# IBUDGET ASSESSMENT TOOL – NON-RESIDENTIAL SETTINGS

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| **Waiver:** | Developmental Disabilities Individual Budgeting (iBudget) ☐  Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot Program ☐ |
| **Reviewer:** |  |
| **Date of Review:** |  |
| **Name of Provider:** |  |
| **Address:** |  |
| **County:** |  |
| **Contact Person for Provider:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **HCBS Provider ID Number:** |  |
| **License Number:** |  |
| **Setting Location:** | Urban ☐ Rural ☐ |
| **Provider Type:** | Adult Day Training ☐ Prevocational ☐ |
| **Number of Direct Care Staff:** |  |
| **Setting Capacity:** |  |

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| **Number of Recipients Served Daily:** | | Waiver Recipients: | | Non-waiver Recipients: | |
| **Presumptively Institutional Criteria[[1]](#footnote-1)** | | **Probing Questions** | | **Setting Meets Presumptively Institutional Criteria**  **Yes / No** | | **Comments** |
| A. The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment. | | 1. Is the setting located in a nursing home/facility?   Yes ☐ No ☐   1. Is the setting located in an Institution for Mental Diseases (IMD)?   Yes ☐ No ☐   1. Is the setting located in an Intermediate Care Facility for individuals with intellectual or developmental disabilities (ICF/DD)?   Yes ☐ No ☐   1. Is the setting located in a hospital?   Yes ☐ No ☐ | | **YES NO**  ☐ ☐ | |  |
| B. The setting is in a building on the grounds of, or immediately adjacent to, a public institution. | | 1. Is the setting in a building on the grounds of or immediately adjacent to an IMD?   Yes ☐ No ☐   1. Is the setting in a building on the grounds of or immediately adjacent to an ICF/DD?   Yes ☐ No ☐ | | **YES NO**  ☐ ☐ | |  |
| C. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community. | | 1. Does the design of the setting or model of service provision limit full access to the greater community, including with individuals not receiving Medicaid-funded HCBS?   Yes ☐ No ☐   1. Does the setting restrict individual choice to receive services or participate in activities outside of the setting?   Yes ☐ No ☐   1. Is the setting is located separate and apart from the broader community and does it limit full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to engage in community life equally to individuals not receiving Medicaid HCBS and in a way that is consistent with the individual’s person-centered service plan?   Yes ☐ No ☐ | | **YES NO**  ☐ ☐ | |  |

**HCB Characteristics- Non-Residential**

**Community Integration**

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| **Standard** | **Probing Questions** | **Standard Met: Met or Not Met** | **Comments** |
| **1.1** Setting’s common areas are accessible and traversable.  Expectation:  Individuals are able to make their way through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them. | 1. Are supports provided for individuals who need them to move around the facility independently/at will (grab bars, ramps, viable emergency exits, etc.)?   Yes ☐ No ☐   1. Are hallways/common areas accessible to individuals of varying needs?   Yes ☐ No ☐   1. Individuals, or groups of individuals, are not restricted from areas of the facility because of their specific ambulatory needs?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **1.2** Setting is among community resources accessible to the same degree of access as individuals not receiving Medicaid HCBS.  Expectation:  Settings should be in community settings similar to those not receiving HCBS. | 1. Is the facility where the service is provided among businesses and community resources?   Yes ☐ No ☐   1. Are individuals receiving Medicaid HCBS included among those who do not, within the facility?   Yes ☐ No ☐   1. Are there opportunities for community activities (not funded by Medicaid) for the period of time desired by the individual?   Yes ☐ No ☐   1. Are the setting options identified and documented in the person-centered service plan, and based on the individual’s needs and preferences?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |

**Respect/Rights/Choice**

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| **2.1** Individuals are part of the person-centered planning process.  Expectation:  Individuals and/or their representatives are active participants in the planning process. | 1. Was the facility chosen by the individual from among several options including non-disability specific settings?   Yes ☐ No ☐   1. Were individuals/ representatives present   during the last person-centered plan meeting?  Yes ☐ No ☐  3. Do planning meetings occur at times convenient to the individual/representative(s)?  Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **2.2** Individual choices are accommodated including:   * Choice of physical environment. * Option to bring and keep control of their own resources. * Opportunity to engage in activities of the individual’s choosing. * Ability to interact with people of the individual’s choosing. * Meal options (if applicable) including where, when, and with whom to eat.   Expectation:  Individuals have the right to receive services in an environment free from coercion where their choices are accounted for and honored in accordance with the person-centered plan. Exceptions will follow the criteria specified in 42 CFR 441.301(c)(4). | 1. Does the facility optimize the individual’s choice of physical environment, initiative, autonomy and independence in making choices about activities of daily living?   Yes ☐ No ☐   1. Does the individual have a choice in services and supports and who provides them?   Yes ☐ No ☐   1. Do any facility policies or practices inhibit individuals’ choices?   Yes ☐ No ☐   1. Does the facility allow individuals to bring in personal resources such as money, food or other person items?   Yes ☐ No ☐   1. Can individuals keep/control their own resources?   Yes ☐ No ☐   1. Can the individual choose their services and from whom they receive services and supports?   Yes ☐ No ☐   1. Does the individual have the ability to interact with people of their choosing?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **2.3** Setting promotes an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint.  Expectation:  Confidential information about the Individual should be maintained in a secure file with only appropriate staff provided access to this information. Staff are trained to provide services without the use of restraints or coercing of participants and in a way that participants do not experience a loss of privacy, dignity, or respect. | 1. Are files containing individuals’ specific information maintained in a secure location and available only to appropriate staff for use in providing the authorized service?   Yes ☐ No ☐   1. Is staff trained to provide the authorized service with respect for the individual’s privacy, dignity, and free from restraint and coercion?   Yes ☐ No ☐   1. Do staff converse with individuals while providing assistance/services and during the course of the day?   Yes ☐ No ☐   1. Do staff address individuals in the manner they like to be addressed?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **2.4** Individuals have been provided information in an appropriate manner on how to file an anonymous complaint.  Expectation:  Information is available to Individuals on how to file an anonymous complaint. Telephone numbers for the Agency Consumer Complaint Hotline, and the Abuse and Exploitation Hotline are posted in a common area of the setting. | 1. Does the facility use plain language to make information about how to register an anonymous complaint available to individuals?   Yes ☐ No ☐   1. Is information (in plain language) about filing complaints posted in obvious and accessible areas?   Yes ☐ No ☐   1. Does the setting have procedures to facilitate individuals receiving information on how to file an anonymous complaint in an appropriate manner?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **2.5** Restrictions are identified, documented, and based on a specific assessed need.  Expectation:  The service setting should not unduly restrict an individual. Exceptions will follow the criteria specified in 42 CFR 441.301(c)(4). | 1. Is there an updated person-centered plan in place for the individual?   Yes ☐ No ☐   1. Are restrictions documented on an individual basis with complete reasoning and evidentiary support?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |

**Employment**

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| **3.1** Setting assists individuals who wish to gain competitive employment and/or refers them to appropriate resource(s).  Expectation:  The setting has a training program that aids individuals who wish to pursue employment in the community. | 1. Does the facility aid individuals who wish to pursue competitive employment in the community?   Yes ☐ No ☐   1. Does the facility assist individuals with development of employment preparation skills?   Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |
| **3.2** Setting provides transportation or helps individuals to access transportation.  Expectation:  The setting should help, or facilitate the individual commuting to work. | 1. Is there evidence that individuals have been instructed on how to access transportation?  Yes ☐ No ☐ | **MET NOT MET**  ☐ ☐ |  |

1. All standards are in accordance with Title 42, Code of Federal Regulations, Section 441.301 [↑](#footnote-ref-1)