

# WORKING DRAFT – SURVEYOR GUIDANCE—HCBS SETTINGS ASSESSMENT TOOL FOR RESIDENTIAL SETTINGS

## **Community Access and Support:**

While Sections 1-3 of the Assessment Tool focuses on the person centered planning process, the following Sections of the Assessment Tool (focus on the effective implementation of the Plan and the day to day supports and services provided to the person by residential staff).

### 1. FULL ACCESS TO THE BROADER COMMUNITY :

**Standard: The setting where the individual resides supports full access to the broader community.**

The CMS regulation states, “The setting is integrated in and supports full access of individuals receiving HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”<sup>1</sup>

- a. *The person is **encouraged and supported** to have full access to the community based upon their interests and preferences for meaningful activities to the same degree as others in the community. (Yes or No)*

**This question should be verified via Interview, observation, and documentation review (based on the person’s Habilitation Plan and/or alternative documentation that reflects the community-based activities that the person wants, including desired frequency and supports needed (see 1b)).**

“**FULL ACCESS**” means that staff of the residence and/or Agency promotes, facilitates, and supports full access to the broader community for the person that is **typical of the degree of access (and method of access) that non-disabled people have** to their local community.

In general, the less experience a person has with life in the community, the more likely he/she is to need support and opportunities to try different activities.<sup>2</sup> Staff should encourage and support the person to take part in the community in a way that is meaningful to the person and that is in addition to activities the person engages in as part of their day program.

**Note:** There are very rural settings that may preclude the person from frequenting their local communities in the same manner as people living in an urban setting, but **this is also true for the public at large.** The key part of this question lies in the phrase “**to the same degree of access that non-disabled people have to their local community**”.

<sup>1</sup> 3030 Federal Register / Vol. 79, No. 11 / Thursday, January 16, 2014 / Rules and Regulations, last column

<sup>2</sup> Adapted from The Council on Quality and Leadership Quality Measures 2005 Personal Outcome Measures Measuring Personal Quality of Life, page 96

### **Interview with the person/considerations for the person:**

- When was the last time that you did something in the community outside of your day program or a group trip with everyone in your house? Who helped you to do this? Who did you do this with?
- What kinds of things do you like to do in the community? Do you get to do these things?
- How do you know when these things are happening?
- How do you know what there is to do?
- Do people you talk to tell you about things that they do that you would also like to do? Have you been able to do those things? Why Not?
- Is there anything that you would like to do that you don't get to do?
- What do you need to be able to do this activity when you want to do it?
- If you could spend your free time doing anything you wanted, what would it be?
- How often would you like to get out in the community to do the things that are important to you?

**Note: Interview with the individual and/or proxy if necessary is important.** Additional indications of community attendance may also be verified via personal allowance records and through community logs/activity logs or daily notes kept by the residence but this does not preclude an interview with the person.

For individuals who have difficulty communicating their desires directly, it is important that surveyors look for indications that staff are attempting to uncover the person's likes and dislikes and that they "listen" to the person, including the non-verbal cues.

### **"Yes" reflects a majority of the following PLUS evidence described in last bullet:**

- The person has **access to information** (*flyers, newspapers, internet, word of mouth*) to learn of activities occurring outside of the setting which he/she may be interested in and choose to participate. Or, staff supports the person to learn about opportunities that the person may be interested in.
- The person is **connected** to experiences and events according to their individualized interests. For example, if the person likes horses, staff doesn't just assist the person to obtain magazines on horses, but also facilitates experiences for the person to have real contact with horses.
- The person is supported through staff **facilitation, promotion and supports**, to take on **social roles and membership opportunities in the community** that are of interest to him/her. This can include but is not limited to: volunteer, choir member, neighbor, sister, serving on a committee, being in a club, etc.
- The person is supported to have **access to information** to learn about social role options/other activities in the community in which he/she may be interested.
- The person receives needed assistance and supports to **engage** in community activities and perform social roles that are of interest
- The person is supported to at least **try** new activities to determine if they are of interest to him/her. i.e., supporting the person through the discovery process for new experiences
- This could also include assistance, support, and training in navigating public transportation and **access** to get to these activities. Where public transportation is unavailable (e.g., bus, subway, cab), the person is supported through other means/resources to access the broader community in the way that he/she chooses (e.g., finding volunteers, natural supports, other agency staff/agency transports).

