

Non-Residential – Provider Self-Assessment [2025]

Demographics

- Name - Respondent
- Title/Role - Respondent
- Address - Respondent
- City - Respondent
- State - Respondent
- Zip - Respondent
- Phone - Respondent
- Email - Respondent

***** **CERTIFICATION** ***** I certify that the information I provide as respondent for this form is true and correct. I further understand that entry of any false or misleading information may be cause for denial or termination of participation as a Medicaid Provider.

Primary Site Contact

Agency

- Facility Type
- Name - Agency
- Address - Agency
- City - Agency
- State - Agency
- Zip - Agency
- County - Agency
- Phone - Agency
- Email - Agency

Heightened Scrutiny Screen

- Is the site in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
- Is the site a building on the grounds of, or immediately adjacent to, a public institution?
- Is the site in a setting that has the effect of isolating people receiving Medicaid HCBS from the broader community of people not receiving Medicaid HCBS?

What is the anticipated start date for HCBS services?

*** FINAL SETTINGS RULE #1 *** Community Integration

- 1.1 Is there proof that people with and without waivers are treated the same way?
- 1.2 Is this place next to or inside a building where people stay overnight for treatment?
- 1.3 Is this place in a neighborhood with houses, stores, and other homes, and does it help people go out and join the community?
- 1.4 Can participants come and go whenever they want, without a curfew or schedule that limits their freedom?
- 1.5 Is there public transportation to and from this place?

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- 1.6 When public transportation is limited, are there other ways for participants to get around, including transportation for those who use wheelchairs?
- 1.7 Does this place help people learn life skills and find jobs to make their lives better?
- 1.8 Does this place help people join in meaningful work or activities in the community as often as they want?

*** FINAL SETTINGS RULE #2 *** Autonomy and Independence in HCBS Settings

- 2.1 Does this place have a plan that focuses on what people need and want?
- 2.2 Does this place consider what participants need and want, and make sure they can make informed choices?
- 2.3 Does this place help participant make their own decisions and be as independent as possible?
- 2.4 Can participant eat when, where, and what they want without a strict schedule?
- 2.5 Can participant have their own cell phone, computer, or other device, or does this place provide a phone or device for private communication?
- 2.6 Is this place easy to move around in without barriers that limit mobility?
 - If you answer no, upload photographs of any adaptations that are currently in place.
 - Name file as – address_photo description
- 2.7 Is this place wheelchair accessible?

*** FINAL SETTINGS RULE #3 *** Privacy, Dignity, Respect, and Freedom from Coercion and Restraint

- 3.1 Does participant get information about their rights to privacy, dignity, respect, and freedom from being forced or held back?
- 3.2 Is it easy to see how to make a complaint, and does the place tell participants how to do it?
- 3.3 Does the participant or their representative agree to the use of restraints and/or restrictive interventions before they are used?
- 3.4 Does the place use plans focused on each person to meet their needs (like medical, behavior, and daily activities) and to protect their rights?
- 3.5 Does the place keep conversations about participant medical conditions, money, and other personal information private?
- 3.6 Is the place free from using delayed exit devices or secure fences?
 - If you answer no, upload photographs of egress device or secure perimeter
 - Name file as – address_photo description
- 3.7 Is the place without use of cameras or other monitoring devices?
 - If you answer no, upload photographs of camera or monitoring device currently in place.
 - Name file as – address_photo description
- 3.8 Does the place have a safe spot for participants to keep their things?
- 3.9 Does the place offer personal help in a way that ensures privacy?
 - If you answer yes, upload photograph of areas used for personal assistance
 - Name file as - address_photo description

*** FINAL SETTINGS RULE #4 *** Informed Choice in HCBS Setting

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4.1 Can participants do legal activities like others in the same place who don't get Medicaid services?

4.2 Do participants in this place get services from more than one agency?

***** FINAL SETTINGS RULE #5 *** Choice of Services & Supports & Who Provides Them**

5.1 Does the place make sure people can choose and learn about the services, providers, and settings available to them?

5.2 Does the place tell people how to ask for more services or change the ones they have now?

5.3 Does the place help people share their ideas and needs when making plans?

5.4 Does the place have different activity areas that are suitable for various ages and interests?

- If you answer yes, upload photographs of activity areas.
- Name file as - address_photo description

******* ATTESTATION ******* Does your setting agree to follow these HCBS rules and keep following them?