

**State Transition Plan  
PROVIDER SELF-ASSESSMENT  
RESIDENTIAL Home and Community-Based Settings**

In order to assist the State assessment team in determining compliance with the new Federal Home and Community-Based (HCB) Setting requirements, please complete the following self-assessment survey. Please complete all questions unless otherwise noted as “optional.”

NOTE: please attach the following when this survey is returned:

1. A copy of the facility’s license/certification/registration/other.
2. A copy of any brochures or publicly-available information regarding the facility (optional). If such information is provided and a question(s) below asks for information that is in the brochure, simply note “see brochure” in the response to the question.

| Federal Requirement Category | Specific Question  | Response   |
|------------------------------|--|--|
| <b>General Questions</b>     | 1. Is the HCB setting a residential or non-residential setting?  | Residential <input type="radio"/> Non-Residential <input type="radio"/><br><br>Note: if this is a non-residential setting do not complete this form, please obtain the Non-Residential Setting form. |
|                              | 2. What type of facility license, certification/registration, etc. does the setting possess?   | Explain:   |
|                              | 3. Please provide a brief description of the HCB setting. What is the capacity of the setting? Does the setting have a specific focus or cater to a particular population? Please briefly describe the population served by the HCB setting. Please briefly describe the setting’s current caseload mix including Medi-Cal, physically disabled, non-physically disabled, elderly persons, others. | Capacity:<br><br>Specific Focus:<br><br>Population Served:<br><br>Current Caseload and Average Daily Attendance:<br><br>Other description if applicable (optional):                                  |
|                              | 4. Please briefly describe the services/supports provided by the HCB setting. Does the setting   | Description of Services/Supports:  |

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|   | <p>provide both on-site and off-site services? Are the services primarily medical or non-medical?</p>  | <p>On-site Services <input type="radio"/>    Off-site Services <input type="radio"/>    Both <input type="radio"/></p> <p>Primarily Medical <input type="radio"/>    Primarily Non-Medical <input type="radio"/>    Both <input type="radio"/></p> |
|   | <p>5. Please briefly 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). Is the larger community primarily a residential community, a business community or an industrial community?</p>       | <p>Description of Community:</p> <p>Residential Community <input type="radio"/>    Business Community <input type="radio"/>    Industrial Community <input type="radio"/></p>  |
|   | <p>6. Please describe the process within the HCB setting for requesting a modification of any of the federal requirements for an individual resident (pursuant to the process described in the Federal regulations); such as the assessed need for restriction of a particular resident's egress from the HCB setting.</p> | <p>Process for Modification Request:</p> <p>Note: modification requests MUST include the person-centered care planning process and MUST be directed at the individual person, not to a group of persons.</p>                                       |
| <p>1. <i>The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive</i></p> | <p>1. Do the residents have the freedom to move about inside and outside the HCB setting or are they primarily restricted to one room or area? If restricted, please explain.</p>  | <p>Freedom of Movement:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Restrictions:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If yes, please explain:</p>  |

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| <i>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> |  | Comments (optional):  |
|   | 2. 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.?  | Resources Available:      Yes <input type="radio"/> No <input type="radio"/><br><br>Comments (optional):  |
|   | 3. Do residents <u>regularly</u> receive information regarding services in the broader community and access options, such as public bus/light rail, taxi/van services, special transportation providers, etc.? If no, please explain.<br><br>Note: "Regularly" must be documented as defined in program policies and procedures.       | Regular Information:      Yes <input type="radio"/> No <input type="radio"/><br><br>If No, Please Explain:<br><br>Comments (optional):  |
|   | 4. 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? If no, please explain. Are there major impediments to access, such as major highways or busy intersections or few sidewalks? If yes, please explain. | Community Accessibility:      Yes <input type="radio"/> No <input type="radio"/><br><br>If No, Please Explain:<br><br>Major Impediments:      Yes <input type="radio"/> No <input type="radio"/><br><br>If Yes, Please Explain:<br><br>Comments (optional): |

