

**State Transition Plan—SELF-ASSESSMENT  
RESIDENTIAL Home and Community-Based Settings**

Date(s) Completed

Assessment Completed by:

Title:

Shared Living/Host Home Provider Name (if applicable):

Home Address:

Provider Name and Address:

Setting Type:  Host Home  Shared Living/EFH  Group Home  Center for the Developmentally Disabled (CDD)

**I. General Questions**

	<b>Response</b>
1. What is the setting capacity?	
2. Is the setting designed to serve individuals who experience a disability as well as individuals who do not experience a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the setting operating in an area (e.g. building, neighborhood, street, or neighboring street) where there is one or more other facilities/programs providing services to individuals receiving HCBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are individuals in the setting primarily or exclusively people with disabilities and the on-site staff that provides services to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>5. Is the setting designed to provide people with disabilities multiple types of services/activities on site (e.g. housing, day services [multiple types], medical, behavioral, recreational)</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>6. Does this setting share staff with another setting?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>6.a If 6 is “yes”, in what types of settings are the staff shared with this setting? (Check all that apply)</p>	<p><input type="checkbox"/> Residential Group Home   <input type="checkbox"/> Workshop   <input type="checkbox"/> Enclave   <input type="checkbox"/> Supported Employment  <input type="checkbox"/> Host Home   <input type="checkbox"/> Prevocational site</p>
<p>7. Is the setting located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>7.a. Is the facility one of the following?                  *If any of these are checked, the facility cannot meet HCBS criteria for community-based settings.</p>	<p><input type="checkbox"/> Nursing Facility*                      <input type="checkbox"/> Hospital*                      <input type="checkbox"/> Institution for Mental Diseases*  <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)*  <input type="checkbox"/> None of the Above</p>
<p>8. Is the setting in a building located on the grounds or immediately adjacent to a public institution?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

Additional Comments:

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**II. Federal Requirement #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.

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
1. Is there evidence that waived and non-waived individuals are served in the same manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> JH and RD live in the home. JH is not on a waiver and is not staff. All have equal access to all of the home’s amenities and common areas including kitchen and laundry.			
2. Is the setting in the community among other private residences or retail businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> The GH is located in the Meadowlane neighborhood of Lincoln, NE. The home is surrounded by other privately owned or rented homes.			
3. Are the setting’s physical characteristics consistent with community standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> The GH has running water, electricity, and no structural or electrical issues. The interior and exterior are regularly maintained. The exterior blends in with the neighborhood.			
4. Does the setting encourage individuals receiving waiver services to have relationships with the broader community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> The GH is near shopping centers and restaurants. The proximity to these allows for the participants to visit these businesses on a regular basis, both unaccompanied and with others. RB and SS like to interact with neighbors.			

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**#1. (Cont'd) Individuals have full access to the community:**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
5. Does the setting permit individuals to come and go at will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> All participants have a key to the front door and are able to come and go as they please. JB visits friends, goes to the shopping center, and goes to the nail salon regularly. RD and MM like to go to the mall and the gas station. MM's ISP indicates she has no alone time, thus she is accompanied by GH staff or her family when leaving the home.</p>			
6. Is the setting free from imposed curfews or other requirements for a scheduled return to the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> RR is required to return to the GH by 10:00 each evening unless accompanied, as outlined in her ISP. This restriction is due to...and is reviewed annually by RR and the team. MR and QS can come and go as they please without any restriction.</p>			
7. Is public transportation available to and from the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> There is a public bus system. There is a bus stop within ½ mile of the GH. The buses also have bicycle racks in order for riders to take bicycles to their destinations.</p>			
8. Where public transportation is limited, are other resources provided for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Since the buses do not run on Sundays, JJ uses a taxi or obtains rides from her GH provider. JJ does not use a wheelchair. SS and RM usually walk where they would like to go, but will also ride with the GH provider when needed.</p>			

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### #1. (Cont'd) The individual is employed or active in the community outside the setting.

