



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

Compliance with Statewide Transition Plan Alignment with CMS HCB Setting Regulation Requirements  
(42 CFR Sections 441.301 (c) (4) - (6); Section 441.302 and 441.530)

**Companion Guide for Provider Self-Assessment**

**LME-MCO:** *Designated Home LME-MCO (for providers of NC Innovations Services only) OR*

**Local Lead Agency:** (Case Management Entity) *Designated Lead Agency (for providers of CAP/DA and CAP Choice only).*

**Provider Name** (as appears on license or certificate, as applicable, or legal name): **Denote name.** **NPI#:** *Reference NC Tracks*

**MHL License/ Certificate Date** (as applicable) *official # is on license issued by DHSR*

- **Before completing self-assessment, indicate the intent to comply with all HCBS Setting Rule Requirements: Yes\_\_\_ No \_\_\_\_** *Answer only Yes or No*
  - **If Yes, continue.**
  - **If No, enter the number of individuals through Medicaid HCBS that will need to be transitioned:** *Enter a number only if there is not intent to comply with HCBS Setting Rule Requirements.*
- **Self-Assessment must be completed for each site providing HCBS Service(s); submitting one for an organization will not be accepted.**

*If you provide the following services, you need to complete a self-assessment...*

<i>Waiver Type</i>	<i>Service</i>	<i>Number of Surveys</i>
<i>CAP/DA/CHOICE</i>	<i>Adult Day Health</i>	<i>One per physical site</i>
<i>NC Innovations</i>	<i>Residential Supports</i>	<i>One per physical site</i>
<i>NC Innovations</i>	<i>Day Supports/Day Supports in Certified Adult Day Health</i>	<i>One per physical site</i>
<i>NC Innovations</i>	<i>Supported Employment</i>	<i>One per corporate site and a minimum of 10 assessments or 10%, whichever is greater.</i>



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

**Section I: Settings That Are Not Home And Community Based:**

**NOTE: Do NOT proceed past question 1 if any of the items are checked yes.**

<p>1. Is the facility one of the following?</p> <ul style="list-style-type: none"> <li>• <i>Nursing facility</i></li> <li>• <i>Institution for Mental Diseases</i></li> <li>• <i>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)</i></li> <li>• <i>Hospital</i></li> </ul> <p><b>If any of these are checked yes, the facility cannot meet HCBS Criteria for community-based settings.</b></p>	<p><i>If there is a specific question, contact assigned LME-MCO Network Department or Local Lead Agency (Case Management Entity)</i></p> <p><i>Nursing Facility – a Medicaid Nursing Facility – (42 CFR 488.301)</i></p> <p><i>IMD Facility - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services</i></p> <p><i>ICFIID – Institution for the mentally retarded or persons with related conditions means an institution (or distinct part of an institution) that— (a) Is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related conditions; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability. Based on changes made in Rosa’s Law in 2010, Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR) will now reflect nationwide changes and be referred to as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).</i></p> <p><i>Hospital - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons;</i></p> <p><small>—42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs); § 441.710(a)(2); 10A NCAC 27D .0301 Social Integration; 42 C.F.R. §435.1010; Sec 1919 SSA 42 U.S.C. 1395i-3; <a href="http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap7-subchapXVIII-partA-sec1395i-3.htm">http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap7-subchapXVIII-partA-sec1395i-3.htm</a>; Social Security Act Sec. 1861. [42 U.S.C. 1395x]; CFR 483.400 – 483.480; CFR 488.301</small></p>
--	---



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

2. Is the facility in one of the following locations?
- *a building that is also a publicly or privately operated facility that provides inpatient institutional treatment*
  - *a building on the grounds of, or immediately adjacent to, a public institution*
  - *a setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.*

**If any of these are checked yes, the setting is presumed to not meet HCBS Criteria for community based settings, and would require approval of the Secretary of the United States Department of Health and Human Services (HHS).**

- **Examples include: State Developmental Centers, State Psychiatric Hospitals, Nursing Homes, etc.**
- **Settings that are located on the same or contiguous property to an institution or are sharing space with an institution. Consideration must also be given to any applicable ordinances.**
- **Other examples include: Gated communities, settings that are isolated from the community at large, residential or boarding schools that are disability specific, etc.**
- **Any other setting that has the effect of isolating individuals receiving HCBS from the broader community.**
- **The term public institution is defined in Medicaid regulations for the purposes of determining the availability of Federal Financial Participation (FFP). Section 435.1010, specifies that the term public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Medical institutions, intermediate care facilities, child care institutions and publicly operated community residences are not included in the definition, nor does the term apply to universities, public libraries or other similar settings.**
- **If there are questions about a facility type/location, contact your assigned LME-MCO Department or Local Lead Agency (Case Management Entity) to seek clarification.**

*—42 C.F.R. § 441.301(c)(5) (about HCBS waivers); § 441.530(a)(2) (about Community First Choice programs); § 441.710(a)(2)*



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

**SPECIAL NOTE FOR SECTION II AND SECTION III:**

**All elements for each characteristic must be met for the response to be Yes. Evidence of support must be maintained, by the provider, in circumstances where element(s) of a characteristic is/are met. A plan of action/correction is required for any element(s) that is/are not met. This will ensure monitoring only occurs for the area(s) that is/are out of compliance. (*Evidence is specific to the characteristic and is not typically policy/procedure or standard operating procedure unless otherwise noted, but may include any evidence of implementation.*)**

**Section II: General HCBS Criteria - Non-Italicized language (on the left side of the assessment) reflects the actual characteristic and the italicized bulleted notations provide guidance to evaluate the characteristic. However, the italicized bulleted items are not all inclusive to each element of the characteristic.**

**NOTE: This section MUST be completed, in entirety, if the following services are provided:  
Adult Day Health, Day Supports, Supported Employment and Residential Supports.**

<p>1. The setting is integrated in and supports full access to the greater community (work, live, recreate, and other services). There are opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <ul style="list-style-type: none"> <li>• <i>Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?</i></li> <li>• <i>Can people regularly interact directly with other members of the community who are not paid to do so?</i></li> </ul>	<p><i>Refer to CMS Steps to Compliance For HCBS Settings and Requirements in a 1915(c) Waiver and 1915 (i) SPA (State Plan Amendment) and Guidance on Settings that have the effect of isolating individuals receiving HCBS from the Broader Community located at:</i></p> <p><a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-SupportS/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html">http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-SupportS/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html</a></p> <p><i>Additional information can be found at the following links:</i></p> <p>CAP/DA and Choice:</p> <p><a href="http://www.ncdhhs.gov/dma/mp/3K2.pdf">http://www.ncdhhs.gov/dma/mp/3K2.pdf</a></p>
---	--



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

	<p>Innovations:</p> <p style="text-align: center;"><a href="http://www.ncdhhs.gov/dma/mp/8P.pdf">http://www.ncdhhs.gov/dma/mp/8P.pdf</a></p> <p><i>Integration can be most readily defined as any situation/circumstance that does not meet the definition of isolated as defined by CMS.</i></p> <p><i>Some community integration examples are:</i></p> <ul style="list-style-type: none"> <li>• <i>The opportunity to get a job and work alongside people without disabilities.</i></li> <li>• <i>Be part of the local community life, which must include what is of interest to the person, e.g. faith based activities, volunteer opportunities, local events, but must occur outside of the service setting.</i></li> <li>• <i>Access to transportation resources (what is available to the general population) within a given community with recognition given to urban and rural barriers, e.g. urban – metropolis and rural – communities, village, hamlets, towns and cities.</i></li> <li>• <i>Control their own money, possessions and all other resources with appropriate help, which may include a financial coach, dual payee responsibility, etc.</i></li> <li>• <i>Regularly interact with friends, family, co-workers that enhance the quality and security of a person’s life. It represents “not to do for”, but “with” people. If opportunities are always “scheduled” and are only “occasional” this does not meet the intent of “community-based”.</i></li> </ul> <p><small>—42 C.F.R. § 441.301(c)(4), (c)(4)(i) (about HCBS waivers); § 441.530(a)(1), (a)(1)(i) (about Community First Choice programs); § 441.710(a)(1), (a)(1)(i); 10A NCAC 27D .0301 Social Integration; § 168-2; § 168-3; § 168-8; § 168 A-6</small></p>
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting</p>	<ul style="list-style-type: none"> <li>• <i>Choice of setting (includes any setting that is of interest to the person) is based on the preference(s) of the person and is the ultimate decision of the individual. Examples of evidence include,</i></li> </ul>



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

<p>options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</p> <ul style="list-style-type: none"> <li>• <i>The setting is selected by people from among residential and day options that include generic settings.</i></li> <li>• <i>Do people choose their rooms (if residence) or the area they work in, etc.?</i></li> </ul>	<p><i>but are not limited to: providing information specific to the options presented, or places visited/employment considered, or individuals the person met during the planning process of choosing a place to live, work or engage during one’s day, information contained in the person’s individual plan, individual outcome measures, etc.</i></p> <ul style="list-style-type: none"> <li>• <i>To ensure a person’s preferences are being respected, were the choices presented in such a way that it was clearly understood by the person, e.g. conversation, picture, written, object format.</i></li> <li>• <i>A setting that is chosen by an individual, if they are to receive HCBS services, must meet all the requirements of the rule (Final Rule March 2014).</i></li> <li>• <i>Options provided align with the individual’s available resources, e.g. SSI, VA, Special Assistance, Social Security, earned income, trusts, etc. (residential only).</i></li> </ul> <p><small>—42 C.F.R. § 441.301(c)(4)(ii) (about HCBS waivers); § 441.530(a)(1)(ii) (about Community First Choice programs); 42CFR § 441.301 (6) (2) (i)</small></p>
<p>3. Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.</p> <ul style="list-style-type: none"> <li>• <i>Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</i></li> <li>• <i>Do people have a place and opportunity to be by themselves during the day?</i></li> <li>• <i>Is <b>informed</b> consent obtained <b>prior to</b> implementation of intrusive medical or behavioral interventions?</i></li> <li>• <i>For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</i></li> <li>• <i>For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</i></li> <li>• <i>Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>There must always be the availability of space and time to ensure the individual can talk privately with family, friends and others of the persons choosing whether in person, over the phone or the internet (if access is available).</i></li> <li>• <i>Even in shared situations, there must also be availability for a person to have “personal and alone time” as they define it during their day based on what is reasonable for that living setting and taking into account house/roommates. If an individual is unable to use words to communicate, information should be obtained from others that know the person the best to ensure they have opportunity for what is important to them.</i></li> <li>• <i>10A NCAC 27D .0303 INFORMED CONSENT - Informed Consent by definition is given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of action, e.g. a reference reflective of all</i></li> </ul>





**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

	<p><i>components of informed consent is the Consent Handbook, H. Rutherford Turnbull and Douglas Biklen.</i></p> <ul style="list-style-type: none"> <li>• <i>Plan for right restoration must be included in the person centered plan at the time of restriction.</i></li> <li>• <i>Behavioral Interventions/Physical Restraint: 10A NCAC 27E</i></li> <li>• <i>Psychotropic Medication - Psychiatric diagnosis must be established prior to use of psychotropic medication to treat a mental health disorder. Other uses of psychotropic medication as prescribed by a health care practitioner for non-mental health disorders do not apply.</i></li> </ul> <p><small>—42 C.F.R. § 441.301(c)(4)(iii) (about HCBS waivers); § 441.530(a)(1)(iii) (about Community First Choice programs); 10A NCAC 27G .0208 Client Services (a) (1); 10A NCAC 27G .0209 Medication Requirements (f) (1) (2); 10A NCAC 27d .0303 Informed Consent; 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (c) (1) (2), (d) (1) (2) (3), (e) (1) (2) (3), (f) (1), (2) (A) (B) (C) (D), (3); §122C-62 (b) (1)</small></p>
<p>4. Optimizes, but does not regiment, independent initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p> <ul style="list-style-type: none"> <li>• <i>Do people receive only the level of support needed to make their own decisions?</i></li> <li>• <i>Do people exercise their rights as citizens to: voice their opinions, vote, and move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?</i></li> <li>• <i>Do people choose their daily activities, their schedules, and locations of the activities?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Individuals must be able to engage and make their daily decisions/choices, which includes, at a minimum, people they talk to, what they want to do during the day, where they spend their time, and with whom they have relationships. However, based on one’s circumstances there are realistic considerations that must be made, i.e. people we support will experience realistic barriers such as defined work hours, immediate availability of people they choose to help them; transportation schedules – bus may have stopped operating at 10:00 --- however ultimately the final outcome of the choices includes and is determined by the person. For example, if I am employed and only have 30 minutes for lunch and work in downtown Raleigh, I am not able to go Holly Springs for a lunch hour at my favorite restaurant on days that I am working. The consequence may be termination of my employment.</i></li> <li>• <i>There must be flexibility for “last minute plans/changes” on what an individual may or may not want to do, e.g. again consideration</i></li> </ul>



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

	<p><i>must be given to financial resources, and individual choices e.g. - getting up at 3:00 a.m. desiring to walk at a favorite park 30 minutes from home may not be possible – but then what are the possible alternatives, e.g. a walking track around their home, a treadmill or Zumba DVD.</i></p> <ul style="list-style-type: none"><li><i>• Adherence to ‘typical rules’ like paying rent, utilities, noise control, pets, etc. are expected, but there are not arbitrarily imposed rules such as who can visit, established curfews, restrictions on visits with family members or other people that the person chooses.</i></li><li><i>• Support should only be available as needed and completely dependent upon the person’s needs: e.g. I may need a ride to my appointment, but I can schedule it on my own; I can choose what I want to eat but, I need assistance to prepare it; I can access and utilize various technology, but need IT support when there is a problem.</i></li><li><i>• A person’s need for support should never reduce or eliminate options for the person, e.g. – it becomes an opportunity to “try a different way”. Foster individual and creative solutions. A person’s need for support should never be used as a reason to “take away” or “restrict” options or to only provide those supports when the person makes the choices that coincide with the service schedule/routine.</i></li><li><i>• Rights are not privileges. Individuals choose if they want to vote and for whom they will vote, etc. This may involve using a voter’s guide, networking with the Board of Elections; voicing opinions – what are the opportunities for this, and do people understand how to share what they feel and with who when a specific outcome is desired; people choose religious services, and are not required to attend a staff’s church, a family’s “home church”, or any church at all – but may choose to engage through tele-media, private mediation, or choose to not engage at all, etc.</i></li><li><i>• Having the choices and freedoms does not mean people who</i></li></ul>
--	--





