**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*.

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| 1. Describe the home where individuals currently reside.
 |
| 1a. Type of home: 🞏 Assisted living residence 🞏 Community residence facility  |
| 1b. Name of Provider:  |
| 1c. Address: | 1d. City, State, ZIP: |
| 1e. Individuals live: 🞏 Alone 🞏 With one other person 🞏 With two or more other individuals |
| *If with one or more other persons:*1f. Individuals are given a choice of a roommate(s): 🞏 Yes 🞏 No Ig. Individuals can express a desire to remain in a room with his/her roommate: 🞏 Yes 🞏 No 1h. Individuals know they can request a roommate change: 🞏 Yes 🞏 No  |
| *Notes:* |

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| 1. Describe the ability the individual has to choose and control a schedule that meets his/her wishes in accordance with a person-centered plan
 |
| 🞏 Yes 🞏 No  | 2a. Individuals are not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc. |
| 🞏 Yes 🞏 No  | 2b. Individual schedules vary from others in the same setting. |
| 🞏 Yes 🞏 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:* |

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| 1. Describe the ability the individual has to choose when and what to eat.
 |
| 🞏 Yes 🞏 No  | 3a. Individuals have meals at the time and place of their choosing. |
| 🞏 Yes 🞏 No  | 3b. Individuals can request an alternative meal if desired. |
| 🞏 Yes 🞏 No  | 3c. Individuals can access snacks at anytime. |
| 🞏 Yes 🞏 No  | 3d. Individuals are not required to wear bibs or use disposable cutlery, plates and cups. |
| 🞏 Yes 🞏 No  | 3e. Individuals are not required to sit at an assigned seat in a dining area. |
| 🞏 Yes 🞏 No  | 3f. Individuals can converse with others during meal times. |
| 🞏 Yes 🞏 No  | 3g. Individuals can eat privately if desired. |
| *Notes:* |

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| 1. Describe the ability the individual has to make private telephone calls/text/email at the individual’s preference and convenience.
 |
| 🞏 Yes 🞏 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. |
| 🞏 Yes 🞏 No  | 4b. The telephone or other technology device is in a location that has space around it to ensure privacy.  |
| 🞏 Yes 🞏 No  | 4c. Individual rooms have a telephone jack, WI-FI or ETHERNET jack. |
| *Notes:* |

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| 1. Describe the degree to which the setting isolates individuals from individuals not receiving Medicaid HCBS in the broader community.
 |
| 🞏 Yes 🞏 No  | 5a. The setting is in the community among other private residences and retail businesses. |
| 🞏 Yes 🞏 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. |
| 🞏 Yes 🞏 No  | 5c. Visitors are not restricted to specified visiting hours.  |
| 🞏 Yes 🞏 No  | 5d. Visiting hours are posted.  |
| 🞏 Yes 🞏 No  | 5e. There is evidence (i.e. guest log) that visitors have been present at regular frequencies.  |
| 🞏 Yes 🞏 No  | 5f. There are no restricted visitor’s meeting areas. |
| *Notes:*  |  |

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| 1. Describe the degree to which the physical environment meets the needs of the individual.
 |
| 🞏 Yes 🞏 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. |
| 🞏 Yes 🞏 No  | 6b. Individuals are assisted with accessing amenities such as a pool or gym used by others on-site. |
| 🞏 Yes 🞏 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. |
| 🞏 Yes 🞏 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.  |
| 🞏 Yes 🞏 No  | 6e. Appliances are accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs). |
| 🞏 Yes 🞏 No  | 6f. Tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably. |
| *Notes:*  |

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| 1. Describe the individual’s access to the community.
 |
| 🞏 Yes 🞏 No  | 7a. Individuals can come and go at will. |
| 🞏 Yes 🞏 No  | 7b. Individuals can move about inside and outside the setting as opposed to sitting by the front door. |
| 🞏 Yes 🞏 No  | 7c. Individual has access to public transportation. |
| 🞏 Yes 🞏 No  | 7d. There are bus stops nearby or are taxis available in the area. |
| 🞏 Yes 🞏 No  | 7e. There is an accessible van available to transport individuals to appointments, shopping, etc. |
| 🞏 Yes 🞏 No  | 7f. There are bus and other public transportation schedules and telephone numbers posted in a convenient location. |
| 🞏 Yes 🞏 No  | 7g. There is training in the use of public transportation.  |
| 🞏 Yes 🞏 No  | 7h. Where public transportation is limited, there are other resources provided for individuals to access the broader community. |
| *Notes:* |

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| 1. Describe the individual’s sense of privacy.
 |
| 🞏 Yes 🞏 No  | 8a. Furniture is arranged as individuals prefer and assures privacy and comfort in the sleeping space and toileting facility.  |
| 🞏 Yes 🞏 No  | 8b. Individuals can close and lock their bedroom door. |
| 🞏 Yes 🞏 No  | 8c. Staff or other residents always knock and receive permission prior to entering a bedroom or bathroom. |
| 🞏 Yes 🞏 No  | 8d. Cameras are not present in individual living areas. |
| 🞏 Yes 🞏 No  | 8e. Furniture is arranged as the individual prefers to assure privacy and comfort in his/her living area. |
| 🞏 Yes 🞏 No  | 8f. Staff or other residents always knock and receive permission prior to entering an individual’s living space. |
| 🞏 Yes 🞏 No  | 8g. Staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with an individual. |
| 🞏 Yes 🞏 No  | 8h. Individuals have comfortable places for private visits with family and friends. |
| *Notes:*  |

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| 1. Describe the individual’s level of protection from eviction and access to the appeal rights
 |
| 🞏 Yes 🞏 No  | 9a. Individuals have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement. |
| 🞏 Yes 🞏 No  | 9b. Individuals know their rights regarding housing and when they could be required to relocate. |
| 🞏 Yes 🞏 No  | 9c. Individuals knows how to relocate and request new housing. |
| 🞏 Yes 🞏 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:* |

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| **Information on Individual Completing Assessment**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |