



**State Transition  
MSSP Adult Day 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 – Adult Day Center \_\_\_\_\_

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.

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
1a. Do participants regularly receive information regarding services in the broader community and access options, such as public bus/light rail, taxi/van services, special transportation providers, etc.?				

1b. Does the Adult Day Care (ADC) provider include access to the community as part of its plan for services?				
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1c. Does the ADC provider encourage and support participants in seeking employment in competitive integrated settings, as applicable?				
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1d. Does the ADC provider encourage visitors or others from the community to visit the setting?				
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**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 ADC provider have a person-centered care plan on file for all participants based on the participants’ needs and preferences?				
2b. Does the ADC provider encourage participants and/or their families or designated representatives to participate in the care planning process?				
2c. Does the ADC provider discuss with the participant the various community setting and service options, including non-disability settings, available to them and document the options discussed in the person-centered care plan?				
2d. Does the person-centered plan identify the participants’ choice to receive services from the center?				

**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 ADC provider inform participants of their rights of privacy, dignity, respect, and freedom from coercion and restraint and provide a copy of these rights.				
3b. Does the ADC 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 ADC provider ensure that participants have privacy while using the bathroom and when assisted with personal care?				
3d. Does the ADC provider offer a secure place to store participants’ personal belongings for the period of time they are receiving services?				
3e. Does the ADC 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 ADC 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 ADC provider appropriately utilize restraints?				
3h. Does the ADC 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.

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

**Federal Requirement #4:**

**Additional Comments:**

**Federal Requirement Category**

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

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
5a. Does the ADC provider allow participants to choose from a variety of services and supports to the extent that alternative choices are available?				
5b. Does the ADC provider have a complaint/grievance policy and inform participants how to file a complaint/grievance?				
5c. Does the ADC 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.

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
6a. Does the ADC provider 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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