**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

	<p><i>receive HCBS should never have to do certain things at certain times. For example, if I have a job at Olive Garden, and am provided a work schedule , just as anyone else who works I must report to work at the scheduled times.</i></p> <ul style="list-style-type: none"><li>• <i>All adults should be afforded dignity of risk which balances individual choice and the responsibilities of support systems. Dignity of risk is reasonable movement to have the opportunity to fully experience the self-respect and self-esteem of being human.</i></li></ul> <p><small>—42 C.F.R. § 441.301(c)(4)(iv) (about HCBS waivers); § 441.530(a)(1)(iv) (about Community First Choice programs); 10A NCAC 27D .0301 Social Integration; 10A NCAC 27F .0105 Client’s Personal Funds (a) (b) (c) (1) (2) (3) (4) (5) (6) (7) (8) (d) (1) (2) (3) (4); 10A NCAC 27D .0302 Client Self-Governance; 42 CFR § 441.301(D) Individuals are able to have visitors of their choosing at any time; §122C-62 (b) (7); §122C-62 (b) (8)</small></p>
<p>5. Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.</p> <ul style="list-style-type: none"><li>• <i>Do people choose their daily activities, their schedules, and the locations of the activities as opposed to being “told” what they are to do?</i></li><li>• <i>Do people receive support needed to make choices about the kinds of work and activities they prefer?</i></li><li>• <i>Is there evidence of personal preference assessments to identify the kinds of work and activities people want?</i></li><li>• <i>Do the individuals have meals at the times and places of their choosing?</i></li><li>• <i>Are snacks accessible and available at all times?</i></li></ul>	<ul style="list-style-type: none"><li>• <i>There must be clear evidence that the individual’s schedule is not prescriptive (developed and imposed by support team without any involvement of the person), and is not identical to that of his/her housemates, but may have some similarities, e.g. (can they share/show their schedule; do they make/write their own schedule if one is needed, do they carry a personal copy/have it on their preferred technology device if this is important in their life, is it repeated from day to day with no changes noted?). Is there evidence that schedules are flexible and change as needed based on personal preferences? For example, if a person chooses to not go to the movies at the last minute this does not present a problem?</i></li><li>• <i>There must be evidence that a person is not required to get up, go to bed, take a bath, exercise at the same time every day, unless it is truly their choice. For minors more defined scheduling may be required, e.g. bedtimes, homework, tooth brushing three times a day could be examples – these are reasonable boundaries not restrictions.</i></li><li>• <i>There must be availability and noted use of preferred activities/</i></li></ul>



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

	<p><i>“things to do”, e.g. television, board games, iPod, computer, etc. when a person chooses to do them yet lending consideration to the rights of others.</i></p> <ul style="list-style-type: none"><li><i>Evidence of free/supported control of an individuals’ daily choice of preferred activities may include personal preference assessments or interest inventories to help identify what individuals like to do.</i></li></ul> <p><small>—42 C.F.R. § 441.301(c)(4)(iv) (about HCBS waivers); § 441.530(a)(1)(iv) (about Community First Choice programs); 10A NCAC 27G .0208 Client Services (a) (3) (c); 10S NCAC 27D .0301 Social Integration; § 168-8; §441.301 (vi) (C)</small></p>
<p>6. Facilitates choice regarding services, supports, and who provides them.</p> <ul style="list-style-type: none"><li><i>Do people select the services/supports that they receive (generic community services e.g., barber, restaurant, etc.</i></li><li><i>Do people select the provider from a choice of providers?</i></li></ul>	<ul style="list-style-type: none"><li><i>Individuals are provided a choice regarding the services, provider and settings and the opportunity to tour, visit and understand the options available.</i></li><li><i>Choices of individuals may not align with selected vendors of provider agencies and must be carefully considered. For example, people using the same barber, pharmacy or for the convenience of being able to charge to a pre-established account. Individuals should be able to choose their retail and community service businesses.</i></li><li><i>The setting affords individuals the opportunity to update or change their preferences and can demonstrate this as an operating practice, e.g. educational support, house meetings, self-advocacy meetings.</i></li><li><i>The setting must ensure that individuals are supported to make decisions and exercise autonomy to the greatest possible degree.</i></li><li><i>The setting affords the individual with the opportunity to participate in activities that they prefer/like, but that are not work related.</i></li><li><i>The meaningful activities should occur within the person’s community specific to their individual preferences while taking into account their needs.</i></li></ul>



