentials

Date

# Appendix D- Nevada In Person Provider Assessment

## In Person Provider Assessment

Characteristics expected to be present in all Non-Residential Settings		
<p><i>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)</i></p>		Approved Modification?
1.	Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
2.	Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
3.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
4.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
5.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
6.	Does the setting provide individuals with contact information access to and training on the use of public transportation, such as buses, taxis, etc., and are the public transportation schedules and telephone numbers available in a convenient location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
7.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
<p><i>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)(iii)/441.530(a)(1)(ii)</i></p>		
1.	Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual? (Update or change their preferences)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
2.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		
3.	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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Example:		

<b><i>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)</i></b>		
1.	Does the setting assure that staff interacts and communicate 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
2.	Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
3.	Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
4.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
5.	Does the setting offer a secure place for the individual to store personal belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
<b><i>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)</i></b>		
1.	Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
2.	Does the setting afford a variety of meaningful non-work activities that are responsive to goals, interests and match to skills 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
3.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
4.	Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires? Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		
<b><i>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)</i></b>		
1.	Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Example:</b>		