

Developmental Disabilities Residential Settings Assessment Tool

The following assessment is required for each residential setting receiving federal Medicaid funding under the New Jersey Community Care Waiver. It will help us to measure the setting's current level of compliance with the federal Home and Community-Based Services (HCBS) setting rules and with the Statewide Transition Plan and provide a framework for assisting providers to reach compliance as a condition of continuing to receive federal funding for individuals on the Community Care Waiver. DHS will review the results of this assessment for each residential setting. Where there are areas of non-compliance, DHS will work with the provider agency and individuals living in a setting to develop a remediation plan that will bring the setting into compliance in a timely fashion. If you would like more information about the survey process, please contact your supervisor. Thank you for taking time to complete this survey.

Please answer the following questions to the best of your ability.

1. Name of the residential agency where you currently work.
2. Address of the residential agency.
3. Residential ALA type.
4. Residential VID number.

Please provide the residential program's contact information.

5. Phone
6. Email
7. Number of individuals with developmental disabilities housed in this residential setting.
8. Number of individuals without developmental disabilities housed in this residential setting.
9. Your name and contact information.
10. Your supervisor's name and contact information.

11. Is the residential setting located on the grounds of or near an institution, on a campus, gated community, or large disability-specific site?

- Yes (1)
- No (2)

12. If “yes” was selected for 11 above, please name the facilities or institutions.

13. Is the residential setting in walking distance to any other group home?

- Yes (1)
- No (2)
- Don't Know (3)

14. Is the residential setting located in walking distance of local stores or other residential amenities representative of the community?

- Yes (1)
- No (2)
- Don't Know (3)

15. Does the residential setting provide housing only for individuals with developmental disabilities?

- Yes (1)
- No (2)

16. If “yes” was selected for 15 above, please provide the total number of bedrooms available for individuals with developmental disabilities.

17. If “no” was selected for 15 above, please provide the number of apartments that are reserved for individuals with developmental disabilities.

18. If “no” was selected for 15 above, please provide the number of bedrooms that are reserved for individuals with developmental disabilities?

19. How often do individuals with developmental disabilities interact (e.g., in a casual meeting, sharing a meal) with individuals without developmental disabilities (who are not paid staff or related to recipients) inside the residential setting?

- Never (15)
- Less than once a month (16)
- Once a month (17)
- 2-3 times a month (18)
- Once a week (19)
- 2-3 times a week (20)
- Daily (21)

20. How often do individuals with developmental disabilities interact with individuals without developmental disabilities (who are not paid staff or related to recipients) outside the residential setting?

- Never (1)
- Less than once a month (2)
- Once a month (3)
- 2-3 times a month (4)
- Once a week (5)
- 2-3 times a week (6)
- Daily (7)

21. How many individuals with developmental disabilities work for pay outside the residential setting?

22. How many individuals with developmental disabilities attend day activities outside the residential setting?

23. Do any individuals with developmental disabilities participate in work or day activities inside the residential setting?

- Yes (1)
- No (2)

24. Are there any day programs for individuals with developmental disabilities in walking distance to the residential setting?

- Yes (1)
- No (2)

25. Does the residential setting have access to the following -

- Public transportation (1)
- Medical transportation (2)
- County transportation (3)

26. Do individuals with developmental disabilities living in the residential setting have leases in their own name or guardian's name guaranteeing them all the rights and responsibilities accorded under NJ tenant-landlord law, including rights around eviction?

- All (1)
- Some (2)
- None (3)

27. If “none” was selected for 26 above, for individuals with developmental disabilities who do not have leases, do they have residency agreements or other legal documents guaranteeing them all the rights and responsibilities accorded under NJ tenant-landlord law, including rights around eviction?

- All (1)
- Some (2)
- None (3)

28. Do any residents with developmental disabilities require wheelchair access?

- Yes (1)
- No (2)

29. If “yes” was selected for 28 above, please check all the living spaces that are accessible by wheelchair to residents with developmental disabilities.

