

## HCBS Provider Self-Assessment

Setting Name:

Person completing survey:

Setting Address:

Telephone Number:

Number of Beds in Setting:

Email Address:

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Characteristics that are expected to be present in all home and community-based settings and associated traits that individuals in those settings might experience:

1. **The setting was selected by individuals.**
  - a. Do you give individuals the choice of available options regarding where to live?  
Yes No
  - b. Do you give individuals opportunities to visit other settings?  
Yes No
  - c. Do the settings reflect an individual's needs and preferences?  
Yes No
2. **Individuals participate in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.**
  - a. Do individuals regularly access the community and would they be able to describe how they access the community?  
Yes No
  - b. Do individuals have a choice of who assists in facilitating the activity and where they go?  
Yes No
  - c. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?  
Yes No
  - d. Do individuals come and go at any time?  
Yes No
  - e. Do individual talk about activities occurring outside of the setting?  
Yes No
3. **Individuals are employed or active in the community outside of the setting.**
  - a. Do individuals work in integrated community settings?  
Yes No
  - b. If an individual would like to work, is there activity that ensures the option is pursued?  
Yes No
  - c. Do individuals participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?  
Yes No
4. **Individuals have their own bedrooms or share a room with a roommate of choice.**
  - a. Do you give individuals a choice of a roommate?  
Yes No
  - b. Do individuals talk about their roommate(s) in a positive manner?  
Yes No
  - c. Do individuals express a desire to remain in a room with their roommate?  
Yes No
  - d. Do married couples share or not share a room by choice?  
Yes No
  - e. Do individual know how they can request a roommate change?  
Yes No
5. **Individuals choose and control a schedule that meets their wishes in accordance with a person-centered plan.**
  - a. Do you make clear to individuals they are not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?  
Yes No
  - b. Does the individual's schedule vary from others in the same setting?  
Yes No

- c. Do individuals have access to such things as a television, radio, and leisure activities that interest them and can they schedule such activities at their convenience?  
Yes No
- 6. Individuals control their personal resources.**
- a. Do individuals have a checking or savings account or other means to control their funds?  
Yes No
- b. Does the individual have access to their funds?  
Yes No
- c. Do you make clear to individuals they are not required to sign over their paychecks to the provider?  
Yes No
- 7. Individuals choose when and what to eat.**
- a. Do individuals have a meal at the time and place of their choosing?  
Yes No
- b. Can individuals request an alternative meal if desired?  
Yes No
- c. Are snacks accessible and available anytime?  
Yes No
- d. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?  
Yes No
- 8. Individuals choose with whom to eat or to eat alone.**
- a. Are individuals required to sit at an assigned seat in a dining area?  
Yes No
- b. Do individuals converse with others during meal times?  
Yes No
- c. Do individuals have the choice to eat privately?  
Yes No
- 9. Individual choices are incorporated into the services and supports received.**
- a. Does staff ask individuals about their needs and preferences?  
Yes No
- b. Do individuals know how to make a service request?  
Yes No
- c. Do individuals express satisfaction with the services being received?  
Yes No
- d. Do you accommodate requests for services and supports?  
Yes No
- e. Do you facilitate choice in a manner that leaves individuals feeling empowered to make decisions?  
Yes No
- 10. Individuals choose from whom they receive services and supports.**
- a. Can individuals identify other providers who render the services they receive?  
Yes No
- b. Do individuals express satisfaction with the provider selected or have they asked for a meeting to discuss a change?  
Yes No
- c. Do individuals know how and to whom to make a request for a new provider?  
Yes No
- 11. Individuals have access to make private telephone calls/text/email at the individual's preference and convenience.**
- a. Do individuals have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?  
Yes No
- b. Is the telephone or other technology device in a location that has space around it to ensure privacy?  
Yes No
- c. Does the individual's room have a telephone jack, WI-FI or ETHERNET jack?  
Yes No

**12. Individuals are free from coercion.**

- a. Is information about filing a complaint posted in an obvious location and in an understandable format?  
Yes No
- b. Are individuals' comfortable discussing concerns?  
Yes No
- c. Do individuals know the person to contact or the process to make an anonymous complaint?  
Yes No
- d. Can individuals file an anonymous complaint?  
Yes No
- e. Do individuals in the setting have different haircut/hairstyle and hair color?  
Yes No

**13. Individuals, or a person chosen by the individual, have an active role in the development and update of the individual's person-centered plan.**

- a. Do individuals know how to schedule Person-Centered Planning meetings?  
Yes No
- b. Can individuals explain the process to develop and update their plan?  
Yes No
- c. Were individuals present during the last planning meeting?  
Yes No
- d. Do you make the planning meeting occur at a time and place convenient for individuals to attend?  
Yes No

**14. The setting does not isolate individuals from individuals in the broader community not receiving Medicaid HCBS.**

- a. Do individuals receiving HCBS live in a different area of the setting separate from individuals not receiving Medicaid HCBS?  
Yes No
- b. Is the setting in the community among other private residences, retail businesses?  
Yes No
- c. Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?  
Yes No
- d. Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?  
Yes No
- e. Are visitors present?  
Yes No
- f. Are visitors restricted to specified visiting hours?  
Yes No
- g. Are visiting hours posted?  
Yes No
- h. Is there evidence that visitors have been present at regular frequencies?  
Yes No
- i. Are visitors restricted to specific meeting areas?  
Yes No