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|                              | 5. Is such access safe during the times that residents would desire such access? If no, please explain.  | Safe Access: Yes <input type="radio"/>   | No <input type="radio"/><br><br>If No, Please Explain:<br><br>Comments (optional):   |
|                              | 6. Do the residents <u>regularly</u> access the larger community outside the HCB setting? If no, please explain. Does the HCB setting assist in this access? If so, describe how that assistance takes place; such as transportation, information regarding community activities, companionship during outings?<br><br>Note: "Regularly" must be documented as defined in program policies and procedures. | Regular Access: Yes <input type="radio"/><br><br>If No, Please Explain.<br><br>Setting Assistance: Yes <input type="radio"/> | No <input type="radio"/><br><br><br><br>No <input type="radio"/><br><br>If Yes, Description of Assistance:<br><br><br><br>Comments (optional): |
|                              | 7. If desired, can the resident seek meaningful employment commensurate with the resident's abilities and desires outside the HCB setting? If no, please explain.  | Available Employment: Yes <input type="radio"/>  | No <input type="radio"/><br><br>If No, Please Explain:<br><br>Comments (optional):   |
|                              | 8. Are there restrictions while at the HCB setting on access to the community outside the HCB setting, such as a curfew? Please describe.  | Restrictions to Access: Yes <input type="radio"/>  | No <input type="radio"/><br><br>Description of Restrictions:   |

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| Additional Information that Demonstrates Compliance Under Federal Requirement #1 (optional):   |  |   |
| <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"> <li>The consumer has the right to fully participate in a person-centered planning process commensurate with the consumer's abilities and desires.</li> <li>The consumer has the right to exercise choice about what, when, where and how services will be provided.</li> </ul> | <p>1. Do all of the residents have on file a person-centered care plan? Please briefly describe the care planning process and who participates. Are residents and their families allowed to participate? If no, please explain.</p> <p>2. Do the residents have a choice regarding the setting in which they receive services? Please briefly describe this process.</p> <p>3. Does the care planning process allow for changes/choice regarding services provided? If no, please explain.</p> | <p>Care Plan on File:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description of Process:</p> <p>Resident and/or Family Participation:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Choice in Setting:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description of process:</p> <p>Comments (optional):</p> <p>Changes/Choice Allowed:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p> |

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| Additional Information that Demonstrates Compliance Under Federal Requirement #2 (optional):  |   |  |
| <p>3. <i>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</i></p> <ul style="list-style-type: none"> <li>The consumer has the right to privacy in personal activities and for medical and personal information.</li> </ul> | <p>1. Do the residents have access to a private telephone, email or other means of communication? Please describe.</p>  | <p>Communication Access:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description:</p>  |
|   | <p>2. Are communications with providers, such as therapists, physicians, social workers and with HCB setting staff regarding the residents' medical conditions, financial situation and others held in a place where privacy/confidentiality is assured? Please describe.</p> | <p>Privacy/Confidentiality Regarding Medical Condition(s):    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description:</p>  |
|   | <p>3. Can residents close and lock their bedroom door? Their bathroom door? If no to either, please explain.</p>  | <p>Close and Lock Bedroom Door:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Close and Lock Bathroom Door:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p> |

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|   | 4. Does the HCB setting offer a secure place to store residents' personal belongings for the period of time they are receiving services?             | Secure Storage Area: Yes <input type="radio"/> No <input type="radio"/><br>Comments (optional):                          |
| <ul style="list-style-type: none"> <li>The consumer has the right to receive easily understood written and oral communications.</li> </ul>                | 1. Please briefly describe the method(s) of communication with the residents at the setting.   | Description:   |
|   | 2. What kinds of information do the residents receive on a regular basis?  | Information:   |
| <ul style="list-style-type: none"> <li>The consumer has the ability to determine clothing, hair and make-up, other personal aspects of living.</li> </ul> | 1. Are residents allowed to dress or groom in a manner that is different from other residents; such as a different hairstyle? If no, please explain. | Different Grooming: Yes <input type="radio"/> No <input type="radio"/><br>If No, Please Explain:<br>Comments (optional): |
| <ul style="list-style-type: none"> <li>The consumer has a right to a minimum of curfews and other related restraints.</li> </ul>                          | 1. Please briefly describe any curfews or day or time restrictions regarding access to the community or to services within the HCB setting.          | Description:   |