- Bathroom (1)
- Bedroom (2)
- Kitchen (3)
- Entrance Way (4)
- Stairway (5)
- Other (6) _____

30. Do residents with developmental disabilities share living spaces (e.g., kitchen, bedroom etc.)?

- Yes (1)
- No (2)

31. If “yes” was selected for 30 above, please indicate which spaces they share. Check all that apply.

- Kitchen (52)
- Living room (53)
- Bathroom (54)
- Bedroom (55)
- Other (56) _____

32. If “bedroom” was selected in 31 above, do residents with developmental disabilities have choice in selecting their roommates.

33. Does the residential setting limit time for “visiting hours” for residents with developmental disabilities?

- Yes (1)
- No (2)

34. If “yes” was selected for 33 above, describe the policy.

35. Are there any private areas in the residential setting where residents with developmental disabilities can meet with visitors (other than bedrooms)?

- Yes (1)
- No (2)

36. Are residents with developmental disabilities allowed to come and go at any time from the residential setting?

- Yes (1)
- No (2)

37. May residents with developmental disabilities choose to participate or not to participate in leisure activities, hobbies etc.?

- Yes (1)
- No (2)

38. Are there any time restrictions when residents with developmental disabilities can participate in leisure activities, hobbies, etc., in common spaces within the residential setting?

- Yes (1)
- No (2)

39. If "yes" was selected for 38 above, please describe the policies

40. The following is a list of statements that relate to choice of food by the residents with developmental disabilities:

	Yes (1)	No (2)
Can recipients choose the time and place for their meals? (1)	<input type="radio"/>	<input type="radio"/>
Can recipients choose with whom they eat with? (2)	<input type="radio"/>	<input type="radio"/>
Can recipients choose their own meals and snacks (unless their person-centered plans state this is not in their best interest)? (3)	<input type="radio"/>	<input type="radio"/>

41. Below are a variety of communication options available for residents with developmental disabilities. Check all that apply.

- In person visits (1)
- Use of telephone (to receive and make calls) (2)
- Use of cell phone (to receive and make calls) (3)
- Use of postal services (to receive and send mail) (4)
- Computer/Internet (5)

42. Are residents with developmental disabilities informed about the residential setting's complaint/grievance procedures?

- Yes (1)
- No (2)

43. Do residents with developmental disabilities have 24-hour access to all common spaces in the residential setting as well as their home, such as living, recreational and kitchen facilities, and all areas of the home (unless their person-centered plans state it is not in their best interest)?

- All (1)
- Some (2)
- None (3)

44. Do residents with developmental disabilities have privacy in their bedrooms and bathrooms, including doors that close and lock?

- All (1)
- Some (2)
- None (3)

45. Do staff knock and receive permission before entering the private areas (unless person-centered plans state it is not in their best interest)?

- All (1)
- Some (2)
- None (3)

46. The following is a list of statements related to participation in the plan of care by the residents with developmental disabilities or by their designees.

	Yes (1)	No (2)
Do they take an active role in the development and updating the person's plan of care? (1)	<input type="radio"/>	<input type="radio"/>
Do they understand how to request updates to plan of care? (2)	<input type="radio"/>	<input type="radio"/>
Are meetings regarding the plan held at times and places accessible and convenient to the recipient? (3)	<input type="radio"/>	<input type="radio"/>
Are materials and information regarding the plan easily accessible? (4)	<input type="radio"/>	<input type="radio"/>
Are materials and information regarding the plan in easy to understand and in plain language? (5)	<input type="radio"/>	<input type="radio"/>
Are materials and information regarding the plan easily available to people with limited English proficiency? (6)	<input type="radio"/>	<input type="radio"/>

47. To what extent are choices and preferences for residents with developmental disabilities incorporated into their plans, supports and everyday lives.

- None (1)
- A little (2)
- Some (3)
- A lot (4)

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Appendix D

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48. For residents with developmental disabilities who do not have a representative payee, do they have full access and control over their funds, including the ability to open bank accounts, etc.?

- Yes (1)
- No (2)
- Not Applicable (3)

49. Please feel welcome to add any additional comments that relate to community integration.