## **AND**

- There are specific and **recent examples** of when the individual was encouraged and supported to have full access to the community and/or supported through a discovery process in the community (these example should be no later than 2-3 weeks old) to the same degree as others who are not disabled. This may be verified both through documentation and through interviews with individuals and staff.
- This should not be an isolated instance of support, but rather, there are routine efforts and future plans also apparent.

**Note:** "same degree as others" does not mean that all individuals in the home were transported to an activity via the agency bus unless once individuals arrived they were **encouraged and supported to interact with others who are not disabled** rather than stay as an entire group that is insulated from the public at large.

**Example:** Agency transports individuals to the County Fair with drop off and pick up times. Staff and other supports are provided for individuals to pursue their own interests/activities while at the fair in an individualized way, not together as an entire group.

### **The answer to this question would be "No" if any of the following:**

- There are barriers or obstructions that serve to **isolate** the person from full access to the community and agency/facility/staff is not doing anything about these barriers/obstacles timely
- There **is lack of facility staffing** to support opportunities for community access and the agency/facility is not working to find/use creative and effective solutions to these barriers
- If nothing is done to help the person access the broader community/discover the broader community, the answer to this question is "No". If the person appears isolated from full access to the broader community, the answer is "No".
- If the **only time** the individual goes into the community is when everyone or a group of individuals in the home goes together in the agency bus/van and participates together in the same activities regardless of meaningful choice/no meaningful choice, the answer is "No".
- Does it appear that all individuals attend the same types of activities with little choice of options or evidence of individualized interests?
- Documentation and interviews suggest that individuals typically **only** frequents the community through the same limited set of activities with little variance or options being offered and usually in larger groups (4 or more) without additional choices/experiences being offered and

### ***b. The person regularly participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS. (Yes or No)<sup>3</sup>***

This question verifies if the person accesses the community in the frequency and manner that he/she wants, just like any other adult and in accordance with the person's Hab Plan and/or alternative documentation (see 1b). It determines if the person is accessing the community **as much as** he/she desires to do so, to the same

<sup>3</sup> CMS exploratory question number 2 first bullet

degree as the community at large.

Does the person access the community regularly? Ask the person (and/or staff) to describe *how* they access the community (public transportation, walking, taxi, staff, etc) and who assists them in facilitating this.

- Does the entire program or residence always go together to all community activities or is it individualized based on the person's choice? Is the person able to refuse an activity that he/she does NOT want to participate in?
- Is the person able to come and go at any time as they choose?
- Are there curfews or "house rules" mandating when individuals have to be home?
- Does the person talk about attending activities that they are interested in? (For example, does the person mention that they love watching baseball games but has never or rarely has the opportunity to attend an event?)
- Is adequate staff usually available to meet individual requests for community activities? Through observation and interview, does the facility appear to be well-staffed or do you hear "lack of staff" as a major reason why certain community activities and interests cannot be carried out. (For example, is a person able to attend the church of his/her choosing on Sundays as often as desired?)
- Are impromptu/unscheduled community experiences possible i.e., if the person wishes to engage in an activity that wasn't previously scheduled, does staff make every effort to attempt to facilitate the person's activity through natural and/or paid supports and other mechanisms?

**Unscheduled and Scheduled Activities** for purposes of this question can include:

- Shopping
- banking, errands, appointments
- exercise and gym membership
- lunch with family, friends, or others that are not paid to have lunch with the person
- recreational activities in the community such as boating, amusement parks, fairs; club meetings; concerts, movies, plays, etc.
- competitive integrated employment and/or integrated volunteer work (i.e., integrated employment or volunteer work does not include when only disabled individuals are interacting together).
- This can include anything ranging from taking a walk to Stewarts and having a cup of coffee to going out to dinner with friends or family.

For purposes of this question **regularly** should be defined **by the person**, in accordance with what their wishes and desires are and should be reflected in the person's Habilitation Plan/other documentation that becomes part of the Plan (see section 1a and 1b: . It should not include **only** activities that are part of the person's day program hours if the person attends day program as this assessment is reviewing the person's home/community life through his/her residential supports.

**"In the same manner"**: means that individuals participate in activities that include having contact and interactions with others in the community who are not receiving

HCBS and **who are not part of the setting and who are not paid to spend time with the person** (i.e., staff or other residents). These contacts and interactions occur directly with the person.

**Note:** Community size may influence level of participation. For example, when the number of options is limited by the location or size of the community, the type and variety of participation should match that of others in the community. <sup>4</sup>

**Interview with the person:**

- What kinds of things do you do in the community?
- How often do you do these things?
- When was the last time you \_\_\_\_\_ (e.g., shopped, got your hair done, ate out, etc.)
- What kinds of things would you like to do in the community?
- How often would you like to get out in the community?

**Interview with staff or others:**

- How do you support people to regularly participate in scheduled/unscheduled community activities?
- How do you handle impromptu requests for participation in community activities.
- Are there operational barriers that impact your ability to assist and support people to access the community? If so, what is being done to help improve this?

**Select Yes if:**

- There is evidence that the person accesses the community regularly\*for both scheduled and unscheduled activities that are important to him/her in the same manner as individuals who do not receive HCBS. Note: same manner does not mean a “group trip” on the agency bus. **OR**
- The person is supported by the residence to engage in competitive employment and/or volunteer opportunities that are of interest to the individual. Supported means helping the person to maintain these opportunities through supports.

**AND:**

- The person is empowered and supported to make impromptu requests to engage in community activities in the same manner as people who do not receive HCBS (e.g., the person would like to go for an unplanned walk in the neighborhood; the person wants to go out for ice cream; etc. In these cases, residential staff is expected to make every attempt including calling on natural supports, etc. to honor the person's choice for unscheduled activities.

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<sup>4</sup> Ibid, page 97

\*regularly is defined by the person based on their preferences and documentation in their plan (see 1a and 1b). However, if there is no evidence of community activity apparent in the last 2 weeks, the survey team should dig deep into what is happening with and for the person with regard to community engagement opportunities.

**Select No if:**

- c. The person is satisfied with his/her level of access to the broader community and the support provided to pursue meaningful activities for the period of time that he/she desires. (Yes or No)**

OPWDD expects providers to work systemically to find creative and innovative ways to support and assist individuals to have full access to the community in accordance with the person's preferences for meaningful activities and his/her need for support. This may mean using agency staffing resources more creatively, helping the person to access natural support networks, and other methods.

**Probes:**

- Does the person ever want to go out and do something but cannot because there is no one to assist them?
- Is there **enough staff** available? Or does lack of staffing prevent a person's ability to participate in community events of their choosing? (Example: a person is unable to access the community because staff is too busy providing basic needs to residents, others may require 1:1 staff or have high medical needs, and there simply isn't enough staff on shift to make this a feasible option and the agency is doing nothing to address it.
- Is staff supported enough by the agency **financially** in order to allow the staff to support the varied and individualized community interests of the residents? (A person may have enough personal income to support a community interest but if staff isn't adequately supported financially by the agency to accompany the person, attending, an event might not be feasible for the person and therefore opportunities are limited for the person). It is expected that the agency utilize creative options (e.g., fund raising, ask for ticket donations, etc.) to overcome this barrier.
- Does the setting have enough **access to viable transportation options**? If agency vehicles are limited, are there public transportation options?
- Are there unpaid, natural supports available such as family and friends that can support the person's desire to participate in various community events and opportunities?
- Do the agency and/or residence proactively attempt to link to community resources and natural support networks to ensure opportunities for individuals

supported?

- Is this an area of focus in the organization's quality improvement plan?

**Select "Yes" if:**

- The individual does not express dissatisfaction with his/her ability to go out and participate in the community.
- He/she does not mention systemic and ongoing barriers to his/her ability to access the community that the agency/facility should be assisting to resolve e.g., site rules, staffing challenges, lack of transportation, etc.
- The person is satisfied with level of engagement with the broader community.
- Service plan activities aimed in meeting the person's desired level of community access/activities are being implemented and the person is satisfied.

