

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

Date(s) Completed:

Assessment Completed by

Title

Setting Name and Address:

Agency Provider Name and Address:

Interviewee:

Setting Type: Host Home Group Home Center for the Developmentally Disabled (CDD) Other:

I. General Questions

	Response
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
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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General Questions: Continued

6. Does this setting share staff with another setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.a If 6 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"/> Host 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
Examples include: <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. 	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. 42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs)

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I. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 1: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 1: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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II. 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"/> Yes, with remediation <input type="checkbox"/> No	

III. Federal Requirement #3

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

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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 3: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 3: (Continued) 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:
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 3: (Continued) 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:
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
12. Is the setting free from the use of delayed egress devices or secure perimeter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	
13. Does the setting offer a secure place for the individual to store belongings?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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IV. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ4: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	

FQ 4: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	

FQ 4: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	

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V. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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VI. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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VII. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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FQ 7: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

FQ 7: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	

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VIII. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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IX. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

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X. 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"/> Yes, with remediation <input type="checkbox"/> No	
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"/> Yes, with remediation <input type="checkbox"/> No	

FQ 10: (Continued) 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"/> Yes, with remediation <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with remediation <input type="checkbox"/> No	

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4. a. If the above mentioned obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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