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|   | 2. Are these day or time restrictions driven primarily by the operation requirements of the setting or the resident's care plan?  | Driven by Setting Operations:      Yes <input type="radio"/> No <input type="radio"/><br>Driven by Care Plan:                      Yes <input type="radio"/> No <input type="radio"/><br>Comments (optional): |
| <ul style="list-style-type: none"> <li>Prohibition of locked internal doors by local fire authorities.</li> </ul>   | 1. Please describe the fire and facility policies regarding internally locked doors?  | Description:  |
|   | 2. Do such policies significantly restrict residents' access to the setting? If yes, please explain.  | Restriction of Access:                      Yes <input type="radio"/> No <input type="radio"/><br>If Yes, Please Explain:<br>Comments (optional):   |
| <ul style="list-style-type: none"> <li>Facility access to consumer living quarters to ensure the health and safety of individual consumers as outlined in their person-centered care plan.</li> </ul> | 1. Please briefly describe the policy regarding facility access to residents' living quarters? Under what circumstances would the facility use such access without the resident's permission? | Description of Policy:<br>Use of Facility Access:   |
| <ul style="list-style-type: none"> <li>The consumer has the right to secured egress to ensure the health and safety of</li> </ul>   | 1. Please briefly describe the HCB setting's policy on restriction of egress from the setting?  | Description:  |

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| the individual consumer as outlined in his/her person-centered care plan.  | 2. Are these egress restrictions driven primarily by the operation requirements of the setting or the resident's care plan?   | Driven by Setting Operations: | Yes <input type="radio"/> No <input type="radio"/> |
|  |   | Driven by Care Plan:          | Yes <input type="radio"/> No <input type="radio"/> |
|  |   | Comments (optional):          |  |
| Additional Information that Demonstrates Compliance Under Federal Requirement #3 (optional):   |   |                               |  |
| <p><i>4. 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"> <li>The consumer has the right of association with roommates, facility staff and visitors.</li> </ul> | 1. 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? Please describe.  | Choice of Whom to Interact:   | Yes <input type="radio"/> No <input type="radio"/> |
|  |   | Private Dining or Activities: | Yes <input type="radio"/> No <input type="radio"/> |
|  |   | Description:                  |  |
| <ul style="list-style-type: none"> <li>The consumer has the right to set one's own schedule for meals/snacks, participating in activities, having visitors, coming and</li> </ul>  | 1. Do residents have the choice regarding daily activities? If no, please explain. How is this choice communicated to the residents? What activities are included in "choice" (such as walking, bathing, eating, exercising, in-setting | Choice in Daily Activities:   | Yes <input type="radio"/> No <input type="radio"/> |
|  |   | If No, Please Explain:        |  |
|  |   | Communication of Choice:      |  |

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| going.  | activities)?   | Activities Included in "Choice:"   |
| Additional Information that Demonstrates Compliance Under Federal Requirement #4 (optional):  |  |  |
| <p><i>5. The setting facilitates individual choice regarding services and supports, and who provides them.</i></p> <ul style="list-style-type: none"> <li>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.</li> </ul> | <p>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? If no, please explain.</p>             | <p>Choice of Service Provider From Within Setting:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p>  |
|   | <p>2. Can residents seek services from service providers other than those employed or contracted by the HCB setting? If so, please describe the process for this. If no, please explain.</p>           | <p>Choice of Service Provider From Outside Setting:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Description of Process:</p>  |
|   | <p>3. Do residents know how to file a complaint with the HCB setting regarding their concerns or questions? Are they assured privacy/confidentiality in doing so? If no to either, please explain.</p> | <p>Knowledge on How to File a Complaint:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Privacy/Confidentiality When Filing a Complaint:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>If No, Please Explain:</p> |

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|   |   | <p>Comments (optional):</p>   |
|   | <p>4. Is there a process for allowing the residents to voice concerns or ask questions regarding the services received? Please describe.</p>                          | <p>Process for Voicing Concerns Regarding Services:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>Description:</p>                            |
| <p>Additional Information that Demonstrates Compliance Under Federal Requirement #5 (optional):</p>   |   |   |
| <p>6. <i>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? If no, please explain.</p> | <p>Lease or Written Residency Agreement:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p> |
|   | <p>2. Are residents informed of their rights regarding housing and when they could be required to relocate? Please describe.</p>                                      | <p>Informed of Rights:      Yes <input type="radio"/>      No <input type="radio"/></p> <p>Description:</p>   |
| <p>Additional Information that Demonstrates Compliance Under Federal Requirement #6 (optional):</p>   |   |   |