**Select "NO" if:**

- The person reports dissatisfaction with their ability to participate in meaningful activities and there is no clear or obvious agency limitation, barrier, or justification beyond their control for this lack of access. E.g., the person tells you that they are bored on the weekends and would like to go roller skating but there aren't enough staff to take him/her; and/or the agency/residence is not proactively taking steps to resolve (if the agency is taking steps to resolve, sufficient evidence must be provided, otherwise the answer is No.
- Service plan activities aimed in meeting the person's desired level of access are not being implemented and the person is dissatisfied or negatively impacted.

## 12. SCHEDULE:

***The setting optimizes the person's autonomy and independence in making life choices including the freedom and support to control one's own schedule.***

Providers/staff are expected to encourage and support individuals to freely choose and control their own schedules and activities and (e.g., when to eat, when to sleep, what to watch on t.v., preferred community integration activities, etc.) in the same manner as people without disabilities. The provider/staff must ensure sufficient support is available based upon peoples' priorities in their **Plans** for scheduling and activity preferences<sup>5</sup>.

Spontaneity in choice of activities should be encouraged and supported whenever possible, no differently than non-disabled individuals who live with others and enjoy the freedom to pursue an interest on the spur of the moment as well as the possible

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<sup>5</sup> With regard to freedom and control of schedules and activities, CMS states that a person's ability to receive services identified in the person-centered service plan should not be infringed upon by any provider for any reason. Further, CMS states that preventing an individual from receiving any service identified in the person centered service plan is a direct violation of the person-centered plan requirements and the home and community based setting requirements specified in this regulation. Additionally, any setting not adhering to the regulatory requirements will not be considered home and community based. The supports necessary to achieve an individual's goals must be reflected in the person-centered service plan as required under § 441.725(b)(5). **2966 Federal Register** / Vol. 79, No. 11 / Thursday, January 16, 2014

disappointment when lack of planning sometimes impacts being able to make necessary arrangements to participate. Providers and staff may need to rely not only on paid staff but also on natural supports such as family members and non-paid members of circles of support for individuals as they increasingly exercise greater control over their schedules and activities.

The individual's options should not be limited to a choice between a planned group activity and nothing. CMS explains that individuals "must be afforded choice regarding the activities in which they wish to participate including whether to participate in a group activity or to engage in other activities which may not be pre-planned."<sup>6</sup>

See guidance under Section 1 Habilitation Planning and Section 4 Full Access to the Broader Community for further guidance-.

**This question must be answered using observation and interview.** It may be necessary to verify via documentation review that the person is routinely provided opportunities to make choices among options that are meaningful to them, and being actively supported to make decisions regarding activities and schedule.

**Considerations regarding control of one's schedule:** This question determines if the person's setting and schedule is regimented rather than based on individual choice and preferences. Refer to the person's ISP for information on valued outcomes, goals, preferences, and needs. Then verify through observation and interview with the individual and staff if these factors are reflected in the person's daily living.

Probes:

- Is the person aware that they don't have to follow a structured and regimented house schedule (such as, wake up at 5am, eat at 6pm, shower at 7pm, bed by 9pm)?
- Does the house have a shower schedule, a dining schedule, a laundry schedule? What does the person think about that?
- Is the person's routine individualized and different from others in the setting or does everyone follow the same schedule for all activities?
- Does the person have access to in-house activities such as watching TV, radio, and other leisure activities that interest him/her? Is he/she able to access those activities when he/she chooses? (or does everyone have to go to bed by 10pm, or watch the same TV shows as his/her housemates regardless of choice, for example)
- Is the person encouraged, taught, and provided the opportunity to plan his/her own daily activities, including mealtimes, community events, and other activities on a regular basis? This may also apply to weekly and monthly routines.

**a) The person is aware/has been informed that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc. (Yes or No)**

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<sup>6</sup> 79 Fed. Reg. at 2,978.

