

## 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?

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- 1.5 Is there public transportation to and from this place?
- 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?
- 4.3 Can participants choose between a private or shared room if it's suitable?
- 4.4 Does the place let participants choose a roommate and explain how to ask for a roommate change?

### \*\*\* 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

### \*\*\* FINAL SETTINGS RULE #6 \*\*\* Lease

- 6.1 Do participants have a lease or written residency agreement similar to those not receiving HCBS?
- 6.2 Do participants know their housing rights, including relocation requirements, the eviction process, and appeal opportunities?

### \*\*\* Final Settings Rule #7 \*\*\* Privacy

- 7.1 Do participants have a code or key to get in?
- 7.2 Does the place have locks on bedroom and bathroom doors, and can people close and lock them whenever they want?
- 7.3 Do staff know when and how they can go into a tenant's bedroom?

### \*\*\* FINAL SETTINGS RULE #8 \*\*\* Schedules, Activities, and Food

- 8.1 Do participants know they don't have to follow a set schedule for waking, bathing, eating, exercising, and activities?
- 8.2 Can participants use things like a TV, radio, and other activities they like whenever they want?

### \*\*\* FINAL SETTINGS RULE # 9 \*\*\* Visitors

- 9.1 Can participants have visitors whenever and wherever they want, and can visitors take them outside if they wish?

### \*\*\* FINAL SETTINGS RULE #10 \*\*\* Accessibility

- 10.1 Does the place have a kitchen, dining area, laundry, and comfy seating in shared spaces?

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