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

	<ul style="list-style-type: none"><li>• <i>Support staff must be able to demonstrate their understanding and knowledge of a person’s capabilities, interests, likes as well as their dislikes.</i></li><li>• <i>Individuals should be involved, if they desire, to choose their own support workers, e.g. involved in the interview process, meeting applicants when they visit potential work sites.</i></li><li>• <i>The provider must have a policy and demonstrate implementation of that policy which ensures that the individual has the needed supports to develop his/her plan that is specifically reflects their needs e.g. development of the plan is a joint responsibility of the person, Care Coordination (Innovations)/Case Management (CAP/DA, CAP Choice) and the Provider(s).</i></li><li>• <i>The provider must be able to demonstrate how the individual is best supported in making changes in their service array – there is joint responsibility between the provider and care coordination.</i></li></ul> <p style="text-align: right;"><small>—42 C.F.R. § 441.301(c) (4)(v) (about HCBS waivers); § 441.530(a)(1)(v) (about Community First Choice programs); § 441.710(a)(1)(v); 10A NCAC 27F .0103 (3); 10A NCAC 27D . 0302</small></p>
<p>7. The setting is physically accessible to the individual.</p> <ul style="list-style-type: none"><li>• <i>Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</i></li></ul>	<ul style="list-style-type: none"><li>• <i>The setting must ensure that there are no obstructions which include but are not limited to steps, doorway lips, narrow hallways or entrances that limits or prevents a person’s ability to access all his or her living areas.</i></li><li>• <i>Reasonable modifications must be made that addresses an individual’s needs specific to ensuring full access to the environment, e.g. grab bars, raised seats in the bathroom, shower chairs, ramps, reasonable height and location of tables/chairs, accessibility of washer and dryers, commensurate with an individual’s needs, etc.</i></li><li>• <i>This requirement cannot be changed/modified as it meets ADA.</i></li></ul> <p style="text-align: right;"><small>10A NCAC 27G .-0205; 10A NCAC 27G .0304 (a), (b) (1) (2) (3) (4) (5); ADA.gov</small></p>



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

**Section III: Residential HCBS Criteria – In a provider-owned or controlled residential setting, in addition to the qualities listed above, the following additional conditions must be met:**

***NOTE: This section MUST be completed only if the following service is provided: Residential.***

<p>8. Individuals have privacy in their sleeping or living unit.</p> <ul style="list-style-type: none"><li>• <i>Can the individual close and lock their bedroom door?</i></li><li>• <i>Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Individuals must be able to close and lock their personal living area (bedroom and bathroom) if they desire.</i></li><li>• <i>If they cannot close and lock their personal living area, it must be clearly addressed in the person-centered plan or assessment. For example, is it a health and safety issue that makes it a rights restriction? The restrictive intervention must also be reviewed/approved by a human rights committee before implementing with a plan to restore the right. Is it a training issue? Is it that the person does not have an interest after there has been opportunity for informed choice or is it that the person will never possess the ability based on individual circumstances?</i></li><li>• <i>A training plan must be developed to assist in the acquisition of that particular skill unless the person does not possess any ability or desire to do so and that must be noted in the plan, (e.g. a person that may be medically fragile and has no movement and requires total staff assistance).</i></li><li>• <i>The furniture must be adequate to meet the person's needs/preferences and must be arranged the way the person desires without posing an egress hazard.</i></li><li>• <i>The arrangement must ensure privacy and comfort for the person.</i></li><li>• <i>Staff and other housemates must always knock and receive permission prior to entering a person's bedroom, living area, or bathroom.</i></li></ul> <p><small>—42 C.F.R. § 441.301(c)(4)(vi)(B) (3) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B); 10A NCAC 27F .0102</small></p>
---	--



**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

<p>9. The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has the same responsibilities and protections from eviction that tenants have under landlord/tenant law. For settings in which landlord tenant laws do not apply, there must be a lease, residency agreement or other form of written agreement in place for each HCBS participant. The document must provide protections that address eviction processes and appeals comparable to those provided under landlord/tenant law.</p> <ul style="list-style-type: none"> <li>• <i>Do people have the same responsibilities that other tenants have under landlord/tenant laws?</i></li> <li>• <i>Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>HCBS Services cannot occur in settings that restrict an individual's choices as well as any aspect of their daily life. Individuals have the same rights and responsibilities under state law as any tenant. This includes no eviction/discharge without cause or proper notice. Health and safety remains paramount. This includes eviction/discharge without proper and justified notice. Individuals must know their rights and responsibilities regarding housing and when they could be required to move and this information included in their ISP or assessment.</i></li> <li>• <i>Is there a lease, residency agreement, memorandum of agreement or other agreed upon form of documentation between the individual and the landlord?</i></li> </ul> <p><small>—42 C.F.R. § 441.301(c)(4)(vi)(A) (about HCBS waivers); § 441.530(a)(1)(vi)(A) (about Community First Choice programs); § 441.710(a)(1)(vi)(A) §168-9; 10A NCAC 27 G. 0201; add d/c NCGS.</small></p>
<p>10. Units have entrance doors lockable by the individual with only appropriate staff having keys to doors.</p> <ul style="list-style-type: none"> <li>• <i>Each person living in the unit has a key or keys for that unit.</i></li> </ul> <p><i>Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</i></p>	<ul style="list-style-type: none"> <li>• <i>Individuals have access to the entrance, bedroom and bathing areas through whatever key system is utilized by the facility if the individual possesses the required skill set to do so safely and does not place themselves at risk of injury. Training in identified areas of need must be carefully assessed.</i></li> <li>• <i>Support staff does not indiscriminately use master keys to gain access without appropriately knocking and receiving permission prior to entering. In the event of a health and safety concern or the person is at risk this would not be expected. Support staff should only gain access without permission in the event of a health and safety concern or the person is considered to be at risk.</i></li> <li>• <i>The plan and/or assessment reflects that the person has the ability to gain access/use key system to their home or a training plan is developed to assist in the acquisition of that particular skill unless the person does not possess any ability or desire to do so and that must be noted in the plan. This is a joint collaborative between,</i></li> </ul>





**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

	<p style="text-align: center;"><i>the person, their Care Coordinator and their provider.</i></p> <p style="text-align: center;"><small>—42 C.F.R. § 441.301(c)(4)(vi)(B) (1) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B);</small></p>
<p>11. Individuals sharing units have a choice of roommates in the setting.</p> <ul style="list-style-type: none"><li>• <i>Do people choose their roommates?</i></li></ul>	<ul style="list-style-type: none"><li>• <i>The home has a process to assist the individual to choose a roommate/housemate regardless of whether the person does or does not use words to share their opinions/desires.</i></li><li>• <i>Married couples are afforded a choice of sharing a room.</i></li><li>• <i>The home has a process for the individual to request a roommate change should they desire one, but this not guaranteed a change will occur based on what may be available – but that the person is afforded the opportunity to explore.</i></li><li>• <i>The individual expresses that they are satisfied with their roommate through contacts with their Care Coordinator, to their support staff and during their person-centered planning (ISP) meeting.</i></li><li>• <i>A consideration may be for homes to have a process for existing individuals to be a part of screening/choosing for persons interested in moving into their home.</i></li><li>• <i>Married couples are afforded a choice of sharing a room.</i></li></ul> <p style="text-align: center;"><small>—42 C.F.R. § 441.301(c)(4)(vi)(B) (2) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1); (vi)(B)</small></p>
<p>12. Individuals are free to furnish and decorate sleeping and living units.</p> <ul style="list-style-type: none"><li>• <i>Does each person pick the decorative items in their own private bedroom?</i></li><li>• <i>Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Individuals are supported and encouraged to choose items of their preference for their specific room/living area, e.g. this would include the person’s individual bedroom and other shared common areas of the home, however reasonable consideration must be given to all persons residing within the home in making these decisions/choices.</i></li><li>• <i>This is not a choice of one or two items, but an opportunity to visit stores of choice, on-line shopping, seeking assistance from people of their choice to accompany or assist them with shopping.</i></li></ul>