**Select Yes if:**

- **There is evidence that the person is aware of and/or has been informed that he/she has informed choice of their schedule.**

**Otherwise, Select No**

**b) The person is encouraged and supported to make their own scheduling choices according to their preferences and needs. (Yes or No)**

**Select Yes if a majority of the following:**

- The person reports that he/she has informed choice regarding his/her schedule
- The person's schedule of activities is individualized and person centered
- The person's priorities for activities are being supported through their schedule

**Answer "NO" if any of the following:**

- The person's activity schedule is regimented with little choice or decision-making evident
- The person's schedule and activity choices are the same ones as everyone else in the residence with little evidence of any individualized choice-making or preferences, and/or opportunities to do so.
- The person is coerced to engage in certain activities when they choose not to explicitly/verbally or through other cues
- There are blanket house rules about watching TV, curfews, playing music, phone calls and using computers, etc.
- The person expresses dissatisfaction with the opportunity to control his/her own schedule and make choices about activities , and:

if there is little evidence available via interview with staff or documentation review to verify that the person's preferences are being respected and acted upon

**c) The person has access to such things as televisions, radio, computer internet, and leisure activities that interest him/her and he/she can schedule and enjoy these activities at his/her convenience. (Yes or No)**

**Select Yes if:**

- It is apparent that individuals can schedule activities in the home according to their scheduling desires.

**Select No if:**

- There are blanket rules in place governing when residents can watch tv, listen to the radio, etc.

**d) The person is satisfied with his/her schedule of activities and knows how to request assistance with changes if he/she wants to. (Yes or No)**

**Select Yes if:**

- The person reports that he/she is satisfied with his/her schedule of activities and knows how to request a change

**Otherwise select No:**

**13. ACCESS TO FOOD:**

**Standard: The Individual has access to food at any time.**

People must have 24 hour a day access to food unless there is an appropriate rights modification in place. This requirement can be met in a variety of ways including by giving individuals control in selecting the foods that they eat, storing food in their rooms, eating in their rooms, and deciding when to eat. Minimal options, such as the choice of a snack bar or crackers, will not meet the requirements. An individual should not be presented with narrow options decided by someone else, without input from the individual.

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CMS states in the commentary to the regulations that, “we disagree with the commenter’s’ belief that a residential setting cannot reasonably accommodate an individual’s preference on a 24-hour per day basis. The opportunity for individuals to select the foods they eat, store food in their room, eat in their room, and to decide when to eat are all ways in which the access to food requirement can be met.<sup>8</sup>

A person should not be presented with narrow meal and snack options, decided by someone else without input from the person. Food options should not be unreasonably limited. CMS notes that requirement would not be satisfied by choice between a granola bar or pitcher of water and crackers.<sup>9</sup>

The requirement does not pertain to providing **full** dining services or meal preparation 24 hours a day, but rather applies to **ACCESS** to food at all times.<sup>10</sup>

These questions should be answered using observation and interview. Remember, any modification or restriction to a person’s food choices or mealtimes must be supported by a specific assessed need and justified in the person-centered service plan or

<sup>7</sup> Advocates Guide to Consumer Rights in Medicaid HCBS, page 8

<sup>8</sup> 79 Federal Register 2965-2966

<sup>9</sup> 79 Fed. Reg. at 2,965-66.

<sup>10</sup> CMS preamble page 73

behavior support plan. Look for written documentation to support a modification or restriction for the person based on the guidance above under Rights Modifications and Yes/No determinations.

It is also recognized that in some cases others in the home might be impacted by the modifications needed for a particular person. For example, if someone's individualized assessed needs indicates that a modification is necessary that the person cannot have access to food at any time there might be a need to have pantries and the refrigerator locked as there is clear evidence that an individual needing modifications will seek out food and that other positive approaches to safeguarding have not been successful. This type of modification affects everyone in the household. In these cases, there must be arrangements made so that other individuals can have the right to access to food at any time. These arrangements might include the ability to ask staff to open the pantry at any time and/or the person having a locked pantry in their own room for storage of their own food.

