

Self-Assessment Part 4:
Current Providers relocating a setting
Or opening a new setting for

PROVIDER SELF-ASSESSMENT: CURRENT PROVIDER NEW/RELOCATED SETTINGS

As a current provider, you MUST have completed the mandatory online provider self-assessment. Prior to opening a new setting, or relocating a setting, a new setting assessment must be completed. Please respond to a series of 13 questions designed to determine a settings' compliance with specific aspects of the HCBS settings requirements. Responses to the mandatory provider self-assessment will also be taken into consideration during the review of responses to the assessment for a current provider of a new or relocating setting.

- Please complete your assessment responses directly into the Word document. Evidence is required in order to demonstrate compliance.
- Evidence can be attached to the email as a Word document or scanned and submitted as a pdf document. If you need to break up your submission into multiple emails this is fine.

* Contact Person/Responsible for completing assessment

Name
Title
Email
Phone Number

* Services/Settings

Is this a **NEW setting** OR Is this a **setting that is being RELOCATED**

*Address of New/Relocated Setting:

Address
Address 2
City/Town
State/Province
ZIP/Postal Code

*If setting is being relocated provide the current address:

Address
Address 2
City/Town
State/Province
ZIP/Postal Code

HCBS setting being assessed:

- Residential Services: Supported Living Sponsored Residential Group Home Residential

If you are a provider of DD waiver services in settings requiring HCBS compliance your response to the questions, and evidence submitted, should reflect your organization's approach for ensuring compliance with HCBS settings requirements.

Questions:

- 1) Is the setting in which HCBS services will be provided located in:
 - a building that is also a publically or privately operated facility that provides inpatient

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institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?

- a building on the grounds of, or immediately adjacent to a public institution such as those described above?
- a gated/secure “community” solely for people with disabilities?
- a disability specific farmstead community?

Yes or No

If you replied “Yes,” provide the address(s) of the setting requiring a yes response and a description of the setting(s):

2) Is the location of the new HCBS setting integrated into the community?

Yes or No

(Describe the location of the setting you are assessing and how integration is assured):

Evidence.

3) Will individuals have the opportunity to regularly access the community as part of their service?

Yes or No

(Describe how individuals become aware activities outside of the setting and regularly access the community as part of their service):

4) Will the setting ensure freedom from coercion and restraint?

Yes or No

(Please provide specific examples):

Evidence

5) Are there “house rules” that specify visiting hours or curfews for individuals who reside in the setting?

Yes or No

(Please explain your yes or no response):

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6) Will all individuals residing in the setting have a legally enforceable agreement with the setting landlord?

Yes or No

(Please provide a brief overview and identify your evidence of compliance):

Evidence:

7) Will the setting have lockable entrance doors to the home and the individual's room, with the individual and appropriate staff only having keys to doors, as appropriate?

Yes or No

(Please provide a brief overview and identify your evidence of compliance):

Evidence:

8) Will individuals have privacy in their sleeping or living space?

Yes or No

(Please describe how privacy is assured and identify your evidence of compliance):

Evidence:

9) Do individuals sharing units/bedrooms have a choice of roommates?

(check N/A if the setting ONLY offers private rooms)

Yes or No N/A

(Please provide a brief overview of how roommates are determined and identify your evidence of compliance):

Evidence:

10) Will Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?

Yes or No

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(Please provide a brief overview and identify your evidence of compliance):

Evidence:

11) Will individuals move about the home freely with access to typical areas in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?

Yes or No

(Please provide a brief overview and identify your evidence of compliance):

Evidence:

12) Will individuals have access to food anytime, as appropriate?

Yes or No

(Please describe how access to food is assured and identify your evidence of compliance):

Evidence:

13). Is the setting physically accessible to all individuals who will live there?

Yes or No

(Please provide a brief overview and identify your evidence of compliance):

Evidence: