



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

Date(s) Completed _____ Assessment Completed by _____ (Drop Down (Title) _____)

Location: _____

Street Address/Apt. Number

City

Zip

Provider: _____ Waiver Type (Drop down Box)

General Questions	Response
1. What type of facility license or certification does the setting possess?	(drop down of options)
2. What is the setting capacity?	(enter actual number licensed for or beds)
3. Is the setting designed to serve individuals who experience a disability as well as individuals who do not experience a disability?	Yes (Check box) No (Check box)
4. The setting is not located in a building that is not also a publicly or privately operated facility that provides inpatient institutional treatment?	Yes (Check box) No (Check box)
5. The setting is not in a building located on the grounds or immediately adjacent to a public institution?	Yes (Check box) No (Check box)

Federal Requirement Category

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

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.

Specific Question	Yes	No	Will comply by March 2019	Additional Comments/Describe Evidence of Compliance/Non-Compliance
a) Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?				
b) Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?				
c) Does the setting afford opportunities for individuals to have				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting?</p>				
<p>d) 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?</p>				
<p>e) Is the setting in the community/building located among other private businesses,</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>retail businesses, restaurants, doctor's offices etc. that facilitates integration with the greater community?</p>				
<p>f) 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? 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)?</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>g) 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 Medicaid funded HCBS?</p>				
<p>h) 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 his/her funds. For example, is it clear that the individual is not required to sign over his/her resources to the provider?</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>i) Does the setting provide individuals with contact information, access to and education/information on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location</p>				
<p>j) 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?</p>				
<p>k) Does the setting assure that tasks and</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?</p>				
<p>l) 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 environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

Federal Requirement Category

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.

Specific Question	Yes	No	Will comply by March 2019	Additional Comments/Describe Evidence of Compliance/Non-Compliance
a) Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?				
b) 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				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

such as those available at a YMCA?				
c) 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 adult day health and time at home or with a friend or family member)?				

Federal Requirement Category

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

Specific Question	Yes	No	Will comply by	Additional Comments/Describe Evidence of Compliance/Non-Compliance
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**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

	March 2019			
a) Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?				
b) Does the setting support individuals' personal care needs to appear as they desire?				
c) Does the setting support providing personal assistance in private areas, as appropriate?				
d) Does the setting assure that staff				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>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?</p>				
<p>e) 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?</p>				
<p>f) 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</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>document these interventions and document these interventions in the person-centered plan?</p>				
<p>g) Does the setting have a process to ensure that each individual's supports and plans to address identified (medical, behavioral, ADL's) 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>h) Does the setting offer a secure place for the individual to store personal belongings?</p>				

Federal Requirement Category

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

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.

Specific Question	Yes	No	Will comply by March 2019	Additional Comments/Describe Evidence of Compliance/Non-Compliance
a) Are doorways free of gates, Velcro strips, locks, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?				
b) 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 (for example, does the setting provide indoor and				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>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)?</p>				
<p>c) 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?</p>				
<p>d) Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?				
e) Does the setting provide for an alternative meal and/or private dining if requested by the individual?				
f) Does the setting assure individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?				
g) Does the setting post or provide				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

information on individual rights?				
h) Does the setting allow or support individuals to engaging in age-appropriate activities, such as voting?				
i) Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?				

Federal Requirement Category

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

Specific Question	Yes	No	Will comply by March 2019	Additional Comments/Describe Evidence of Compliance/Non-Compliance
a) Does the setting ensure individuals are				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

<p>provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?</p>				
<p>b) Does the setting afford individuals the opportunity to regularly and periodically update or change their services or provider?</p>				
<p>c) Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?</p>				
<p>d) 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</p>				

**State Transition Plan
ON-SITE ASSESSMENT**

NON-RESIDENTIAL Home and Community-Based Settings

needs and preferences?				
e) Does the setting policy ensure the individual is supported in developing plans to support her/his needs and preferences?				
f) Does the setting provide information to individuals about how to make a request for additional services, or changes to their current services?				

(Check Box) The site is compliant with the HCBS Regulations effective March 2019

(Check Box) The site is not compliant with the HSCBS Regulations but with modification(s) could be compliant effective March 2019 (Refer for heighten scrutiny)

(Check Box) The site does not/will not be in compliance with the HCBS Regulations effective March 2019 (Develop individualized relocation plan)