**Probes:**

- Is the person able to have a meal at the time and place that he/she prefers?
- Is the person able to request an alternative meal if they want to?
- Is food and snacks accessible and available at any time?
- Are cabinets, refrigerators, and the pantry unlocked, and the person is able to access the food?
- If the person prefers to eat alone, is that honored?
- Is the dining area dignified? Does the person use a bib or eat on Styrofoam plates and plastic utensils?
- Does the person have assigned seating with no choice in where to sit? <sup>11</sup>  
If choice or access regarding food and eating are altered in any way, is the specific assessed need identified in a person centered plan/behavior support plan?

**Interview with the individual:**

- Do you get to choose what you eat?
- Do you get to choose where and with whom you eat?
- Are you able to get food when you want to even if it's not at a mealtime?
- Do you get to go grocery shopping and/or help pick the food you like to eat?
- Are you able to keep your own food in your bedroom if you want to?

**a) *The person can choose to eat when they want to eat even if mealtimes occur at routine/scheduled times (Yes or No)***

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<sup>11</sup> CMS exploratory questions

**Select Yes if a majority of the following:**

- The person reports being able to eat their meals when they choose to if they do not wish to have their meal at the scheduled time
- During observation of meal times individuals are not coerced to come to the table
- During interviews with staff and others and/or documentation review, it is evident that there is flexibility provided for meals to accommodate individual schedules and preferences.

**Select No if any of the following:**

- During observation, people appear to be coerced to eat during the routine mealtime
- A person requests to have their meal in their room or at another time and staff does not honor the request.
- There is any documentation/written evidence that indicates that there is no choice/flexibility to alter one's mealtime schedule

**b) the person has access to food 24-7 and is able and supported to purchase and store their own food/snacks, special food and keep this food available for their use at any time if they choose to (Yes or No).**

**Select Yes if**

- The person has access to food 24-7 either through storing the food in their room and/or getting food from the refrigerator, pantry, and/or asking for food at any time or there is an appropriate rights modification in place through the person centered planning process that includes all the required elements
- The residence/staff makes clear that access to food 24-7 is the person's right unless there is an appropriate rights modification
- The residence/staff supports the person to budget, purchase, store food that they choose so that it is available to the person at any time unless there is an appropriate rights modification in place.

Note: if the rights modification includes all of the required elements and has been appropriately considered through the PCP process, the answer can be Yes.

**Select No if any of the following:**

- The person does not have access to food 24-7
- The person is not supported to purchase/store food
- There are blanket rules/policies or operational practices in place that are obstacles/barriers to this right

Note: if the person has a rights modification but it does not contain the required elements, the answer to this question would be No.

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## 10. CHOICE OF ROOMMATE:

**Standard: The individual is satisfied with their residential setting (of their choosing) and has a choice of roommate.**

**This question must be answered through interview, observation, and documentation.**

CMS has clarified that a residence is **NOT** required to make sure that every individual receiving HCBS has their own bedroom when receiving residential services. However, the rule does require that individuals be provided **options** of residential settings, including an option of a **private** room. This includes providing them with information about all relevant potential options, not just options and environments readily available. The person's preferences in deciding where he/she lives, and with whom they live are a priority. Sometimes options are limited but the agency should be making a concerted effort to find creative solutions to honor the person's individual preferences as much as possible in their current environment, until their chosen option can be accessed. The residence should be aware of the needs and preferences of the individual and should respond accordingly to requests that are within their control to influence.

It is important to determine whether the person is satisfied with his/her current living situation. It may be necessary to verify through documentation review that the agency has taken steps to address any dissatisfaction that the individual has reported to you.

- In the event that the residence or agency does not have any appropriate private room alternatives, they are required to refer the individual to **other opportunities** where the person's request can be honored.
- CMS has also clarified that the financial resources available to the person may impact what specific options are available to him/her.
- If the individual **chooses** to share a room, the individual also must have a **choice** of roommate.

### **Interview questions for the person:**

- Did you choose where you live now?
- How did you choose where you live?
- Did someone else decide where and with whom you would live?
- Do you know about the different home/living options possible?
- Did anyone explain to you what options you have about where to live and who you can live with?
- Do you prefer living alone or with a roommate?
- If you have a roommate, do you like living with him/her?
- Do you feel your choices about where you live and who you live with are listened to, are respected, and supported by staff?
- If you could make a change about where you live or who you live, what would it be?