**NC DHHS  
HOME AND COMMUNITY BASED SETTINGS (HCBS)  
SELF-ASSESSMENT COMPANION DOCUMENT**

	<p style="text-align: center;"><i>Consideration must be given to an individual’s financial resources.</i></p> <p>—42 C.F.R. § 441.301(c)(4)(vi)(B) (3) (about HCBS waivers); § 441.530(a)(1)(vi)(B) (about Community First Choice programs); § 441.710(a)(1)(vi)(B); § 168-8; 10 A NCAC 27F.0102</p>
<p>13. Individuals are free to have visitors of their choosing at any time.</p> <ul style="list-style-type: none"> <li>• <i>Are people supported in having visitors of their own choosing and to visit others frequently?</i></li> <li>• <i>Are people satisfied with the amount of contact they have with their friends?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Individuals are supported to have visitors of their choosing in their home , e.g. is the person assisted to make a phone call, coordinate time that works for both the visitor/friend and the individual;</i></li> <li>• <i>Help the individual understand what are acceptable social practices;</i></li> <li>• <i>Visitors cannot infringe on the rights/space of an individual’s house or roommates.</i></li> </ul> <p>—42 C.F.R. § 441.301(c)(4)(vi)(D) (about HCBS waivers); § 441.530(a)(1)(vi)(D) (about Community First Choice programs); § 441.710(a)(1)(vi)(D); 10A NCAC 27D .0301; 10A NCAC 26B .0108; APSM 45-1 10A NCAC 26B .0108 (a) (b) (1) (2) (3) (4) (5); 122C-62 (b) (1)</p>
<p>14. Any modification of the additional conditions for provider owned or controlled residential setting must be supported by a specific assessed need and justified in the person-centered plan. The following requirements must be documented in the person-centered plan.</p> <ol style="list-style-type: none"> <li>1. <i>Identify a specific and individualized assessed need.</i></li> <li>2. <i>Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</i></li> <li>3. <i>Document less intrusive methods of meeting the need that have been tried but did not work.</i></li> <li>4. <i>Include a clear description of the condition that is directly proportionate to the specific assessed need.</i></li> <li>5. <i>Include regular collection and review of data to measure the ongoing effectiveness of the</i></li> </ol>	<p><i>If any modifications are needed for any of the characteristics, assist the person to contact their responsible Care Coordinator/Case Manager to schedule a meeting. The meeting will be for the sole purpose to discuss, address and modify the person’s individual plan.</i></p> <p>10A NCAC 27G .0206 Client Records; APSM 45-2 Chapter 4-10; Review and Annual Rewrite of Person-Centered Plan; APSM 45-2 Chapter 4-6 The Crisis Plan As A Required Component Of The Person Centered Plan</p>



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

<p><i>modification.</i></p> <ol style="list-style-type: none"><li>6. <i>Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</i></li><li>7. <i>Include the informed consent of the individual.</i></li><li>8. <i>Include an assurance that interventions and supports will cause no harm to the individual.</i></li></ol>	
---	--

Sources: CFR, NCAC, NCGS, Med.Gov, ASAN

Additional Comments:



**NC DHHS**  
**HOME AND COMMUNITY BASED SETTINGS (HCBS)**  
**SELF-ASSESSMENT COMPANION DOCUMENT**

I certify that the above information is true and correct. I further understand that any false or misleading information may be cause for denial or termination of participation as a Medicaid Provider.

---

**Printed Name/Title of Person Completing Self-Assessment**

---

**Organization Name**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

***NOTE: The LME-MCO/Local Lead Agency will send an email to the above electronic address signifying submission of the NCDHHS HCBS Self-Assessment.***

**The signature, by LME-MCO/Local Lead Agency representative, below, certifies review and acceptance of the above Self-Assessment information.**

---

**Printed Name/Title/LME-MCO/Local Lead Agency**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_