

# Traditional IID.DD Waiver HCBS Setting Assessment

## INITIAL Home and Community Based Services (HCBS) WAIVER SETTING REVIEW Developmental Disabilities Section

**Introduction:** This initial review is the first step in determining a waiver setting's compliance with the HCBS Federal Regulations. It is essential that providers engage the Regional DDPA and DD Section early in the planning process to avoid any potential conflicts with the Regulations. The focus is on the setting's current physical characteristics and the location contributing to community integration and people's rights. This review will identify any potential for heightened scrutiny and/or characteristics that may be potentially institutional and/or isolating in nature. All settings must also comply with the Licensing Administrative Code.

**Instructions:** The provider is responsible to notify the Licensing Administrator of any new provider-owned residential setting, facility-based Day Habilitation or facility based Prevocational setting prior to the setting being initiated, built or purchased. The DD Section should be involved throughout the planning stages of the setting to ensure the setting will comply with the HCBS Regulations, such as physical location and design of the setting. A complete review would need to be conducted before the setting could be licensed or a budget developed for the setting.

Please refer to <https://www.hhs.nd.gov/human-services/hcbs> for additional information and resources on the HCBS Regulations to ensure compliance with new settings.

The Regional DDPA will work with the provider to ensure that the Licensing Administrator is aware of the proposed new setting. This review will be conducted by the DDPA in conjunction with the provider. The Licensing Administrator will involve the Quality Assurance Administrator in the review process. The Licensing Administrator will work with the DDPA on the timeline for completing the review. The completed review will be turned into the Licensing Administrator.

If there are any further questions or concerns, the DD Section will be in contact with the DDPA and/or Provider. The final copy of the review will be provided to the DDPA and Provider after review by the DD Section. All final questions and concerns will need to be followed up and resolved before final approval of the setting.

The second step in compliance with the HCBS Regulations will be addressed through the person-centered planning process for each person on an initial and annual basis, speaking to the person’s individual experiences. The document reference above should also be utilized to address these individual experiences and to ensure setting compliance is maintained.

**Please send completed review to the DD Section’s Licensing Administrator.**

*Table 1 Provider Information*

<b>Provider Information</b>
Date of Review:
Name of Provider:
Location Address:
Type of Setting (duplex, apartment complex, group home, single home, office building, etc.):
License Type:
Number of Individuals to be Served:
Reviewer Name:

*Figure 1 Narrative Box for any Relevant Background Information*

<b>Any Relevant Background Information</b>

Table 2 Physical Characteristics Assessment Questions

<b>Physical Characteristics</b>
1. Describe the specific location in the community and how it is physically located among other private residences and/or retail businesses.
2. Describe the physical/environmental design of setting. (Include how the design may offer a homelike atmosphere; areas do not resemble an institution; same physical characteristics as a setting of those not receiving services; physical arrangements of the setting, etc.).
3. Describe how the setting design provides for full access to common areas and there are no predetermined restrictions/physical barriers (e.g. access to kitchen, laundry room, community areas, break rooms; people will be able to move freely around all areas of the setting; setting is accommodating,; rooms are not set up with barriers or locked doors; setting is not surrounded by high walls/fence, have closed/locked areas, etc.).
4. Describe how the setting design provides for individual’s rights of privacy, dignity, and respect. (do people share or have or have own bedroom, telephone jacks throughout the home, are cameras present, break areas, private space for personal cares/medications, etc.).

Table 3 Physical Location and Integration Assessment Questions

<b>Physical Location and Integration</b>	<b>Yes/No</b>	<b>If <u>Yes</u>, provide further information or evidence for consideration to support compliance with the HCBS requirements.</b>
5. Is the setting located in a building that is also a public or privately-operated facility that provides inpatient institutional treatment (Nursing Facility, Institution for Mental Disease, ICF/IID, hospital).		
6. Is the setting in a building on the grounds of, or immediately adjacent to, a public institution (which is typically owned/operated by state, county, etc.).		

<b>Physical Location and Integration</b>	<b>Yes/No</b>	<b>If <u>Yes</u>, provide further information or evidence for consideration to support compliance with the HCBS requirements.</b>
7. Is the setting located on the same street as other homes or buildings that are owned or operated by the provider or another provider. Per <a href="#">NDAC 75-04-01-28(4)</a> group homes cannot be located within 600 feet of an existing home or day program.		<i>If yes, address if/how staff and programing will be shared among the locations.</i>
8. Will the setting offer several onsite services (e.g. day supports, residential supports, congregational services, professional therapies, medical services, etc. which are all brought into the setting in a manner that prevents people from receiving these services that are typically in the community).		
9. Is the setting primarily for people with disabilities.		<i>If yes, provide information toward the setting does not prohibit people from being integrated and participating in the community (e.g. frequent community interaction).</i>

*Table 4 Provider-Owned Residential Tenancy Assessment Questions*

<b>Answer for Provider-Owned or Controlled Residential Setting Only; Tenancy</b>	<b>Yes/No</b>	<b>If NO, provide further information</b>
10. Will the individual(s) have a lease that at a minimum has the same responsibilities and protections from eviction that tenants have under North Dakota landlord tenant laws.		
11. Will there be lockable bedroom doors available (unless otherwise identified by the team and documented in the plan).		

*Table 5 DD Reviewer Information*

<b>Do not write below, for completion by DD Section</b>
Date Reviewed by DD Section:
Reviewer Name:

Comments: