

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

Date(s) of Assessment _____ Assessment Completed by _____ (Program)

Setting Name and Location _____

HCB Setting Type _____ Residential Non-Residential
NOTE: please use appropriate form

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
General Questions Note: obtain answers from the setting being assessed for purposes of understanding the setting, making determination of compliance easier and more consistent.	1. What type of facility license, certification/registration, etc. does the setting possess?	Explain:		
	2. What is the capacity of the setting?	Capacity:		
	3. Does the setting have a specific focus or cater to a particular population?	Specific Focus:		
	4. Describe the population served by the HCB setting.	Population Served:		
	5. Describe the setting's current caseload mix including Medi-Cal, physically disabled, non-physically disabled, elderly persons, others.	Current Caseload and Average Daily Attendance:		
	6. Describe the services/supports provided by the HCB setting.	Description of Services/Supports:		
	7. Does the setting provide both on-site and off-site services?	On-site Services <input type="radio"/> Off-site Services <input type="radio"/> Both <input type="radio"/>		

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments	
	8. Are the services primarily medical or non-medical?	Primarily Medical <input type="radio"/> Primarily Non-Medical <input type="radio"/> Both <input type="radio"/>			
	9. Describe the community in which the HCB setting is located (e.g., the HCB setting is located in a retirement community in which the majority of residents own their own homes).	Description of Community:			
	10. Is the larger community primarily a residential community, a business community or an industrial community?	Residential Community <input type="radio"/> Business Community <input type="radio"/> Industrial Community <input type="radio"/>			
<i>1. The setting is integrated in and supports full access 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 HCB Services.</i>	1. Do the participants have the freedom to move about inside and outside the HCB setting?				
	2. Or are they primarily restricted to one room or area?				
	3. Are there resources in the larger community, outside the HCB setting that is available to the participants; such as convenience stores, hair salons, grocery stores, service agencies (insurance offices, tax offices), etc.?				
	4. Do participants <u>regularly</u> receive information regarding services in the broader community and access options, such as public				

