

**THE GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE**

**HCBS SETTINGS FOR ASSISTED LIVING AND COMMUNITY RESIDENCE FACILITIES**

**RESIDENTIAL SETTINGS**

The following is a self-assessment for residential settings housing individuals receiving DC Medicaid Home and Community Based Services through the Elderly and Persons with Disabilities (EPD) Waiver. It is the DC Department of Health Care Finance’s intention that providers to use this assessment to determine their setting compliance with the federal Home and Community-Based Services (HCBS) Settings Final Rule, *CMS 2249-F/2296-F*.

I. Describe the home where individuals currently reside.	
Ia. Type of home: <input type="checkbox"/> Assisted living residence <input type="checkbox"/> Community residence facility	
Ib. Name of Provider:	
Ic. Address:	Id. City, State, ZIP:
Ie. Individuals live: <input type="checkbox"/> Alone <input type="checkbox"/> With one other person <input type="checkbox"/> With two or more other individuals	
<i>If with one or more other persons:</i>	
If. Individuals are given a choice of a roommate(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ig. Individuals can express a desire to remain in a room with his/her roommate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ih. Individuals know they can request a roommate change:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	

2. Describe the ability the individual has to choose and control a schedule that meets his/her wishes in accordance with a person-centered plan	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Individuals are not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2b. Individual schedules vary from others in the same setting.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2c. Individuals have access to such things as a television, radio, and leisure activities that interest him/her and can schedule such activities at his/her convenience.
Notes:	

3. Describe the ability the individual has to choose when and what to eat.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Individuals have meals at the time and place of their choosing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Individuals can request an alternative meal if desired.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3c. Individuals can access snacks at anytime.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3d. Individuals are not required to wear bibs or use disposable cutlery, plates and cups.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3e. Individuals are not required to sit at an assigned seat in a dining area.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3f. Individuals can converse with others during meal times.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3g. Individuals can eat privately if desired.
Notes:	

4. Describe the ability the individual has to make private telephone calls/text/email at the individual's preference and convenience.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4a. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4b. The telephone or other technology device is in a location that has space around it to ensure privacy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4c. Individual rooms have a telephone jack, WI-FI or ETHERNET jack.
Notes:	

5. Describe the degree to which the setting isolates individuals from individuals not receiving Medicaid HCBS in the broader community.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5a. The setting is in the community among other private residences and retail businesses.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5b. Individuals do not live in and/or receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5c. Visitors are not restricted to specified visiting hours.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5d. Visiting hours are posted.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5e. There is evidence (i.e. guest log) that visitors have been present at regular frequencies.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5f. There are no restricted visitor's meeting areas.
Notes:	

6. Describe the degree to which the physical environment meets the needs of the individual.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6a. The setting is barrier-free, i.e. there are not gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6b. Individuals are assisted with accessing amenities such as a pool or gym used by others on-site.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6c. The setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting the individual mobility in the setting or if present there are environmental adaptations such as a stair lift or elevator to ameliorate the obstruction.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6d. Individuals (if in need of supports to move about the setting as they choose) have supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6e. Appliances are accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs).
<input type="checkbox"/> Yes <input type="checkbox"/> No	6f. Tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably.
Notes:	

7. Describe the individual's access to the community.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7a. Individuals can come and go at will.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Individuals can move about inside and outside the setting as opposed to sitting by the front door.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Individual has access to public transportation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7d. There are bus stops nearby or are taxis available in the area.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7e. There is an accessible van available to transport individuals to appointments, shopping, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7f. There are bus and other public transportation schedules and telephone numbers posted in a convenient location.

<input type="checkbox"/> Yes <input type="checkbox"/> No	7g. There is training in the use of public transportation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7h. Where public transportation is limited, there are other resources provided for individuals to access the broader community.
Notes:	

8. Describe the individual's sense of privacy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8a. Furniture is arranged as individuals prefer and assures privacy and comfort in the sleeping space and toileting facility.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8b. Individuals can close and lock their bedroom door.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8c. Staff or other residents always knock and receive permission prior to entering a bedroom or bathroom.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8d. Cameras are not present in individual living areas.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8e. Furniture is arranged as the individual prefers to assure privacy and comfort in his/her living area.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8f. Staff or other residents always knock and receive permission prior to entering an individual's living space.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8g. Staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with an individual.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8h. Individuals have comfortable places for private visits with family and friends.
Notes:	

**9. Describe the individual's level of protection from eviction and access to the appeal rights**

<input type="checkbox"/> Yes <input type="checkbox"/> No	9a. Individuals have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9b. Individuals know their rights regarding housing and when they could be required to relocate.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9c. Individuals knows how to relocate and request new housing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9d. The written agreement includes language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws.

Notes:

**Information on Individual Completing Assessment**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_