

Developmental Disabilities Non-Residential Settings Assessment Tool

Setting Information

1. Name of Agency Operating Program
 2. Choose your facility type from the following (you may choose more than one):
 - Adult Training Center
 - Sheltered Workshop
 - Special Needs Day Program
 - Supported Employment
 - Long Term Follow Along
 - Individualized Day
 - Self-Directed Day
 - Extended Employment
 3. Agency Contact
 4. Address of Setting Assessed
 5. Phone
 6. Email
 7. Current number of people served under the Community Care Waiver (CCW):
 8. Total number of people served (including private pay and those not on the CCW):
 9. Assessor Name
 10. Assessor Email
 11. Assessor Phone
- Federal Rule: §441.301(c)(5)(v); §441.710(a)(2)(v); §441.301(c)(4)(i);§441.710 (a)(1)(I)**
12. Check which documentation you have to support your answers in the next section:
 - Activity Schedules
 - Policies/Procedures
 - Plan of Care
 - Daily Training Record
 - Staff Training curriculum and materials
 - Case Manager Observation/Case Notes
 - Other (please specify)

13. Are Day Services provided in a facility that includes services/activities that are provided to individuals who are not on the waiver? (Description: Do only people served on DDD's waiver receive day services in this location?)

- Yes
- No

14. Is the waiver recipient able to regularly access the greater community outside of the facility/setting? Is the waiver recipient able to interact with individuals who are not waiver recipients in the community?

- Yes
- No

15. How much time do individuals spend in the community each day?

16. Do individuals participate in the activities in the community each day?

- Yes
- No

17. If the individual wants to work, is there a way to ensure the option is pursued?

- Yes
- No

18. Are waiver recipients able to participate in the facility's/setting's unscheduled and scheduled community activities in the same manner as other people in the community? (Description: Consider a typical week in a setting and how HCBS recipients who are served through DDD participate in community activities, as well as how others participant in those activities. For instance, individuals may have regularly scheduled trips for recreation where they may interact with other individuals who live in their setting, but may also have scheduled and unscheduled activities in the community where HCBS recipients interact with participants who are not HCBS recipients.

- Yes
- No

C4a- Federal Rule - §441.301(c)(4)(i); §441.710(a)(1)(i): Describe the physical location in which services are delivered (for setting-based facilities), as well as ways in which the program maximizes individuals' choice and integration and individuals' ability to come and go as they want and to participate in the greater community of non-HCBS waiver participants.

19. Check which documentation you have to support your answers in the next section:

- Activity Schedule
- Policies/Procedures
- Plan of Care
- Daily Training Record

- Staff Training curriculum and materials
- Case Manager Observation/Case Notes
- Other (please specify)

20. Can the individual come and go when he or she wants? (Description: Is there a common schedule for the setting or may individuals participate (or choose not to participate) in activities at times and places of their choosing?)

- Yes
- No

21. Do individuals on the HCBS waiver live/receive services in the same areas as other residents in the community?

- Yes
- No

22. Is the facility/setting situated in the community among other private residences and retail businesses?

- Yes
- No

23. Can waiver recipients access all common areas and all areas where programming takes place (unless an individual's person-centered plan directs otherwise)?

- Yes
- No

24. Do waiver recipients have access to public transportation? Is an accessible van available to bring recipients to activities, shopping, employment, etc.? Are there other transportation options?

- Yes
- No

25. Is it made clear to the waiver recipient he/she is not required to adhere to a set schedule for eating, exercising, activities, etc.?

- Yes
- No

26. Is it made clear to the waiver recipient that he/she can refrain from group activities he/she does not want to attend?

- Yes
- No

27. Do waiver recipients have access to leisure activities that interest them, which can be scheduled at their convenience?

- Yes

- No

28. Can waiver recipients have schedules which vary from the schedules of other program attendees?

- Yes
- No

29. Can the waiver recipient have a meal at the time and place of his/her choosing? Can the waiver recipient request an alternative meal? (Description: If an individual service plan requires that food or meals must be restricted this question may still be answered yes.)

- Yes
- No

30. Can the waiver recipient choose where he/she sits in a dining area, choose with whom he/she eats, or choose to dine privately? (Description: If an individual service plan requires that food or meals must be restricted this question may still be answered yes.)

- Yes
- No

31. Does the dining area afford dignity to waiver recipients in that they are not required to wear bibs or use disposable cutlery, plates and cups?

- Yes
- No

32. Does the HCBS waiver recipient have a private cell phone, computer or other personal communication device or have access to a telephone or other means for personal communication in private at any time?

- Yes
- No

33. Unless an individual's Person-Centered Plan states it is not in the individual's best interest: Do waiver recipients have full access to typical facilities in the break room such as a kitchen with cooking equipment, dining area, and comfortable seating in the shared areas?

- Yes
- No

34. Unless an individual's Person-Centered Plan states it is not in the individual's best interest, are residents free to access all areas of the facility/setting without the encumbrances of gates, locked doors or other barriers?

- Yes
- No

35. Is the facility/setting physically accessible without obstructions like steps, lips in a doorway, narrow hallways, etc., which limit an individual's mobility in the facility/setting? If obstructions

are present, are there environmental adaptations such as a stair lift or elevator to address the obstruction?

- Yes
- No

36. For those individuals who need supports to move about the facility/setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? (Consider basement and second or above floors.)

- Yes
- No

D1- §441.301(c)(1): Describe how the program allows individual choice over supports in an individual's Plan of Care and maximizes choice and control over an individual's schedule, activities and resources.

37. Check which documentation you have to support your answers in the next section:

- Activity Schedule
- Policies/Procedures
- Plan of Care
- Daily Training Record
- Staff Training curriculum and materials
- Case Manager Observation/Case Notes
- Other (please specify)

38. Does the facility/setting allow a waiver recipient, or a person chosen by the individual, to take an active role in the development and updating of the individual's Plan of Care?

- Yes
- No

39. Does the facility/setting offer the necessary information and support to ensure that the waiver recipient can direct the Plan of Care process to the maximum extent possible so the individual can make his/her choices and decisions?

- Yes
- No

40. Do the facility's written material and meetings reflect plain language in an easy-to-understand format? Is the information accessible to waiver recipients with disabilities and persons with a limited proficiency in English? Is informal (written or oral) communication conducted in a language that the individual understands?

- Yes
- No

41. Does the provider have strategies in place for solving conflict or disagreement within the Person-Centered Planning process, including clear conflict-of interest guidelines for all care planning participants?

- Yes
- No

42. Does the provider have a means for the waiver recipient, or a person chosen by the individual, to request updates to the Plan of Care as needed?

- Yes
- No

43. Does the provider offer choices to waiver recipients regarding the services and supports they receive and from whom? (Description: Consider both how an individual chooses supports and who delivers them on first entry into a setting and then on an ongoing basis.)

- Yes
- No

44. Do staff ask waiver recipients about their needs and preferences? Are the individuals aware of how to make a service request?

- Yes
- No

45. Is an individual's health information kept private? Are the schedules for physical therapy, occupational therapy, medications, restricted diet, etc., kept in a private location? (Description: Consider whether medication schedules, dietary restrictions, etc., are posted in common areas or discussed by staff in common areas.)

- Yes
- No
- Other (please specify)

46. Do staff converse with individuals in the facility/setting while providing assistance during the regular course of daily activities?

- Yes
- No

47. Is information about filing a complaint posted in an obvious location and in an understandable format? Can the individual file an anonymous complaint? (Description: Is there a complaint/grievance procedure and are individuals informed and assisted in filing grievances?)

- Yes
- No

48. Do individuals know how to relocate and request new day services?

- Yes

[Type text]

Appendix F

[Type text]

- No

49. Is there a written agreement with language that provides protections to address suspensions, terminations, etc.?

- Yes
- No