

## HCB Characteristics Review Tool – Non-Residential Settings

### Developmental Disabilities Individual Budgeting (iBudget) Waiver

Please complete the following:

|  |   |
|--|---|
| <b>Name of Organization:</b>   |   |
| <b>Contact Person:</b>   |   |
| <b>Address:</b>  |   |
| <b>County:</b>   |   |
| <b>Telephone Number:</b>   |   |
| <b>Email Address:</b>  |   |
| <b>Provider ID Number<br/>(9-digit med waiver number):</b>                           |   |
| <b>Select which of the following provider type best describes your organization:</b> | <p>Adult Day Training Center (activity based) <input type="checkbox"/></p> <p>Adult Day Training Center (Sheltered Workshop) <input type="checkbox"/></p> <p>Adult Day Training Center (activity based, and sheltered workshop) <input type="checkbox"/></p> <p><i>(Note: Both the term “sheltered workshop” and its replacement term, “work center” are used by the Wage and Hour Division of the U.S. Department of Labor to refer to entities that are authorized to employ workers with disabilities at sub-minimum wages. The term has generally been used to describe facilities that employ people with disabilities exclusively or primarily.)</i></p> <p>Other Non-Residential Provider (i.e., Enclave, Off-site ADT) <input type="checkbox"/></p> <p>Explain:</p> |

|  |  |
|--|--|
| <b>Setting in which your facility is located:</b>  | Urban <input type="checkbox"/><br>Rural <input type="checkbox"/> |
| <b>Number of recipients who participate in the program:</b>  |  |
| <b>Number of recipients working toward employment:</b>   |  |
| <b>Number of recipients paid piece rate or hourly rate based upon contract work performed:</b>   |  |
| <b>Number of recipients engaged in both ADT and Supported Employment:</b>  |  |
| <b>Number of recipients engaged in both ADT and Companion Services:</b>  |  |
| <b>Does your organization offer job development and/or Supported Employment Services?</b>  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>      |
| <b>Does your organization have a contract with the Division of Vocational Rehabilitation (DVR) to provide job development and placement?</b> | Yes <input type="checkbox"/><br>No <input type="checkbox"/>      |
| <b>Comments:</b>   |  |

### HCBS Characteristics Review Tool – Non-Residential Settings

|                                     |  |
|-------------------------------------|--|
| <b>Date</b>                         |  |
| <b>Provider Name</b>                |  |
| <b>Provider Representative Name</b> |  |
| <b>Address</b>                      |  |
| <b>Reviewer Name</b>                |  |

All standards are in accordance with Title 42, Code of Federal Regulations, section 441.301.

| <b>1. Community Integration</b>  |   |                 |   |
|--|---|-----------------|---|
| <b>Standard</b>  | <b>Standard Met<br/>MET / NOT MET / N/A</b>   | <b>Comments</b> | <b>Methods</b>  |
| <p><b>1.1</b> The setting's common areas are accessible and traversable.</p> <p><u>Expectation:</u><br/>Recipients are able to make their way through the hallways, doorways, and common areas with or without assistive devices. Supports are available to recipients who require them.</p> | <p><b>MET</b>    <b>NOT MET</b>    <b>N/A</b></p> <p><input type="checkbox"/>        <input type="checkbox"/>        <input type="checkbox"/></p> |                 | <p>Observation.<br/>Discussions with recipients.</p>              |
| <p><b>1.2</b> The setting is among community resources accessible to the same degree of access as recipients not receiving Medicaid HCBS.</p> <p><u>Expectation:</u><br/>Settings should be in appropriate community settings similar to those not providing HCBS.</p>                       | <p><b>MET</b>    <b>NOT MET</b>    <b>N/A</b></p> <p><input type="checkbox"/>        <input type="checkbox"/>        <input type="checkbox"/></p> |                 | <p>Discussion with provider.</p>                                  |
| <p><b>1.3</b> The facility aids recipients who wish to pursue competitive employment in the community.</p> <p><u>Expectation:</u><br/>Recipients have the ability to seek and gain competitive employment in the community.</p>  | <p><b>MET</b>    <b>NOT MET</b>    <b>N/A</b></p> <p><input type="checkbox"/>        <input type="checkbox"/>        <input type="checkbox"/></p> |                 | <p>Discussion with provider.<br/>Discussions with recipients.</p> |

