

State Transition Plan--ON-SITE ASSESSMENT
NON-RESIDENTIAL Home and Community-Based Settings

General Questions: Continued

6. Does this setting share staff with another setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.b If 7 is “yes”, in what types of settings are the staff shared with this setting? (Check all that apply)	<input type="checkbox"/> Residential Group Home <input type="checkbox"/> Workshop <input type="checkbox"/> Enclave <input type="checkbox"/> Supported Employment <input type="checkbox"/> Extended Family Home <input type="checkbox"/> Prevocational site
7. Is the setting located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<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
8. Is the setting in a building located on the grounds or immediately adjacent to a public institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Examples include:</p> <ul style="list-style-type: none"> • State Developmental Centers, State Psychiatric Hospitals, Nursing Homes, etc. • Settings that are located on the same or contiguous property to an institution or are sharing space with an institution. Consideration must also be given to any applicable ordinances; Gated communities, settings that are isolated from the community at large, residential or boarding schools that are disability specific, etc.; and • Any other setting that has the effect of isolating individuals receiving HCBS from the broader community. 	<p>The term public institution is defined in Medicaid regulations for the purposes of determining the availability of Federal Financial Participation (FFP). Section 435.1010, specifies that the term public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Medical institutions, intermediate care facilities, child care institutions and publicly operated community residences are not included in the definition, nor does the term apply to universities, public libraries or other similar settings.</p> <p>42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs)</p>

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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. 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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
3. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, religious services, medical appointments, dining out, etc. outside of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
4. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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FQ1: Continued

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
5. Is the setting in the community/building located among other private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
6. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? (Ex. Are visiting hours unrestricted, does the setting encourage interaction with the public?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
7. Does the setting provide individuals with the opportunity to participate in negotiating their schedule, break/lunch times, vacation, and medical benefits as applicable to the same extent as individuals not receiving HCBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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FQ1: Continued

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
8. In settings where money management/bill paying is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control their funds? (Ex: is it clear the individual is not required to sign over their resources to the provider?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
9. Does the setting provide individuals with contact information, access to, and education or information on the use of public transportation such as buses, taxis, etc., and are these public transportation schedules and phone numbers available in a convenient location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
10. Where public transportation is limited, does the setting provide information about resources for the individual to access the broader community including accessible transportation for individuals who use wheelchairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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FQ1: Continued

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
<p>11. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS? (Is there a sub-min wage cert.?)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
<p>12. Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions, such as steps lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there adaptations to ameliorate the obstructions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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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.

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
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 at a YMCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
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 or a adult day health and time at home or with a friend?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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IV. Federal Requirement #3

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

Sub-question:	Response:	In compliance by March 2022	Describe evidence of Compliance or Non-Compliance:
1. Is all information about individuals kept private? (i.e. paid staff follow confidentiality policy/practices within the setting—not posting schedules of individuals' PT, OT, med appts., etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
2. Does the setting support individuals' personal care needs to appear as they desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
3. Does the setting support providing personal assistance in private areas (including lockable bathroom or changing areas), as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
4. Does the setting assure that staff interact 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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
5. Do setting requirements assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if they were not present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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FQ3: Continued

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
6. Does the setting's 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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
7. Does the setting have a process to ensure that each individual's supports and plans to address identified needs (medical, behavioral, ADLs) 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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
8. Does the setting offer a secure place for the individual to store personal belongings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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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. Are doorways free of gates, Velcro strips, locks, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
2. Does the setting afford a variety of meaningful activities that are responsive to the goals, interests, and needs of individuals? Does the physical environment support a variety of individual goals and needs (e.g. the setting provides indoor and outdoor gathering spaces; provides for larger group and solitary activities; provides for both stimulating and calming activities).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
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 <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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FQ4: Continued

Sub-question:	Response:	In compliance by March 2022	Describe Evidence of Compliance or Non-Compliance:
4. Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing? (i.e. is there full access to a dining area with comfortable seating and an opportunity to converse with others during break/meal times and afford dignity to the diners—treated age appropriately, no bibs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
5. Does the setting post or provide information on individual rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
6. Does the setting allow or support individuals in engaging in age-appropriate activities, such as voting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
7. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities, and desires?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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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"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
2. Does the setting afford individuals the opportunity to regularly and periodically update or change their services or provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
3. 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"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
4. Does the setting afford the individual with the opportunity to participate in meaningful activities in integrated community settings in a manner consistent with the individual's needs and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
5. 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"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	