



**State Transition  
MSSP Congregate Meal Center- On-Site Assessment Tool  
Non-Residential Home and Community-Based Settings**

Date(s) of Assessment \_\_\_\_\_

Assessment Completed by CDA MSSP staff: \_\_\_\_\_

Setting Name and Location - Congregate Meal Site \_\_\_\_\_

HCBS Setting Type - Waiver Program Multipurpose Senior Services Program

**Federal Requirement Category**

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.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
1a. Do participants regularly receive information regarding services in the community and access options, such as public bus/light rail, taxi/van services, special transportation providers, etc.?				
1b. Does the Congregate Meal Provider include access to the community as part of its plan for services?				

1c. Does the Congregate Meal Provider encourage and support participants in seeking employment in competitive integrated settings, as applicable?				
1d. Does the Congregate Meal Provider encourage visitors or others from the community to visit the setting?				

**Federal Requirement #1:**

**Additional Comments:**

**Federal Requirement Category**

2. The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
2a. Does the Congregate Meal Provider have a person-centered care plan on file for all participants based on the participants’ needs and preferences?				
2b. Does the Congregate Meal Provider encourage participants and/or their families or designated representatives to participate in the care planning process?				
2c. Does the person-centered plan identify various setting options, including non-disability settings, provided to the participants?				
2d. Does the person-centered plan identify the participants’ choice to receive services from the Provider?				

**Federal Requirement #2:**

**Additional Comments:**

**Federal Requirement Category**

3. The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
3a. Does the Congregate Meal Provider inform participants of their rights to privacy, dignity, respect, and freedom from coercion and restraint?				
3b. Does the Congregate Meal Provider conduct communications about the participants’ personal information, such as medical conditions and financial situation in a place where privacy/confidentiality is assured?				
3c. Does the Congregate Meal Provider ensure that participants have privacy while using the bathroom and when assisted with personal care?				
3d. Does the Congregate Meal Provider offer a secure place to store participants’ personal belongings for the period of time they are receiving services?				
3e. Does the Congregate Meal Provider staff communicate with participants based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants’ language, etc.)?				

3f. Does the Congregate Meal Provider allow participants to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life- style preferences?				
3g. Does the Congregate Meal Provider appropriately utilize restraints?				
3h. Does the Congregate Meal Provider use delayed egress devices or have secured perimeters?				

**Federal Requirement #3:**

**Additional Comments:**

**Federal Requirement Category**

4. The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
4a. Does the Congregate Meal Provider allow participants to have a meal/snacks to meet their needs and preferences?				
4b. Does the Congregate Meal Provider encourage participants to interact with friends, family, and the greater community?				
4c. Does the Congregate Meal Provider encourage participants to engage in whichever activities they choose?				

**Federal Requirement #4:**

**Additional Comments:**

5. The setting facilitates individual choice regarding services and supports, and who provides them.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
5a. Does the Congregate Meal Provider allow participants to choose from a variety of services and supports to the extent that alternative choices are available?				
5b. Does the Congregate Meal Provider have a complaint/grievance policy and inform participants how to file a complaint/grievance?				
5c. Does the Congregate Meal Provider allow participants to voice their concerns or ask questions regarding the services received including the choice to modify their services?				

**Federal Requirement #5:**

**Additional Comments:**

**Federal Requirement Category**

6. The setting is physically accessible to the individual.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
6a. Does the Congregate Meal Site ensure that all public areas and amenities are physically accessible to participants and provide equipment to meet participants' needs?				

**Federal Requirement #6:**

**Additional Comments:**



**Assessment Completed By:**

**Date of Signature**

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**Reviewed and Approved By:**

**Date of Signature**

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

**Verified by:**

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**Date:**

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