

## 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. Settings must also comply with the Licensing Administrative Code, if applicable.

**Instructions:** The provider is responsible to notify the Regional DDPA of any new provider-owned or controlled residential setting, Day Habilitation or Prevocational setting **prior to the setting being initiated, built or purchased**. The DD Section needs to be involved throughout the planning stages of the setting to ensure the setting will comply with the HCBS Regulations, such as physical location, design of the setting, and delivery of services. A complete review needs to be conducted before the setting can be licensed, if applicable.

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.

It is the responsibility of the provider to schedule an onsite review with the Regional DDPA for the prospective location before services are provided in the setting. This review will be conducted by the DDPA in conjunction with the provider. The Regional DDPA will submit the completed review to the Waiver Administrator. The Waiver Administrator will review the submission with the DD Section.

Waiver Administrator will respond to initial settings review 10-15 business days from the day it was submitted. The provider should expect to allow time for questions and any changes for the setting that may need to take place to be compliant, while allowing up to 30 business days for the final report to be completed.

If there are any further questions or concerns, the Waiver Administrator 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.

If no response is received from the provider to questions and any changes for the setting that may need to take place to be compliant after 15 business day, the review may be closed.

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 link above should also be utilized for additional information and resources to address these individual experiences and to ensure setting compliance is maintained.

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

*Table 1 Provider Information*

Provider Information
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*

Any Relevant Background Information

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*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, retail businesses, and/or other DD service settings.	
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; layout 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, basement; people will be able to move freely around all areas of the setting; setting is accommodating (wheelchairs/walkers as needed); 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. (will people share or have their own bedroom, access to their own phone(not using staff's phone), are cameras/alarms present inside or outside setting and what is the purpose, 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).		

<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>
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.).		
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. The individual(s) must have a lease that at a minimum has the same responsibilities and protections from eviction that tenants have under North Dakota landlord tenant laws. Is the lease attached?		
11. Will there be lockable bedroom doors available (unless otherwise identified by the team and documented in the plan).		
12. Will the individual be expected to follow any rules in the setting? i.e. a curfew or requirement for a		<b>If yes, provide further information:</b>

scheduled return, no eating in bedrooms, visitors as certain times, quiet hours, etc.		
13. Will the setting be owned or rented by the provider?		
14. If rented, will it be subleased? Please note, individuals may not be able to use a housing voucher if the setting is subleased.		
15. Will the individual living in the setting be required to receive services from the provider who owns/rents the setting?  If so, how will the provider notify the individual that services must be provided by them as the landlord?  What is the process if they choose another provider and would need to move out of the setting?  Will this information be added in the lease?		
16. Are pictures attached for the setting? If not, please send for review to be completed.		

*Table 5 DD Reviewer Information*

<b>Do not write below, for completion by DD Section</b>	
Date Received by DD Section:	
Date(s) Reviewed by DD Section:	Date Approved:
Reviewer Name(s):	
Comments:	