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
	<p>bus/light rail, taxi/van services, special transportation providers, etc.?</p> <p>Note: "Regularly" must be documented as defined in program policies and procedures.</p>			
	<p>5. Is the larger community, outside the HCB setting accessible to participants, such as easily walked routes or public transportation to and from community shopping and activities?</p> <p>6. Are there major impediments to access, such as major highways or busy intersections or few sidewalks?</p>			
	<p>7. Is such access safe during the times that participants would desire such access?</p>			
	<p>8. Do the participants <u>regularly</u> access the larger community outside the HCB setting?</p> <p>9. Does the HCB setting assist in this access?</p> <p>Note: "Regularly" must be documented as defined in program policies and procedures.</p>			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
	10. If desired, can the participant seek meaningful employment commensurate with the participant's abilities and desires outside the HCB setting?			
	11. Are there restrictions while at the HCB setting on access to the community outside the HCB setting, such as a curfew?			
	12. If this is an employment setting, are participants provided with the opportunity to participate in negotiating work schedules, break/lunch times and leave and medical benefits?			NA O (not an employment setting)
Federal Requirement #1 appears to be met: Additional Comments:				If not met, please explain:
				Action(s) required to meet:
				Timeline for completion of action(s):
2. <i>The setting gives individuals the right to select from among various setting options, including non-</i>	1. Do all of the participants have on file a person-centered care plan? 2. Are participants and their families allowed to participate in the care			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
<p><i>disability specific settings and an option for a private unit in a residential setting.</i></p> <ul style="list-style-type: none"> The consumer has the right to fully participate in a person-centered planning process commensurate with the consumer's abilities and desires. The consumer has the right to exercise choice about what, when, where and how services will be provided. 	planning process?			
	3. Do the participants have a choice regarding the setting in which they receive services?			
	4. Does the care planning process allow for changes/choice regarding services provided?			
<p>Federal Requirement #2 appears to be met:</p> <p>Additional Comments:</p>			<p>If not met, please explain:</p>	
			<p>Action(s) required to meet:</p>	
			<p>Timeline for completion of action(s):</p>	
3. <i>The setting ensures an individual's rights</i>	1. Do the participants have access to a private telephone, email or other			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
<p><i>of privacy, dignity, respect, and freedom from coercion and restraint.</i></p> <ul style="list-style-type: none"> The consumer has the right to privacy in personal activities and for medical and personal information. 	means of communication?			
	2. Are communications with providers, such as therapists, physicians, social workers and with HCB setting staff regarding the participants' medical conditions, financial situation and others held in a place where privacy/confidentiality is assured?			
	3. Can participants close and lock their bathroom door?			
	4. Does the HCB setting offer a secure place to store participants' personal belongings for the period of time they are receiving services?			
<ul style="list-style-type: none"> The consumer has the right to receive easily understood written and oral communications. 	1. Does the setting regularly communicate with the participants at the setting in ways that the individual can understand?			
	2. Do the participants receive information on a regular basis?			
<ul style="list-style-type: none"> The consumer has the right to determine clothing, hair and make-up, other personal aspects of living. 	1. Are participants allowed to dress or groom in a manner that is different from other residents; such as a different hairstyle?			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
<ul style="list-style-type: none"> The consumer has a right to a minimum of curfews and other related restraints. 	1. Does the setting impose any curfews or day or time restrictions regarding access to the community or to services within the HCB setting?			
	2. Are these day or time restrictions driven primarily by the operation requirements of the setting?			
	3. And/or the participant's care plan?			
<ul style="list-style-type: none"> Prohibition of locked internal doors by local fire authorities. 	1. Does the setting have fire and facility policies regarding internally locked doors commensurate with those set by the program?			
	2. Does it appear that the setting is following its written policies and procedures?			
	3. Do such policies significantly restrict participants' access to the setting?			
<ul style="list-style-type: none"> The consumer has the right to secured egress to ensure the health and safety of the individual consumer as outlined in his/her person-centered care plan. 	1. Does the HCB setting have a policy on restriction of egress from the setting commensurate with those set by the program?			
	2. Are these egress restrictions driven primarily by the operation requirements of the setting?			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
	3. And/or the participant's care plan?			
	4. Does it appear that the setting is following its written policies and procedures?			
Federal Requirement #3 appears to be met: Additional Comments:				If not met, please explain:
				Action(s) required to meet:
				Timeline for completion of action(s):
4. The setting optimizes individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact. <ul style="list-style-type: none"> • The consumer has the right of association with facility staff and visitors. 	<ol style="list-style-type: none"> 1. Can participants choose with whom to interact with or participate with in activities? 2. If desired, can they choose to dine or do other activities alone or in a private area? 			
<ul style="list-style-type: none"> • The consumer has the right to set one's 	<ol style="list-style-type: none"> 1. Do participants have the choice regarding daily activities? 			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
own schedule for meals/snacks, participating in activities, having visitors, coming and going.	2. How is this choice communicated to the participants? 3. What activities are included in "choice" (such as walking, bathing, eating, exercising, in-setting activities)?			
Federal Requirement #4 appears to be met: Additional Comments:				If not met, please explain:
				Action(s) required to meet:
				Timeline for completion of action(s):
<i>5. The setting facilitates individual choice regarding services and supports, and who provides them.</i> <ul style="list-style-type: none"> • The consumer has a right to be informed of and understand how to request a modification of services, change of providers, and how to 	1. Can participants seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker?			
	2. Can participants seek services from service providers other than those employed or contracted by the HCB setting?			
	3. Do participants know how to file a complaint with the HCB setting regarding their concerns or			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
file a complaint.	<p>questions?</p> <p>4. Are they assured privacy/confidentiality in doing so?</p>			
	<p>5. Is there a process for allowing the participants to voice concerns or ask questions regarding the services received?</p>			
<p>Federal Requirement #5 appears to be met:</p> <p>Additional Comments:</p>				<p>If not met, please explain:</p> <hr/> <p>Action(s) required to meet:</p> <hr/> <p>Timeline for completion of action(s):</p>
<p><i>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.</i></p>	<p>Not Applicable to Non-Residential Settings.</p>			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
<i>7. The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.</i>	Not Applicable to Non-Residential Settings			
<i>8. The setting provides for options for individuals to control their own schedules including access to food at any time.</i>	1. Do participants have access to food as desired?			
	2. Are there set meal times that allow for some flexibility in eating times?			
	3. Do participants have the option of eating in a private dining area?			<p>If not met, please explain:</p> <hr/> <p>Action(s) required to meet:</p> <hr/> <p>Timeline for completion of action(s):</p>
<p>Federal Requirement #8 appears to be met:</p> <p>Additional Comments:</p>				

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
<p><i>9. The setting provides Individuals the freedom to have visitors at any time.</i></p> <ul style="list-style-type: none"> The consumer has the right of freedom of association with facility staff and visitors. 	1. Are visitors welcome to visit participants?			
	2. Are the times of visits restricted in any way?			
	3. Can visitors see the participants in the common areas of the HCB setting?			
	4. Can visitors take the participants outside the setting; such as for a meal or shopping?			
<p>Federal Requirement #9 appears to be met:</p> <p>Additional Comments:</p>				<p>If not met, please explain:</p>
				<p>Action(s) required to meet:</p>
				<p>Timeline for completion of action(s):</p>
<p><i>10. The setting is a physically accessible setting.</i></p> <ul style="list-style-type: none"> The consumer has the right to have access to all the public areas of the facility. 	1. Is there any public area within the HCB setting that is not accessible to all participants?			
	2. Can participants access the setting and its amenities at will?			
	3. For those participants who need additional support, is such support			

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

Federal Requirement Category	Specific Question	Yes	No	Additional Comments
	available; such as grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the residents?			
Federal Requirement #10 appears to be met: Additional Comments:				If not met, please explain:
				Action(s) required to meet:
				Timeline for completion of action(s):

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

Assessment and Approval Signatures:

Assessment Completed By:	Date of Signature:
1.	
2.	
3.	
4.	
Reviewed and Approved By:	Date of Signature:

Remediation Follow-Up and Verification: Explain completion of remediation of any federal requirement(s) determined not to be met by this setting:

Verified by: _____ **Date:** _____