**Verification:** Interview the person, and if more information is needed regarding the status of his/her living arrangement, obtain more information through record review and interview with staff.

If it appears that the individual is **not** satisfied with his/her current living arrangement, verify if the dissatisfaction is recognized and if concerted efforts are being made to change that. It is the agency's obligation to educate the person about the range of choices that are available, and to support the person in making an informed decision regarding his/her living situation. It is

important for the agency to provide ways for the person to explore all of his/her living options.

If the person is dissatisfied, the residential setting staff is responsible to notify the person's MSC and/or others that can assist the person to experience and/or locate alternative options. Documentation must be available to support a "Yes" to b.

**a) The person is satisfied with their roommate/living situation and does not express a desire (when questioned) to move to another living setting and/or with another roommate. (Yes or No)**

**Select Yes if:**

- The person is satisfied with their living arrangement and roommate and does not express a desire to move or to have another roommate.

**Otherwise, select No.**

**b) If the person is not satisfied with their roommate, there is evidence that staff is proactively working to find an alternative arrangement based on the person's needs, choices, and preferences in a timely manner. (Yes, No or Not Applicable)**

It is expected that individuals are provided with opportunities to work with the setting to achieve the closest optimal roommate situation. Individuals who have issues with their roommates and do not want to live with them anymore should receive timely support and assistance from the setting staff and/or provider in coming up with alternatives. This may involve the need to work with the person's MSC.

**Answer Yes if:**

- There is evidence that residential staff is assisting the person timely to find an alternative roommate/living arrangement and/or is helping the person to resolve differences to their satisfaction if appropriate.
- If the person wants another roommate, the answer would only be yes if evidence/documentation/interviews indicate that the residential staff/provider is doing everything that they can to work on alternatives.
- If the person wants to move to another residence, the answer would be yes, if the evidence/documentation/interview indicates that the residential staff/provider is doing everything they can to assist the person including regular conversations with the MSC and family members/advocates; discussions of options with the person, visits to alternative living settings, etc.

**Answer "NO" to this question if:**

- There are clear indications that the person is not satisfied with their current living situation, and the agency is aware, but there is no evidence of proactive action being taken to help the person to locate alternatives and/or to improve the situation.

**Only Answer Not Applicable if the answer to a, "the person is satisfied with their living arrangement/roommate" is "Yes".**

**a) The setting staff facilitates access to transportation that supports people's choice of activities and schedules.**

Access to the community is a foundational element of a community setting, and may depend upon the availability of transportation. Based on CMS guidance on settings that isolate, it should not be enough that individuals are “free to leave.”<sup>12</sup>

The provider has an obligation to ensure that access to the community is real and not just theoretical. The obligation of the provider may vary to a certain extent with the setting's location and the practical availability of public transportation.<sup>13</sup> For example, if public transportation is not readily available and accessible, the provider has a greater obligation to help people make arrangements to get to community activities.

Another aspect of a residential setting that contributes to it having institutional and isolating qualities is lack of transportation to activities that individuals want to attend. **Interview individuals and staff** at the residence regarding activities occurring outside the home, activities desired outside the home, available transportation, limitations or barriers due to transportation issues. Review documentation (activity logs, daily notes, transportation logs) available to determine the type and frequency of community activities and events that individuals participate in and whether this corresponds to what they report occurs or they want, and what is in the plan. This question looks at whether transport is facilitated sufficiently so that individuals have opportunities for physical integration and access to their local community and neighborhood.

- Are activities or events typically done with the entire residence or with large groups of individuals with disabilities?
- Are activities individualized in any way or does everyone participate in the same activities together with little personalization?
- Is the facility well staffed enough to allow for transportation (providing or supporting, e.g. assisting to use the subway) to activities for individuals?

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<sup>12</sup> CMS, Exploratory Questions to Assist States in Assessment of Residential Settings, at 4-5.

<sup>13</sup> Just Like Home, Advocates Guide to State Transitions, page 14