

**State Transition Plan
PROGRAM ASSESSMENT
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"/>		

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	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 residents 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 residents; such as convenience stores, hair salons, grocery stores, service agencies (insurance offices, tax offices), etc.?			
	4. Do residents <u>regularly</u> receive information regarding services in the broader community and access options, such as public			

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	<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 residents, 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 residents would desire such access?</p>			
	<p>8. Do the residents <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>			

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	10. If desired, can the resident seek meaningful employment commensurate with the resident'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?			
<p>Federal Requirement #1 appears to be met:</p> <p>Additional Comments:</p>				If not met, please explain:
				Action(s) required to meet:
				Timeline for completion of action(s):
<p>2. <i>The setting gives individuals the right to select from among various setting options, including non-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 	1. Do all of the residents have on file a person-centered care plan?			
	2. Are residents and their families allowed to participate in the care planning process?			
	3. Do the residents have a choice regarding the setting in which they receive services?			

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<p>the right to fully participate in a person-centered planning process commensurate with the consumer's abilities and desires.</p> <ul style="list-style-type: none"> The consumer has the right to exercise choice about what, when, where and how services will be provided. 	<p>4. Does the care planning process allow for changes/choice regarding services provided?</p>			
<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>
<p>3. <i>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</i></p>	<p>1. Do the residents have access to a private telephone, email or other means of communication?</p>			
	<p>2. Are communications with providers, such as therapists, physicians, social workers and with HCB setting staff regarding</p>			

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<ul style="list-style-type: none"> The consumer has the right to privacy in personal activities and for medical and personal information. 	the residents' medical conditions, financial situation and others held in a place where privacy/confidentiality is assured?			
	3. Can residents close and lock their bedroom door? 4. Their bathroom door?			
	5. Does the HCB setting offer a secure place to store residents' 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 residents at the setting in ways that the individual can understand?			
	2. Do the residents 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 residents allowed to dress or groom in a manner that is different from other residents; such as a different hairstyle?			
<ul style="list-style-type: none"> The consumer has a right to a minimum of curfews and other 	1. Does the setting impose any curfews or day or time restrictions regarding access to the community or to services within			

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related restraints.	the HCB setting?			
	2. Are these day or time restrictions driven primarily by the operation requirements of the setting?			
	3. And/or the resident'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 residents' access to the setting?			
<ul style="list-style-type: none"> • Facility access to consumer living quarters to ensure the health and safety of individual consumers as outlined in their person-centered care plan. 	1. Does the setting have a policy regarding facility access to residents' living quarters commensurate with those set by the program?			
	2. Does the policy cover under what circumstances the facility uses such access without the resident's permission?			

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	3. Does it appear that the setting is following its written policies and procedures?			
<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?			
	3. And/or the resident's care plan?			
	4. Does it appear that the setting is following its written policies and procedures?			
<p>Federal Requirement #3 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>

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<p>4. <i>The setting optimizes individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.</i></p> <ul style="list-style-type: none"> The consumer has the right of association with roommates, facility staff and visitors. 	<ol style="list-style-type: none"> Can residents choose with whom to interact with or participate with in activities? If desired, can they choose to dine or do other activities alone or in their rooms? 			
<ul style="list-style-type: none"> The consumer has the right to set one's own schedule for meals/snacks, participating in activities, having visitors, coming and going. 	<ol style="list-style-type: none"> Do residents have the choice regarding daily activities? How is this choice communicated to the residents? What activities are included in "choice" (such as walking, bathing, eating, exercising, in-setting activities)? 			
<p>Federal Requirement #4 appears to be met:</p> <p>Additional Comments:</p>				<p>If not met, please explain:</p>
				<p>Action(s) required to meet:</p>

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				Timeline for completion of action(s):
<p data-bbox="71 436 392 641"><i>5. The setting facilitates individual choice regarding services and supports, and who provides them.</i></p> <ul data-bbox="71 673 392 941" 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 file a complaint. 	1. Can residents 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 residents seek services from service providers other than those employed or contracted by the HCB setting?			
	3. Do residents know how to file a complaint with the HCB setting regarding their concerns or questions?			
	4. Are they assured privacy/confidentiality in doing so?			
	5. Is there a process for allowing the residents to voice concerns or ask questions regarding the services received?			
<p data-bbox="71 1247 919 1315">Federal Requirement #5 appears to be met:</p> <p data-bbox="71 1315 919 1481">Additional Comments:</p>				If not met, please explain:
				Action(s) required to meet:

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				<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>1. As applicable, do residents have a lease or, for settings in which landlord-tenant laws do not apply, a written residency agreement?</p>			
	<p>2. Are residents informed of their rights regarding housing and when they could be required to relocate?</p>			
<p>Federal Requirement #6 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>7. The setting provides for privacy in units including lockable doors, choice of roommates and</i></p>	<p>1. Do residents have a choice regarding roommates or private accommodations?</p>			

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<p><i>freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.</i></p> <ul style="list-style-type: none"> The consumer has the right to freedom of association with roommates, facility staff and visitors. 	<p>2. Is there a process for changing roommates or acquiring other accommodations if desired by the resident?</p>			
<ul style="list-style-type: none"> The consumer has the right to determine his/her room décor and other personal aspects of living. 	<p>1. Can residents choose their own bedroom furniture and accessories?</p> <p>2. Can personal belongings from their home be used in the HCB setting?</p>			
<p>Federal Requirement #7 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>8. <i>The setting provides for options for individuals to</i></p>	<p>1. Do residents have access to food as desired?</p>			

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<i>control their own schedules including access to food at any time.</i>	2. Are there set meal times that allow for some flexibility in eating times?			
	3. Do residents have the option of eating in their rooms or in a private dining area?			
Federal Requirement #8 appears to be met: Additional Comments:				If not met, please explain: Action(s) required to meet: Timeline for completion of action(s):
9. The setting provides Individuals the freedom to have visitors at any time. <ul style="list-style-type: none"> The consumer has the right of freedom of association with roommates, facility staff and visitors. 	1. Are visitors welcome to visit residents?			
	2. Are the times of visits restricted in any way?			
	3. Can visitors see the residents in the residents' rooms or in common areas of the HCB setting?			
	4. Can visitors take the residents outside the setting; such as for a meal or shopping?			
	5. Can visitors take the residents for a longer visit outside the setting,			

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	<p>such as for holidays or a weekend?</p> <p>6. Are there restrictions to a longer visit?</p>			
<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. 	<p>1. Is there any public area within the HCB setting that is not accessible to all residents?</p>			
	<p>2. Can residents access the setting and its amenities at will?</p>			
	<p>3. Do residents have access to the usual services/supports found in one's home, such as a kitchen, laundry, dining area and comfortable seating in common areas?</p>			
	<p>4. For those residents who need additional support, is such support available; such as grab bars, seats</p>			

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	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):

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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:** _____