

Ohio Department of Medicaid  
**Home and Community-Based Services (HCBS) Settings Evaluation Tool**

**Contact Information**

Name <i>(individual Name or Business)</i>		Address <i>(individual Name or Business)</i>	
Email	Primary Phone	Provider Number	

**Instructions**

In January 2014, the federal Centers for Medicare and Medicaid Services (CMS) released new requirements for Medicaid Home and Community-Based Services (HCBS) programs administered by states. The federal rule identifies the qualities of a home and community based setting. For more information please use links at the bottom of this form. This is an evaluation to help identify how your setting currently demonstrates the home and community based qualities outlined in the federal regulation. Review each topic carefully and answer all questions. For each quality listed, there is at least one criteria statement. Please mark the response that best describes your setting. Examples of acceptable evidence of compliance are provided. If you mark the Remediation Needed box, please describe how your setting will demonstrate the home and community based quality in question, including when you expect this to occur. Maintain a copy of your Home and Community-Based Services Settings Evaluation along with your remediation documents onsite with your other provider files.

**Qualities Required for all Home and Community-Based Services Settings**

<b>The setting is not located in building/on grounds with institutional characteristics.</b>		
Is the setting co-located in the same building as a publicly or privately operated facility that provides inpatient institutional treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the setting located in a building on the grounds of, or adjacent to, a public institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Examples of Acceptable Evidence of Compliance</i> Secretary of State filing, floor plans, pictures of signage and entrances.  <input type="checkbox"/> Remediation Needed <i>(explain)</i>		
<b>The setting does not isolate individuals from the broader community of individuals not receiving HCBS.</b>		
Are there individuals residing in the setting who are not receiving HCBS services?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the setting located among other residential buildings, private and retail businesses, etc., that facilitate integration with the greater community?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the setting operate in a manner that congregates individuals so that they live/receive services in an area separate from individuals not receiving Medicaid HCBS services?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Examples of Acceptable Evidence of Compliance</i> Floor plans, site maps, setting policies and procedures, activity schedules, a legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, Residents' Rights staff training.  <input type="checkbox"/> Remediation Needed <i>(explain)</i>		

**The setting provides opportunities and support for employment in competitive, integrated settings.**

If individuals are employed or choose to work outside the setting, does the setting assist them by planning services around their work schedule, prompting individuals when it is time to go to work, and ensuring transportation is available?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Orientation or admission materials given to new residents or participants, resident or participant handbook, setting policies and procedures, employment referral processes, employment supportive services, Residents' Rights staff training, staffing patterns.

Remediation Needed (*explain*)

**The setting provides opportunities for control of personal resources.**

Does the setting facilitate/support individuals to access accounts/funds as they choose?

Yes  No

Do individuals have bank accounts or other means to control their money?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, setting policies and procedures, Residents' Rights staff training.

Remediation Needed (*explain*)

**The setting has a process for protecting individuals' rights of privacy, dignity, respect and freedom from coercion and restraint.**

Do individuals have access to telephones or other electronic devices to use for personal communication in private and at any time?

Yes  No

Does the setting use interventions/restrictions like those that might be used in institutional settings (*seclusion, physical or chemical restraints or locked doors*)?

Yes  No

Do individuals receive instructions from the setting on how to file a complaint?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, Residents' Rights staff training, grievance committee meeting minutes.

Remediation Needed (*explain*)

**The setting optimizes opportunities for individuals to make choices and control schedules regarding daily activities.**

Do the setting policies afford the opportunity for individuals to make informed choices about who to receive their services from and when?

Yes  No

Do the setting policies promote opportunities for the individuals to make informed choices about when tasks, services and activities are furnished?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Setting policies and procedures; legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, Residents' Rights staff training, staffing patterns, satisfaction survey results.

Remediation Needed (*explain*)

**The setting optimizes opportunities for individuals to make choices regarding their physical environment.**

Do the setting policies allow individuals' freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?

Yes  No

Are individuals assisted to access amenities (e.g. pool or gym, etc.) that are used by individuals not receiving Medicaid HCBS services?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Floor plans, setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents or participants; resident or participant handbook, Residents' Rights staff training, staffing patterns, satisfaction survey results.

Remediation Needed (explain)

**The setting optimizes opportunities for individuals to choose with whom to interact.**

Does the setting require individuals to occupy assigned seating for activities or meals?

Yes  No

Does the setting provide an area for individuals who wish, on occasion, to not participate in activities or to be alone?

Yes  No

Are individuals restricted to meeting visitors in an area designated for that purpose?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, Residents' Rights staff training, staffing patterns, and satisfaction survey results, pictures displaying activities and seating arrangements.

Remediation Needed (explain)

**The setting facilitates choice regarding services/supports and agency staff who provide them.**

Does the setting solicit input from individuals regarding satisfaction with the setting, staff and services received?

Yes  No

Does the setting assist individuals to change providers or to obtain other requested services?

Yes  No

*Examples of Acceptable Evidence of Compliance*

Setting policies and procedures, Residents' Rights staff training, staffing patterns, legally enforceable or resident agreement, orientation or admission materials given to new residents or participants; resident or participant handbook, training, grievance committee meeting notes, satisfaction survey results.

Remediation Needed (explain)

## Additional Conditions Required for Provider-Owned or Controlled Residential Settings

The following additional conditions are not applicable to non-residential settings such as adult day health settings.

<b>The setting offers privacy in the sleeping/living unit.</b>		
Do the setting policies afford privacy in the individual's living/sleeping unit?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do the setting policies permit individuals who share a sleeping/living unit to choose their roommate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are shared living units configured so that privacy is protected when assistance is provided to individuals?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Examples of Acceptable Evidence of Compliance</i> Floor plans, setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents or participants, resident or participant handbook, waiver provider structural compliance review results, and satisfaction surveys.  <input type="checkbox"/> Remediation Needed ( <i>explain</i> )		
<b>The setting offers residential options based on individual resources for room and board.</b>		
Does the setting have a policy regarding how the individual will be informed when residential services are limited because of the individual's resources?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents, resident handbook.  <input type="checkbox"/> Remediation Needed ( <i>explain</i> )		
<b>The setting has a legally enforceable agreement specifying responsibilities and protections from eviction.</b>		
Does the agreement specify the responsibilities of the individual and the provider with respect to the setting?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the agreement specify the circumstances under which the individual's residency may be terminated?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the agreement address the steps an individual can follow to request a review of or appeal the termination of residency?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Examples of Acceptable Evidence of Compliance</i> Legally enforceable or resident agreement, orientation or admission materials given to new resident, resident handbook, Residents' Rights, setting policies and procedures.  <input type="checkbox"/> Remediation Needed ( <i>explain</i> )		
<b>The setting provides living unit doors lockable by individual.</b>		
Can the doors to the unit be locked?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do individuals have keys to their own living unit?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreements, orientation or admission materials given to new residents; resident handbook, Residents Rights staff training, grievance committee meeting minutes, waiver provider structural compliance review results.  <input type="checkbox"/> Remediation Needed ( <i>explain</i> )		

<b>The setting provides a living unit key availability limited to appropriate staff.</b>	
Do the setting policies permit the use of master key/unit keys used to enter units only in limited circumstances agreed upon with the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do the setting policies describe the circumstances when the master key/unit keys may be used by staff and which staff may use those keys? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, Legally enforced or resident agreement, orientation or admission materials given to new residents; Residents' Rights staff training.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	
<b>The setting has a legally enforceable agreement that addresses how individuals may furnish/decorate sleeping/living units.</b>	
Are individuals informed that they may furnish and decorate their units as they please within the terms spelled out in the legally enforceable agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents, resident handbook, satisfaction survey results.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	
<b>The setting supports individuals' freedom to control schedules and activities.</b>	
Does the setting make clear to individuals that they are not required to adhere to a set schedule for waking, bathing, eating, exercising, or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do individuals have access to typical home areas such as cooking and dining areas, laundry, and living and entertainment areas? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents, satisfaction survey results, Residents' Rights staff training, staffing patterns.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	
<b>The setting ensures food is available to individuals at all times.</b>	
Are provisions made for food to be available between and after regularly scheduled meal times? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can individuals eat in locations other than the dining area, e.g., in an entertainment area or in private in a sleeping/living unit, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents; satisfaction survey results, staff training, staffing patterns.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	

<b>The setting allows visitors of individuals' choosing at any time.</b>	
Are there limitations on visiting hours or the number of visitors allowed at one time?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If visiting hours are addressed in the legally enforceable agreement, are individuals made aware of limitations before moving into the residential setting?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents, Residents Rights staff training, satisfaction surveys, grievance committee meeting minutes.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	

<b>The setting is physically accessible for each individual.</b>	
Are supports to facilitate mobility provided where needed, e.g., grab bars, shower seats, or hand rails, etc.?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there gates, locked doors, or other barriers preventing access/exit from areas in the setting?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Examples of Acceptable Evidence of Compliance</i> Floor plans, pictures, setting policies and procedures, legally enforceable or resident agreement, orientation or admission materials given to new residents, annual fire inspection reports.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	

<b>The setting has a protocol for modification of the additional conditions listed above which are required for provider owned/controlled residential settings.</b>	
Does the setting have a process for notifying the case manager when the individual experiences a significant change that may require modifications in the individual's person-centered services plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>Examples of Acceptable Evidence of Compliance</i> Setting policies and procedures, legally enforceable or resident agreement.</p> <p><input type="checkbox"/> Remediation Needed (<i>explain</i>)</p>	

**Resources**

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-setting-fact-sheet.pdf>

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf>