

## Non-Residential Provider Setting Validation Instructions

### Instructions

A. **Type of Setting:** Identify the service setting using the list below.

Provider	Hawaii Administrative Rules (HAR)	Basic Description
<b>Adult Day Care (ADC)- QUEST Integration (QI)</b>	Chapter 17-1417	Individuals in an ADC setting receive services provided through an organized program of personal care, supervision, social services, therapy, and group and leisure activities. Nursing services are not provided in this setting. An ADC serves adults with a physical disability or who are over the age of 65.
<b>Adult Day Health (ADH)- QUEST Integration (QI)</b>	Chapter 11-96 and 11-94.1.47	Individuals in an ADH setting receive services through an organized day program of therapeutic, social, and health services. Nursing services are provided in this setting. An ADH serves Medicaid adults with a physical disability or who are over the age of 65.
<b>Adult Day Health (ADH)- DD/ID Waiver</b>	No Hawaii Administrative Rules that govern this service.	Individuals in an ADH receive services through a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the individual who has an intellectual or developmental disability.
<b>Adult Day Health (ADH)/Prevocational-DD/ID Waiver</b>	No Hawaii Administrative Rules that govern this service.	Individuals receiving prevocational services may get those services in the community or at a prevocational site. Services are designed to prepare a person for paid employment through career planning, apprenticeships, and teaching work-related skills.

B. **Non- Residential Provider Name:** Enter first and last name. Enter business name, if applicable

C. **Number of Participants receiving Medicaid HCBS:** Enter total number of participants who are receiving Medicaid home and community-based services.

D. **Provider Address and Telephone:** Enter street address, city, and zip code. Enter best contact telephone number.

E. **Survey Identification Number:** Enter the identification number listed on the provider validation list.

F. **Reviewer Names:** Enter lead reviewer name and state agency. Enter support reviewer name and organization.

G. **Validation Review Date and Time:** Self-Explanatory

H. **Category before site validation:** Enter the category number listed on the provider validation list. Enter the reason for the setting being a Category 4. Reason can be found on the provider validation list.

I. **Category after site validation:** Circle the category that best describes the setting based on the validation findings. Categories are defined in the following table:

Category	Description
1	The setting fully aligns (100%) with the home and community based services (HCBS) final rule.
2	The setting does not comply with the HCBS final rule, is not a category 4 setting, and will require modifications. The MQD or DDD will assist the provider in areas that may require technical assistance to come into full compliance with the requirements.
3	The setting cannot meet the HCBS final rule and require removal from the program and/or the relocation of individuals
4	The setting is presumed to have qualities of an institution and will undergo the CMS heighten scrutiny process. 1. The setting is in a privately or publically owned facility that provides inpatient treatment. 2. The setting is on the grounds of or adjacent to a public institution.

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| <p>3. The setting could have the effect of isolating individuals from the community.</p> <p>4. Multiple settings co-located and operationally related that congregate a large number of people with disabilities and provide significant shared programming staff, such that the individual's ability to interact with the broader community is limited.</p> |
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- J. Technical Assistance (Remediation) Recommended:** Check appropriate box to indicate if technical assistance (remediation) recommended.
- K. Responsible for Ongoing Monitoring of Provider:** Check the State Agency that will be responsible for the ongoing monitoring of the provider to achieve compliance found on the provider validation list.
- L. HCBS Requirements:** All reviewers shall be familiar with the HCBS requirements. Expectations of each requirement are provided.
- M. Example Questions:** Example questions will help the reviewers in making a determination whether the setting meets the requirements.
- N. Met:** Check appropriate box to indicate if the provider has met the HCBS requirements based on the validation findings.
- O. Explanation:** Provide detailed explanations as to why the provider has or has not met the HCBS requirements.
- Techniques to use to obtain information:**
- a. A significant amount of time that is observational in nature. The purpose of this type of site visit is to observe the individual's life experience and the presence or absence of the qualities of home and community-based settings.
  - b. Conduct interviews that generally:
    - Are not longer than 15 minutes. May be longer depending on the individual.
    - Keep the provider or staff separate from the participant.
    - Include as many participants as possible selected by the interviewers without influence by the provider or staff;
    - Include staff, specifically including direct support staff because they implement the program policies and procedures on a day-to-day basis, outside of the presence of the supervisor or administrator;
    - Have specific questions/goals based on the example questions; and
    - Avoid leading questions that suggest the preferred answer and instead use questions that are open-ended, yet sufficiently specific to elicit a description of how the setting operates and the individual's experience in it.
  - c. Review of documents such as staff logs or other daily records of the setting, including any instances of seclusion and/or restraint; setting policies and procedures on resident/participant rights, person-centered service plans and records of how those plans are met; documentation regarding participants' selection of the setting from among setting options, including non-disability-specific settings.

**Non-Residential Provider Setting Validation Tool**

<b>A. Circle Type of Setting:</b> ADC-QI    ADH-QI ADH-DD    ADH-Pre Voc- DD		<b>B. Non Residential Provider Setting Name:</b>  <b>C. Number of Participants receiving Medicaid HCBS:</b>		<b>D. Provider Address and Telephone:</b>		
<b>E. Survey Identification Number:</b>		<b>F. Reviewer Names</b> Lead Reviewer and State Agency: Support Reviewer and Organization:		<b>G. Validation Review Date and Time:</b>		
<b>H. Circle Category <u>before</u> site validation:</b> 1   2   3   4 Reason, if Category 4:		<b>I. Circle Category <u>after</u> site validation:</b> 1   2   3   4		<b>J. Technical Assistance (Remediation) Recommended</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>K. State Agency Responsible for Ongoing Monitoring</b> <input type="checkbox"/> DHS-MQD <input type="checkbox"/> DOH-DDD		
L. HCBS Requirements		M. Example Questions		N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
1	<b>Setting is selected by the participant from among setting options, including non-disability specific settings</b>  <u>Expectation:</u> <ul style="list-style-type: none"> <li>➤ Service setting should be chosen by the participant and detailed on the service plan.</li> <li>➤ Participants should be given a choice of service settings that conform to their needs and the settings should appear on the service plan.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Is the service setting chosen by the participant from among several options including non-disability specific settings?</li> <li>➤ Was choice of setting made by participant alone or was guardian and/or family member(s) involved?</li> <li>➤ How many choices of settings were provided to the participant?</li> <li>➤ Was the participant given opportunities to visit other settings?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

		<ul style="list-style-type: none"> <li>➤ Were choices of settings provided by geographical area?</li> <li>➤ Does the service setting appear on the waiver participant's service plan?</li> <li>➤ Does the service plan indicate the participant's choice of setting was selected?</li> <li>➤ Was selection of day program made because Program activities are provided that are of interest to participant?</li> </ul>			
2	<p><b>Participants have information on their rights and program choices</b></p> <p><b>Expectation:</b></p> <ul style="list-style-type: none"> <li>➤ Participants have the opportunity, but are not required, to participate in scheduled and unscheduled community and social activities. An activities calendar is posted in a common area of the setting.</li> <li>➤ Participants are consulted in selecting, planning and scheduling organized activities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Do participants know her/his day program rights in regards to this agreement?</li> <li>➤ How and by whom were these rights explained?</li> <li>➤ Was there a list of rights shown and explained?</li> <li>➤ Was there an explanation of program activities and daily schedule explained to participant?</li> <li>➤ Do participants choose activities of interest to participate in?</li> <li>➤ Are participants required to participate in any activities?</li> <li>➤ Are participants able to participate in community activities?</li> <li>➤ How does the setting facilitate participant access to community activities?</li> <li>➤ Where is the activity calendar posted; how often is it updated?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

		<ul style="list-style-type: none"> <li>➤ Does the setting organize activities, or facilitate access to activities of participants' choosing?</li> <li>➤ Do participants shop, attend religious services, schedule appointments, meet family and friends etc. in the community and at their will and convenience?</li> <li>➤ Do participants in the setting talk about social/community activities?</li> </ul>		
3	<p><b>Participants have the freedom and support to control their program activities, and have access to food in the program</b></p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> <li>➤ Participants are allowed to choose how to spend their day including sleeping schedule.</li> <li>➤ Participants are allowed to vary their schedule at will in accordance with their person- centered plan.</li> <li>➤ Participants have the choice of when to eat.</li> <li>➤ Participants have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a setting to prepare and reheat foods) that are accessible at any time.</li> <li>➤ Participants are given the option to eat in areas other than the dining</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are activities provided on a daily fixed schedule? Are participants trained to understand this concept?</li> <li>➤ Do participants have a contract for participation in their Day Program, much like going to a school where students attend activities on schedule?</li> <li>➤ Are participants trained on their responsibilities, as part of the contract they enter into?</li> <li>➤ Are activities provided only once per day, or can participants have a choice of AM or PM activities?</li> <li>➤ Can participants choose which activities to participate in each day?</li> <li>➤ Do participants receive training on voting rights?</li> <li>➤ Are "How to vote" (sample ballots) provided?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	<p>room, and may choose to eat with persons of their choosing, or alone.</p> <ul style="list-style-type: none"> <li>➤ Participants have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are participants educated on early voter registration?</li> <li>➤ Do participants receive assistance in completing registration forms?</li> <li>➤ Is transportation to/from polling settings provided?</li> <li>➤ Can participants choose to participate in volunteer work?</li> <li>➤ Are participants trained in what to do at volunteer programs?</li> <li>➤ Do participants choose to participate in employment?</li> <li>➤ Do they have a choice of different employment training “tracks”?</li> <li>➤ How are participants selected for future jobs they will be trained for?</li> <li>➤ Are participants be working in an integrated setting?</li> <li>➤ Are participants receive minimum wage or sub minimum wage?</li> <li>➤ Do participants have a safe setting to put their personal items?</li> <li>➤ Is that setting easily accessible?</li> </ul>			
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|  |  | <ul style="list-style-type: none"><li>➤ Are possessions locked for safety? If yes, do participants have access to key?</li><li>➤ Describe activities that keep s/he involved and active?</li><li>➤ Describe activities that help s/he relax and slow down?</li><li>➤ Describe activities s/he can do alone?</li><li>➤ Describe activities s/he can do with a group?</li><li>➤ Describe activities which encourage s/he to learn new things?</li><li>➤ Can participants eat at times of their choosing?</li><li>➤ Do participants have access to food/snacks outside of prescribed meal times?</li><li>➤ If a participant misses a meal, can they eat at another time?</li><li>➤ How are participant's preferences incorporated into the setting's menus?</li><li>➤ Can participants choose from a variety of menu options?</li><li>➤ Can participants make special menu/meal requests?</li><li>➤ Can participants request an alternate meal?</li><li>➤ Are participants required to sit in an assigned seat for meals?</li></ul> |  |  |
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		<ul style="list-style-type: none"> <li>➤ May participants eat alone, or with people of their choosing?</li> <li>➤ Do participants have access to microwave?</li> </ul>			
4	<p><b>Setting facilitates participant choice regarding services and supports, and who provides them</b></p> <p><b>Expectation:</b></p> <ul style="list-style-type: none"> <li>➤ Participants should have a choice of service providers and locations where services are provided.</li> <li>➤ Participants and/or their representatives are active participants in the person-centered planning process.</li> <li>➤ Participant choices are accounted for and honored unless the participant's safety would be jeopardized and in accordance with the person-centered plan.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Is/are the participant/chosen representative(s) aware of how to schedule a person-centered planning meeting?</li> <li>➤ Can participants explain how they would initiate a person-centered plan meeting/update?</li> <li>➤ Was the participant/representative(s) present during the last person-centered plan meeting?</li> <li>➤ Do planning meeting occur at times convenient to the participant/representative(s)</li> <li>➤ Are participants satisfied with their service providers and service settings choices?</li> <li>➤ Does staff ask the participant about their needs/preferences?</li> <li>➤ Are participants aware of how to make service requests?</li> <li>➤ Are participants satisfied with the services/supports received and those who deliver them?</li> <li>➤ Are participant requests accommodated?</li> <li>➤ Is participant choice facilitated such that the participant feels empowered to make decisions?</li> <li>➤ Can the participant choose from whom they receive services and supports?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

		<ul style="list-style-type: none"> <li>➤ Do participants know how to request a change of service provider or support staff?</li> </ul>		
5	<p><b>Setting ensures the participants right of privacy, dignity, respect, and freedom from coercion and restraint</b></p> <p><b>Expectation:</b></p> <ul style="list-style-type: none"> <li>➤ Information about the waiver participant's conditions and service plan 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 participant's privacy, dignity, respect or restraint.</li> <li>➤ The participant's right to dignity and privacy is protected and respected.</li> <li>➤ Participants have the right to exercise their right to choice and self-determination free from coercion.</li> <li>➤ Information is available to participants on how to file an anonymous complaint.</li> <li>➤ Staff treats participants in a dignified manner.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are files containing waiver participant specific information maintained in a secure location and available only to appropriate staff for use in providing the authorized service?</li> <li>➤ Are providers' personnel trained to provide the authorized service with respect for the participant's privacy, dignity, and free from restraint and coercion?</li> <li>➤ Is personal information kept private?</li> <li>➤ Is information about filing complaints posted in obvious and accessible areas?</li> <li>➤ Are participants comfortable with discussing concerns?</li> <li>➤ Do participants greet and chat with staff?</li> <li>➤ Are participants aware of the Hawaii Disability Rights Center (HDRC) or Adult Protective Services (APS)?</li> <li>➤ Does staff converse with participants while providing assistance/services and during the course of the day?</li> <li>➤ Does staff talk to other staff in front of participants as if they are not there?</li> <li>➤ Does staff address participants in the manner they like to be addressed?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6	<p><b>Setting is physically accessible to the participant</b></p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> <li>➤ Participants are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to participants that require them.</li> <li>➤ Participants are able to access all areas of the setting unless their safety would be jeopardized, e.g., participants do not have access to maintenance rooms, janitor’s closets, etc.</li> <li>➤ Participants have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate.</li> <li>➤ Participants have full access to the community and are allowed to come and go from the setting, as they desire, unless the participant’s safety would be jeopardized. Reasons to restrict movement are documented in the setting’s participant record. Attempts to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are supports provided for participants who need them to move around the setting independently/at will (grab bars, ramps, viable emergency exits etc.)?</li> <li>➤ Are appliances/amenities accessible to participants with varying access needs?</li> <li>➤ Can participants make use of furniture and spaces conveniently and comfortably?</li> <li>➤ Are hallways/common areas accessible to participants of varying needs?</li> <li>➤ Are participants, or groups of participants, restricted from areas of the setting because it is inaccessible to participants with specific needs?</li> <li>➤ Which areas are participants restricted from entering?</li> <li>➤ How are participants prevented from entering restricted areas (gates, locked door, barriers etc.)?</li> <li>➤ Do participants have access to cooking/food preparation facilities?</li> <li>➤ Are participants able to come and go from the setting and its grounds at will with or without a service worker?</li> <li>➤ Can participants engage in community and social activities of their preference outside of the setting at will?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	<p>mitigate safety issues prior to revoking a participant's right to freedom of movement are documented.</p> <ul style="list-style-type: none"> <li>➤ Participants have access to outside communications.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are participants moving around inside and outside of the setting?</li> <li>➤ Do participants have access to public transportation; are transport options accessible to the participant?</li> <li>➤ Are public transport schedules and contact information readily accessible to participants?</li> <li>➤ Does the setting provide accessible transportation so participants may access the community?</li> <li>➤ Does the setting offer training to participants on how to use public transportation?</li> <li>➤ Do participants have access to computers, radios and televisions?</li> <li>➤ Does the setting afford participants access to the internet for personal use and/or computers with internet access for communal use?</li> </ul>			
7	<p><b>Participants have visitors and access to family and friends.</b></p> <p><b><u>Expectation:</u></b></p> <ul style="list-style-type: none"> <li>➤ Participants are able to receive visitors. Visitation is not restricted or hampered by setting policies or practices.</li> <li>➤ Visitors must be allowed outside of visiting hours.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Are visiting hours restricted?</li> <li>➤ Are visiting hours posted?</li> <li>➤ Are participants of visitors required to give advance notice or visitation?</li> <li>➤ Are there restricted visitor meeting areas?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	<ul style="list-style-type: none"> <li>➤ There is a comfortable private setting for participants to have visitors.</li> </ul>				
8	<p><b>Setting is integrated in and supports access to the greater community</b></p> <p><b>Expectation:</b></p> <ul style="list-style-type: none"> <li>➤ Non-residential service settings should offer services in settings that are fully accessible to Medicaid waiver participants. HCB service provision should encourage Medicaid waiver participants to engage in the larger community outside the waiver program.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Is the location where the service is provided surrounded by high walls/fences and/or have closed/locked gates?</li> <li>➤ Is the setting where the service is provided among private settings/businesses and community resources?</li> <li>➤ Does the setting where the service is provided purposefully separate participants receiving Medicaid HCBS services from those who do not, or groups of participants from others?</li> <li>➤ Is the location where the service is provided on the grounds of, or adjacent to, a public institution?</li> <li>➤ Does the service provision provide opportunities for regular meaningful non-service related activities in integrated community settings for the period of time desired by the participant?</li> <li>➤ Are visitors or other people encouraged from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge participants receiving services with familiarity when they encounter them; are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

9	<p><b>Participants have access to their resources.</b></p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> <li>➤ Participants have the ability to seek and gain competitive employment in the community</li> <li>➤ Participants have the option to keep their own money and to control their own finances/resources.</li> </ul>	<ul style="list-style-type: none"> <li>➤ How does the setting help participants who wish to pursue competitive employment in the community?</li> <li>➤ Do participants have the option of having personal bank accounts?</li> <li>➤ How can participants access their personal funds?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
10	<p><b>Setting optimizes participant initiative, autonomy, and independence in making life choices.</b></p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> <li>➤ The service setting encourages participant autonomy and choice and is not regimented.</li> <li>➤ Modifications to the HCB Characteristics requirements are supported by an assessed need and justified in the participant's person-centered plan.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Does the service setting optimize the participant's initiative, autonomy and independence in making choices about activities of daily living?</li> <li>➤ Is the service provided in a manner that encourages the participant to make choices or are choices made as part of a regimented response?</li> <li>➤ Does the service setting optimize the participant's initiative, autonomy and independence in making choices about activities of daily living?</li> <li>➤ Is the service provided in a manner that encourages the participant to make choices or are choices made as part of a regimented response?</li> <li>➤ Does documentation note if positive interventions and supports were used prior to any plan modifications and/or the restriction of an HCB Characteristic requirement?</li> <li>➤ Were less intrusive methods of meeting the need tried and documented first?</li> <li>➤ Does the plan include a description of condition that is directly proportional to the assessed need,</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

data to support the ongoing need for modification, informed consent and an assurance the intervention will not cause harm to the participant?

**Specific Location**

<p><b>11</b></p>	<p><b>Setting is located in a building that is also a publically or privately operated setting that provides inpatient institutional treatment</b></p> <p><b>Expectation for 12-15:</b></p> <ul style="list-style-type: none"> <li>➤ Participants are not in isolated compounds, or settings which limit their potential integration with the community at large.</li> <li>➤ All participants in the setting are afforded the degree of community integration required by the final rule and desired by the participant.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Is the setting surrounded by high walls/fences and/or have closed/locked gates?</li> <li>➤ Does the setting have institutional characteristics, such as cameras; participant’s schedules or other personal information posted; lack of uniqueness in room décor; indicators of seclusion or restraint such as quiet rooms with locks, restraint chairs, or posters of restraint techniques; regimented meal times and other daily activities;</li> <li>➤ Is the setting among private settings/businesses and community resources?</li> <li>➤ Does the setting purposefully separate participants receiving Medicaid HCBS services from those who do not, or groups of participants from others?</li> </ul>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>12</b></p>	<p><b>Setting that is located in a building on the grounds of, or immediately adjacent to, a public institution</b></p>	<ul style="list-style-type: none"> <li>➤ Is the setting on the grounds of, or adjacent to, a public institution?</li> </ul>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>13</b></p>	<p><b>Participants in the setting have limited, if any, interaction with the broader community</b></p>	<ul style="list-style-type: none"> <li>➤ Is there an ADH program, or a licensed residential setting on the same or adjacent parcels of land?</li> </ul>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>14</b></p>	<p><b>Setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities</b></p>	<ul style="list-style-type: none"> <li>➤ How does the setting overcome its presumed institutional qualities?</li> <li>➤ Describe the qualities of the setting and how it is integrated in and supports full access of</li> </ul>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

		<p>participants receiving home and community-based services into the greater community.</p>			
15	<p><b>Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider): These settings congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people’s ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example). This does not include Continuing Care Retirement Community (CCRC) that has independent apartments on site</b></p>	<ul style="list-style-type: none"> <li>➤ Describe of the proximity to and scope of interactions with community settings used by participants not receiving Medicaid funded home and community-based services.</li> <li>➤ Provider qualifications for staff employed in the setting indicate training or certification in home and community-based services, and demonstrate the staff is trained specifically for home and community-based support in a manner consistent with the HCB settings regulations.</li> <li>➤ Service definitions explicitly support the setting requirements. For example, definitions of employment supports that facilitate community-based integrated employment or, for setting-based programs, maximize autonomy and competitive employment opportunities.</li> <li>➤ Procedures in the setting that indicate support for activities in the greater community according to the participant’s preferences and interests, staff training materials speak of the need to support participants’ chosen activities, and a discussion of how schedules are varied according to the typical flow of the local community (appropriate for weather, holidays, sports seasons, faith-based observation, cultural celebrations, employment, etc.).</li> <li>➤ Interconnectedness between the setting and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO

		<ul style="list-style-type: none"><li>➤ To the extent any setting staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the setting staff are cross-trained to meet the same qualifications as the HCBS staff;</li><li>➤ Participants in the setting in question do not have to rely primarily on transportation or other services provided by the setting, to the exclusion of other options;</li><li>➤ The proposed HCBS setting and setting have separate entrances and signage;</li><li>➤ The setting is integrated in the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of services to persons with disabilities;</li><li>➤ The participant participates regularly in typical community life activities outside of the setting to the extent the participant desires. Such activities do not include only those organized by the provider agency specifically for a group of participants with disabilities and/or involving only paid staff; community activities foster relationships with community members unaffiliated with the setting;</li><li>➤ Services to the participant, and activities in which the participant participates, are engaged with the broader community.</li></ul>			
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SAMPLE