**15. Facility protocols or practices do not limit individuals' choices.**

- a. Do your protocols or practices prohibit individuals' access to food at any time?  
Yes No
- b. Do your protocols or practices require restrictions such as posted visiting hours or schedules?  
Yes No
- c. Are individuals prohibited from engaging in legal activities?  
Yes No

**16. The setting is an environment that supports individual comfort, independence and preferences.**

- a. Do you make sure individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?  
Yes No
- b. Do you make sure all communication (written and oral) is conducted in a language that the individual understands?  
Yes No
- c. Do you provide assistance in private, as appropriate, when needed?  
Yes No

**17. Individuals have unrestricted access in the setting.**

- a. Do you have gates, Velcro strips, locked doors, or other barriers preventing individuals to enter or exit from certain areas of the setting?  
Yes No
- b. Do you make sure individuals receiving Medicaid Home and Community-Based services can access amenities such as a pool or gym used by others on-site?  
Yes No
- c. Do you make sure the setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?  
Yes No

**18. The physical environment meets the needs of those individuals who require supports.**

- a. Do you provide needed supports to individuals to assist them to move about the setting as they choose, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?  
Yes No
- b. Do you make sure appliances are accessible to individuals (e.g. the washer and dryer are front loading for individuals in wheelchairs)?  
Yes No
- c. Do you make sure tables and chairs are at a convenient height and location so that individuals can access and use the furniture comfortably?  
Yes No

**19. Individuals have full access to the community.**

- a. Do individuals come and go at will?  
Yes No
- b. Do you make sure individuals can move about inside and outside the setting as opposed to sitting by the front door?  
Yes No
- c. Is there a curfew or other requirement for a scheduled return to the setting?  
Yes No
- d. Do individuals in the setting have access to public transportation?  
Yes No
- e. Are there bus stops nearby or are taxis available in the area?  
Yes No
- f. Do you make sure a van is available to transport individuals to appointments, shopping, etc.?  
Yes No
- g. Do you make sure bus and other public transportation schedules and telephone numbers are posted in a convenient location?  
Yes No
- h. Do you facilitate training in the use of public transportation?  
Yes No
- i. Do you make sure other resources are provided for individuals to access the broader community where public transportation is limited?  
Yes No

**20. Individual's rights to dignity and privacy are respected.**

- a. Do you keep health information about individuals private?  
Yes No

- b. Do you post schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area for all to view?  
Yes No
- c. Do you make sure individuals, who need assistance with grooming, are groomed as they desire?  
Yes No
- d. Do you make sure individuals' nails are trimmed and clean?  
Yes No

**21. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.**

- a. Do individuals wear their bathrobes all day long?  
Yes No
- b. Do you make sure individuals are dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?  
Yes No

**22. Staff communicates with individuals in a dignified manner.**

- a. Do individuals greet and chat with staff?  
Yes No
- b. Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?  
Yes No
- c. Does staff talk to other staff about an individual as if the individual was not present or within earshot of other persons living in the setting?  
Yes No
- d. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?  
Yes No

**Characteristics that are expected to be present in all provider-owned or controlled home and community-based settings and associated traits that individuals in those settings might experience:**

**1. Modifications of the setting requirements for individuals are supported by an assessed need and justified in the person-centered plan.**

- a. Does documentation note if positive interventions and supports were used prior to any plan modifications?  
Yes No
- b. Do you document less intrusive methods of meeting the need that were tried previously?  
Yes No
- c. Does the plan includes a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?  
Yes No

**2. Individuals have privacy in their sleeping space and toileting facility.**

- a. Do you make sure furniture is arranged as individuals prefer, and does the arrangement assure privacy and comfort?  
Yes No
- b. Can individuals close and lock the bedroom door?  
Yes No
- c. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?  
Yes No

- 3. Individuals have privacy in their living space.**
- a. Do you have cameras present in the setting?  
Yes No
  - b. Do you make sure the furniture is arranged as individuals prefer to assure privacy and comfort?  
Yes No
  - c. Do staff or other residents always knock and receive permission prior to entering an individual's living space?  
Yes No
  - d. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with individuals?  
Yes No
- 4. Individuals have comfortable places for private visits with family and friends.**
- a. Do you make sure the furniture is arranged to support small group conversations?  
Yes No
- 5. Individuals furnish and decorate their sleeping and or living units in the way that suits them.**
- a. Are individuals' personal items, such as pictures, books, and memorabilia present and arranged as the individual desires?  
Yes No
  - b. Do the furniture, linens, and other household items reflect the individual's personal choices?  
Yes No
  - c. Do individuals' living areas reflect their interests and hobbies?  
Yes No
- 6. There is a legally enforceable agreement for the unit or dwelling where the individual resides.**
- a. Do individuals have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?  
Yes No
  - b. Do individuals know their rights regarding housing and when they could be required to relocate?  
Yes No
- 7. Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.**
- a. Do individuals know how to relocate and request new housing?  
Yes No
  - b. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?  
Yes No