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| <p><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></p> <ul style="list-style-type: none"> <li>The consumer has the right to freedom of association with roommates, facility staff and visitors.</li> </ul> | <p>1. Do residents have a choice regarding roommates or private accommodations? If no, please explain.</p>   | <p>Choice of Roommates or Private Accommodations:</p> <p>If No, Please Explain:</p> <p>Comments (optional):</p>   | <p>Yes <input type="radio"/></p>                                  | <p>No <input type="radio"/></p>                                 |
|   | <p>2. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? Please describe.</p>   | <p>Process for Changing Accommodations:</p> <p>Description:</p>   | <p>Yes <input type="radio"/></p>                                  | <p>No <input type="radio"/></p>                                 |
| <ul style="list-style-type: none"> <li>The consumer has the right to determine his/her room décor, other personal aspects of living.</li> </ul>   | <p>1. Can residents choose their own bedroom furniture and accessories? Can personal belongings from their home be used in the HCB setting? If no to either, please explain.</p> | <p>Choice of Furnishings:</p> <p>If No, Please Explain:</p> <p>Choice to Use Personal Belongings:</p> <p>If No, Please Explain:</p> <p>Comments (optional):</p> | <p>Yes <input type="radio"/></p> <p>Yes <input type="radio"/></p> | <p>No <input type="radio"/></p> <p>No <input type="radio"/></p> |
| <p>Additional Information that Demonstrates Compliance Under Federal Requirement #7 (optional):</p>   |  |   |   |   |

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| <p>8. <i>The setting provides for options for individuals to control their own schedules including access to food at any time.</i></p>  | <p>1. Please briefly describe the routine for meals and snacks. Do residents have access to food as desired? Are there set meal times that allow for some flexibility in eating times?</p> | <p>Description of Meal Routine:</p> <p>Access to Food as Desired: Yes <input type="radio"/> No <input type="radio"/></p> <p>Set Meal Times: Yes <input type="radio"/> No <input type="radio"/></p> <p>Flexibility in Meal and Snack Times: Yes <input type="radio"/> No <input type="radio"/></p> <p>Comments (optional):</p> |
|   | <p>2. Do residents have the option of eating in their rooms or in a private dining area?</p>   | <p>Private Dining: Yes <input type="radio"/> No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p>   |
| <p>Additional Information that Demonstrates Compliance Under Federal Requirement #8 (optional):</p>   |  |   |
| <p>9. <i>The setting provides Individuals the freedom to have visitors at any time.</i></p> <ul style="list-style-type: none"> <li>The consumer has the right of freedom of association with roommates, facility</li> </ul> | <p>1. Are visitors welcome to visit residents? If no, please explain. Are the times of visits restricted in any way? If restricted, please explain.</p>                                    | <p>Visitors Welcome: Yes <input type="radio"/> No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Visitor Restrictions: Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, please explain:</p>  |



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| <p><i>10. The setting is a physically accessible setting.</i></p> <ul style="list-style-type: none"> <li>The consumer has the right to access to all the public areas of the facility.</li> </ul> | <p>1. Is there any public area within the HCB setting that is not accessible to all residents? Please describe.</p>  | <p>Accessibility of Setting:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description:</p>                                |
|   | <p>2. Can residents access the setting and its amenities at will? Please describe.</p>   | <p>Accessibility of Setting Amenities:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>Description:</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? If no, please explain.</p>                                       | <p>Setting Amenities:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p> |
|   | <p>4. For those residents who need additional support, is such support available; such as grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the residents? If no, please explain.</p> | <p>Setting Supports:    Yes <input type="radio"/>    No <input type="radio"/></p> <p>If No, Please Explain:</p> <p>Comments (optional):</p>  |
| <p>Additional Information that Demonstrates Compliance Under Federal Requirement #10 (optional):</p>  |  |  |