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
9. For interested individuals, does the setting provide them the opportunity to work in an integrated setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> TM goes to work at ABC Corporation Monday through Wednesday 9-4. TM and ST are working with Voc Rehab on obtaining a competitive job.</p>			
10. Does the setting provide activities and/or training to individuals who would like to work and/or enhance their life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> The GH providers assist in the home environment by teaching RR cooking skills, assisting her in locating and making recipes, etc. SC is provided teaching to enhance her social skills. PR is provided teaching to learn how to properly do dishes. All three participants desire to eventually work in the community.</p>			
11. Does the setting promote participation, regularly, in meaningful work or non-work activities in integrated community settings for the period of time desired by the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> All three participants work in the community. When not working SL likes to go bowl in the Monday league. MC enjoys people watching and shopping at the mall. WI enjoys going to the local bar for drinks and karaoke on Fridays, where she has many friends.</p>			

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**III. Federal Requirement #2**

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, and resources.

**The individual, or person chosen by the individual, has an active role in the development and update of the individual’s person-centered plan.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting have, on-file, a person centered plan based on needs and preferences of the individuals served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> A copy of each participant’s person-centered plan is located in a binder in the computer room of the GH as well as on Therap. All participants and the provider have access to this and may read it at any time. All participants participated in the development of her plan at the last team meeting.</p>			

**IV. Federal Requirement #3**

The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint.

**#3. The individual’s right to dignity and privacy are respected.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting have policies and procedures that address the individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> There are policies in the handbook covering participant’s rights. Copies of these can be found in the GH.</p>			
2. Does the setting have a process to inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> DD provider agency has policies regarding this. All participants are given a list of these and they are reviewed with her yearly at the ISP meetings. All participants may ask questions at any time about this.</p>			

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**#3. (Cont'd) Individuals are free from coercion, privacy is respected, and due process is followed.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
3. Does the setting have a complaint/grievance process for individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> DD provider agency has policies on complaints/grievance process. The GH has access to policies via a computer or written handbook.			
4. Does the setting allow for the filing of an anonymous complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> DD provider agency has a policy on filing an anonymous complaint. The GH has access to this policy and participants are informed of the policy at the ISP meetings. The policy includes a phone number and email address which are available in the home on the fridge.			
5. Does the setting ensure information about individuals is kept private? For instance, do paid staff/providers follow confidentiality policies/practices and does the 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> MU does have a schedule for her medications, etc., but they are not posted where visitors could see them. All participants have a private space to keep their schedules (such as home office or her own room).			

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**#3. (Cont'd) Individuals are free from coercion, privacy is respected, and due process is followed. (continued)**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
6. Does the setting ensure communications about individuals' medical conditions, financial situations, and other personal information are conducted in a place where privacy/confidentiality is assured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Conversations about private matters are conducted in private, away from roommates, and generally when visitors are not in the house.</p>			
7. Does the setting support individuals' personal care needs to appear as they desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> ST likes to have her hair cut and highlighted, so the EFH provider takes her to appointments at LaSalon. MG and ST request haircuts and the EFH provider takes them to their choice of shop as they wish. All three participants shop for their own clothing and pick out what to wear daily.</p>			
8. Does the setting support providing personal assistance in private areas, as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> QT requires prompting to complete his shower routine and this is done privately, in the bathroom. BL does not require personal support, but if he should, it would occur privately.</p>			
9. Are the individuals who reside in the setting free of restraints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> There are currently no participants with restraint in their ISP. Any type of restraint would have to be addressed by the ISP team prior to approval for use.</p>			

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**#3. (Cont'd) Individuals are free from coercion, privacy is respected, and due process is followed. (continued)**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
<p>10. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Example:</u> Any type of restraint would be approved by the team process and be documented in the ISP.</p>			
<p>11. Does the setting have a process to ensure that each individual’s supports and plans to address identified (medical, behavioral, ADL) 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Example:</u> The EFH provider attends the ISP meetings. WW has a concern about bingeing food at night, so he has an alarm on his bedroom door that is activated at bedtime per ISP. This does not infringe on the rights of the other participants living in the home as WW has his own room. The other participants in the home receive support as needed for their hygiene needs but this only impacts the persons as individuals.</p>			
<p>12. Is the setting free from the use of delayed egress devices or secure perimeter?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Example:</u> There is a security system, but all participants know how to operate it to come and go as they wish.</p>			

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**#3. (Cont'd) Individuals are free from coercion, privacy is respected, and due process is followed. (continued)**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
13. Does the setting offer a secure place for the individual to store belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> Each participant has their own room with a closet and dresser. Each participant can also store items in other areas of the house space permitting.			

