

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

CMS exploratory questions have been provided as bulleted questions/guidance for this assessment to aid with responses to questions 1 through 18. Every bullet point may not specifically apply to every situation and should be considered guidance.

C = Compliant; NC = Non-Compliant; PC = Partially Compliant

Site Assessment Tool		C	NC	PC	
Questions 1 – 8 Apply to all settings (residential and non-residential)					
1. Is the setting integrated in and supportive of the same degree of access to the greater community for individuals whether or not they receive Medicaid HCBS?	C	NC	PC	Comments:	
• Is the setting in a public or privately-owned facility that provides inpatient treatment?					
• Is the setting on the grounds of, or immediately adjacent to a public institution?					
• Does the individual shop, attend religious services, schedules appointments, have lunch with family and friends, etc., in the community, as the individual chooses?					
• Does the individual come and go at any time?					
• Do individuals in the setting have access to public transportation? Or are other resources provided for the individual to access the broader community?					
• Does the setting offer opportunity for individuals to receive multiple types of services and activities OFF-site and not setting-operated, including day services, medical, behavioral and social/recreational services? (Note: If most of the individuals receive multiple types of services and activities ON-site, then answer “No” to this question.)					
• Is the setting in the community among other private residences, retail businesses?					
2. Does the setting provide opportunities to engage in community life?	C	NC	PC		

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool				C	NC	PC	
• Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?							
• Is the individual aware of or does s/he have access to materials to become aware of activities occurring outside of the setting?							
3. Is the individual employed or does the individual attend day services outside of the setting?	C	NC	PC	Comments:			
• Does the individual work in an integrated community setting?							
• If the individual is of working age, is there activity with the individual to pursue work as an option?							
• If work is not a goal, does the individual participate in meaningful day activities outside the setting?							
4. Does the setting provide opportunities to control personal resources?	C	NC	PC	Comments:			
• Does the individual have a checking or savings account or other means to control funds?							
• Does the individual have access to his/her funds?							
5. Does the setting ensure freedom from coercion and restraint?	C	NC	PC	Comments:			
• Is information about filing a complaint posted in an obvious location and in an understandable format?							
• Is the individual comfortable discussing concerns?							
• Does the individual know how to make a complaint?							
6. Does the setting ensure dignity, and respect?	C	NC	PC	Comments:			
• Are individuals, who need assistance with grooming, groomed as they desire?							

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool				C	NC	PC	
• Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?							
• 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'?							
• Is informal (written and oral) communication conducted in a language that the individual understands?							
• Does staff talk to other staff about an individual(s) with dignity and respect?							
• Does staff ensure that conversations about individuals occur privately and not within earshot of other persons living in the setting?							
7. Does the setting facilitate choices regarding services and supports and who provides them?	C	NC	PC	Comments:			
• Was the individual given a choice of available options regarding where to live/receive services?							
• Was the individual given opportunities to visit other settings?							
• Do staff ask the individual about her/his needs and preferences?							
• Are individuals aware of how to make a service request?							
• Can the individual choose the provider or staff who render the services s/he receives?							
8. Does the setting optimize interaction, autonomy and independence in making life choices?	C	NC	PC	Comments:			
• Is the individual given information to assist him/her to make informed decisions?							
• Is the individual learning skills to enable him/her to maximize independence?							
Questions 9 – 17 apply to provider owned and operated residential settings							

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool				C	NC	PC	
9. Is there a legally enforceable agreement comparable to a lease?	C	NC	PC	Comments:			
• Does the individual know his/her rights regarding housing and when s/he could be required to relocate?							
• 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?							
10. Are there opportunities for individuals to have privacy?	C	NC	PC	Comments:			
• Do staff or other residents always knock and receive permission prior to entering an individual's living space?							
• Can the individual have private visits with family and friends?							
• Is health information about individuals kept private?							
• Does the individual 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?							
11. Do individuals have choice of roommates?	C	NC	PC	Comments:			
• Does the individual have his/her own bedroom?							
• If not, was the individual given a choice of a roommate? (Note: For individuals who room-share)							
• Does the individual know how s/he can request a roommate change?							
12. Do individuals have freedom to furnish their sleeping units?	C	NC	PC	Comments:			
• Are the individual's personal items, such as pictures, books, and memorabilia are present and arranged as the individual desires?							
• Do the furniture, linens, and other household items reflect the individual's personal choices?							

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool				C	NC	PC	
13. Do individuals have control over their schedules?				C	NC	PC	Comments:
• Does the individual's schedule vary from others in the same setting?							
• Does the individual have access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience?							
• Is an individual able to follow his/her own flexible (i.e., not set) schedule for waking, bathing, eating, exercising, activities, etc.?							
14. Are individuals able to have visitors at any time?				C	NC	PC	Comments:
• Are visitors welcomed and encouraged?							
• Is the furniture arranged as individuals prefer and does the arrangement encourage the comfort and conversation with visitors?							
15. Do individuals have access to food at any time?				C	NC	PC	Comments:
• Does the individual have a meal at the time and place of his/her choosing?							
• Can the individual request an alternative meal if desired?							
• Are snacks accessible and available anytime?							
• Can the individual sit in any seat in a dining area? (no assigned seats)							
• If the individual desires to eat privately, can s/he do so?							
16. Do the rooms have lockable entrance doors, with individuals and staff having keys as needed?				C	NC	PC	Comments:
• Can the individual close and lock the bedroom door?							
• Can the individual close and lock the bathroom door?							
17. Is the setting physically accessible to the individual?				C	NC	PC	Comments:

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool				C	NC	PC
• Do individuals have full access to typical areas in a home such as a kitchen, cooking facilities, dining area, laundry, and comfortable seating in the shared areas?						
• For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?						
• Does the setting ensure that there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?						
• Is the setting 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?						
• Are appliances accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs)?						
• Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?						
Question 18 applies to both residential and non-residential settings. Note: Any modifications made to any of the above criteria must be the result of identified specific needs discovered through an independent (re)assessment and then documented and justified in a person-centered service plan.						
18. Are modifications of the setting requirements for an individual supported by an assessed need and justified in the person-centered plan?	C	NC	PC	Comments:		
• Does documentation note if positive interventions and supports were used prior to any plan modifications?						
• Are less intrusive methods of meeting the need that were tried initially documented?						

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Site Assessment Tool	C	NC	PC	
<ul style="list-style-type: none"> Does the plan include 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? 				

NOTES:

HCBS Setting Assessment Tool

Name of Provider: _____

Address of Setting being Assessed: _____

Assessment completed by: _____

Date: _____