| 2. Respect/Rights/Choice   |  |  |  |          |   |
|--|--|--|--|----------|---|
| Standard   | Standard Met<br>MET / NOT MET / N/A    |  |  | Comments | Methods   |
| <p><b>2.1</b> Recipients are presented with setting options and have freely selected the current setting.</p> <p><u>Expectation:</u><br/>Service setting should be chosen by the recipient and detailed on the care plan.</p>                      | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | Discussions with recipients.  |
| <p><b>2.2</b> Recipients (if applicable) are part of the person-centered planning process.</p> <p><u>Expectation:</u><br/>Recipients and/or their representatives are active participants in the planning process.</p>                             | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | Discussion with provider.<br>Discussions with recipients.                 |
| <p><b>2.3</b> The setting optimizes choices, including but not limited to daily activities, physical environment, and with whom to interact.</p> <p><u>Expectation:</u><br/>The service encourages and supports recipient autonomy and choice.</p> | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | Discussion with provider.<br>Discussions with recipients.                 |
| <p><b>2.4</b> Recipients can bring their own personal items into the setting, e.g., money, food.</p> <p><u>Expectation:</u><br/>Recipients have the option to bring their own money and food and can access them as necessary.</p>                 | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | Observation.<br>Discussion with provider.<br>Discussions with recipients. |
| <p><b>2.5</b> Recipients keep/control of their own personal items, e.g., money, food.</p> <p><u>Expectation:</u><br/>Recipients have the option to keep their own money and to control their personal items.</p>                                   | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | Discussion with provider.<br>Discussions with recipients.                 |

| 2. Respect/Rights/Choice   |  |  |  |          |  |
|--|--|--|--|----------|--|
| Standard   | Standard Met<br>MET / NOT MET / N/A    |  |  | Comments | Method   |
| <p><b>2.6</b> The setting promotes a recipient's rights of privacy, dignity, and respect, and freedom from coercion and restraint.</p> <p><u>Expectation:</u><br/>Confidential information about the recipient should be maintained in a secure file with only appropriate staff provided access to this information. Staff should be trained in service provision without coercion or loss of the recipient's privacy, dignity, respect or restraint. Recipients are given privacy.</p> | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | <p>Observation.<br/>Discussion with provider.<br/>Discussions with recipients.</p>   |
| <p><b>2.7</b> Recipients are treated respectfully by the staff?</p> <p><u>Expectation:</u><br/>Staff treats recipients in a dignified manner.</p>  | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | <p>Observation.<br/>Discussions with recipients.</p>                                 |
| <p><b>2.8</b> Recipients know how to file an anonymous complaint.</p> <p><u>Expectation:</u><br/>Information is available to recipients on how to file an anonymous complaint. Telephone numbers for the Agency Consumer Complaint Hotline, Long-Term Care Ombudsman, and the Abuse and Exploitation Hotline are posted in a common area of the facility.</p>  | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | <p>Discussion with provider.<br/>Discussions with recipients.</p>                    |
| <p><b>2.9</b> Restrictions are identified, documented and based on the recipient's needs and preferences.</p> <p><u>Expectation:</u><br/>The service setting should not unduly restrict a recipient.</p>   | <b>MET</b><br><input type="checkbox"/> | <b>NOT MET</b><br><input type="checkbox"/> | <b>N/A</b><br><input type="checkbox"/> |          | <p>Discussion with provider.<br/>Discussions with recipients.<br/>Record review.</p> |

**Additional Comments:**

**Facility reviewer's signature and credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_