**V. Federal Requirement #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.

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting allow for individuals to choose with whom they interact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> TU and YN each have friends that they interact with. YN and TU generally interact with each other’s friends but can choose not to by going into a different room.			
2. Does the setting allow for individuals to choose which activities to participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> When group activities are planned, each participant has the choice whether to participate or not. LK and RW enjoy bowling but the MB does not, so MB often chooses to do a different activity either on his own, with another family member, or with friends.			
3. Does the setting allow for individuals to choose to dine alone or in a private area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> Each participant may choose where to dine in the home. The EFH asks that the participants clean up after themselves if they choose to dine outside of the kitchen/dining room.			
4. Does the setting allow for individuals to do activities in the community alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> PH and WM have unrestricted time in the community and go to activities of their choice including the mall, the gym, and the park. DY has only one hour of alone time per her ISP, and she often chooses to go to the gas station or grocery store.			

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**#4 (Cont'd) The individual chooses a schedule that meets his/her wishes in accordance with person-centered plan.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
5. Does the setting provide for individuals to have access to such things as television, radio, and other leisure activities that interest them and can they schedule such activities at their convenience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Each participant has their own television and radio in their room. There is also a television in the living room in which the participants can take turns choosing the program for the evening. HF also has video games in his room that he enjoys at his leisure. TT and DJ like to play games and will often play together at the kitchen table.</p>			

**#4 (Cont'd) The individual controls their personal resources.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
6. Does the setting allow individuals to have access to their personal financial assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> HY and QA carry their money on their person. They each have a bank account with a debit card as well. KL has difficulty understanding the concept of money, so she requires assistance in making purchases. KL can request items and she is taken shopping to buy them. All three have payees.</p>			

**#4 (Cont'd) The individual has access to make private telephone calls/texts/email at the individual's preference and convenience.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
7. Does the setting allow for individuals to have access to communication tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> RT has his own cell phone and keeps it on himself at all times. There is a house phone and computer with internet that all participants have access to. PC also has an iPad to assist with communication.</p>			

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**VI. Federal Requirement #5**

The setting facilitates individual choice regarding services and supports, and who provides them.

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting ensure individuals are 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Each participant chose this service. Each participant visited this setting before choosing to move in.</p>			
2. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> When JH wanted to get a fish tank, the staff assisted him in speaking with his roommates and talked about how much money he would need and what the responsibilities were so he could make his own decision. Each participant chooses two meals per week and discussions about nutrition are had.</p>			
3. Does the setting policy ensure the individual is supported in developing plans to support their needs and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> The GH provider attends ISP meetings and talks regularly to each participant about their preferences. A preference sheet is documented and regularly updated for each person.</p>			
4. Does the setting provide information to individuals about how to make a request for additional services or changes to their current services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> RR decided she was unhappy and wanted to move from her previous EFH provider. The team met and she was given other options and chose this home after visiting a couple of times. All three participants are aware that they can talk to the staff or SC or anyone else about current services and wishes to change.</p>			

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**VII. Federal Requirement #6**

The setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting provide individuals a lease, or for a setting in which landlord-tenant laws do not apply, a written residency agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> Each participant and the GH provider have a written residency agreement that outlines expectations.			
2. Does the setting inform individuals of their rights regarding housing and when they could be required to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> The DD agency provider has policies that address the timelines required for someone to be requested to move. We have the information in a handbook. This is also outlined in the written residency agreements.			

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**VIII. Federal Requirement #7**

The setting provides for privacy in units including lockable doors, choice of roommates/housemates, and freedom to furnish and decorate the sleeping or living units within the lease or other agreement.

**The individual has their own bedroom or shares a room with a roommate of choice.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting provide the individual a choice of roommate/housemate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> TH and LL have been friends for several years and decided together to move in. KH toured the residence and met with TH and LL. All three decided that KH would be a good fit so she moved in.			
2. Does the provider allow for married couples to share or not share a room by choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> HT and CY are not married but are in a relationship with each other. They have chosen to have separate rooms but have discussed the possibility of sharing at some point. LE is not married, but if she should get married, she would be allowed to share or not share a room.			
3. Does the setting inform individuals how they can request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> Prior to move in and at each ISP, each participant is given their rights (both on paper and verbally and any other way requested) and in the rights it is outlined how to request a roommate change. The participants can also discuss this with their guardian, SC or staff at any time.			

**#7 (Cont'd) Individuals have privacy in their sleeping spaces and toileting facility.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
4. Does the setting provide locking bedroom doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> Yes, all participants have a lock on the bedroom doors. The locks are "button style" so there are no keys, but if they had keyed locks, all three would have a key.			
5. Does the setting allow individuals to close and lock the bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Example:</u> There are two bathrooms in the home. Both of them lock.			

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**#7 (Cont'd) The individual has privacy in their living space.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
6. Is the setting free of cameras or other monitoring devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> There is a camera outside the front door for security purposes. All participants know it is there for all of our protection. There are no cameras inside the residence.</p>			

**IX. Federal Requirement #8**

The setting provides options for individuals to control their own schedules including access to food at any time.

**The individuals chooses when and what to eat.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Are individuals free to eat at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> All participants have access to the kitchen including the cupboards and fridge at any time they wish. Each participant also has a supply of snacks they buy with their personal money that they keep in their rooms.</p>			
2. Is the setting free from a regimented eating schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Meals are generally around the same time each day, but each participant may eat at that time or choose to eat dinner at a different time.</p>			
3. Does the setting allow individuals to eat where they choose in the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> Each participant may choose where to dine in the home. Staff ask the participants to be sure to clean up after themselves if they choose to dine outside of the kitchen/dining room.</p>			

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**X. Federal Requirement #9**

The setting provides individuals the freedom to have visitors at any time.

**Individuals are able to have guests visit.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting encourage individuals to have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> All three participants like to have friends over for various activities including movies and games. Each participant is encouraged to talk to the others living in the home to make sure that they are ok with visitors, especially if they are going to be staying for a long period of time or overnight.</p>			
2. Can individuals have visitors at any hour of their choosing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> TH often has overnight visitors but is encouraged to keep the noise to a minimum after 10:00. TH also talks to his roommates prior to having his friend or boyfriend overnight to make them aware of the guest in the home. PM and HL occasionally have visitors during the evening, but prefer to go to bed earlier so they are often gone before 8:00. If they stayed longer, they would also be asked to keep the noise to a minimum after 10:00 and discuss overnight visitors with roommates.</p>			
3. Does the setting allow for visitors to take the individuals outside of the setting, such as for a meal or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> RD, JJ, and LO often go out to eat with various friends and family.</p>			
4. Does the setting allow for visitors to take the individuals for longer visits outside the home, such as for holidays or a weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> TH and MM often spend weekends and holidays with their families. RS goes on vacation yearly with a friend.</p>			

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**XI. Federal Requirement #10**

The setting is physically accessible.

**The setting is an environment that supports individual comfort, independence, and preferences.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting provide full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> All three participants have the same access to the common areas of the home including kitchen, laundry, and sitting room. The laundry room and rec room are in the basement of the home, however none of the participants have concerns with mobility and all can navigate the stairs.</p>			
2. Does the setting provide informal (written and oral) communication conducted in a language the individual understands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> MC and VI speak and understand English. JF understands English but is non-verbal, and uses his iPad to communicate.</p>			

**The individual has unrestricted access in the setting.**

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
3. Is the setting free of gates, Velcro strips, locked doors, or other barriers preventing the individuals' entrance to or exit from certain areas of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>Example:</u> The common areas of the home are accessible to all participants. The only locked doors are those of the personal bedrooms of each resident.</p>			

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**#10 (cont'd) The individual has unrestricted access in the setting.**

<p>4. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Example:</u> HH uses a wheelchair, however the entire home is accessible. YR and OH do not have mobility issues.</p>			
<p>4.a. If the above mentioned obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p><u>Example:</u> There are ramps at the front and back doors so that HH has access to the home and yard.</p>			