|  |  |
| --- | --- |
| Text  Description automatically generated |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Integrated Settings Provider Self-Assessment** **Residential Settings** |
| This is an optional tool for providers to use to evaluate their compliance with integrated settings requirements per [42 C.F.R. Section 441.301(c)(4)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301). |
| **Provider Information** |
| AGENCY NAME | CONTRACT NUMBER (COMPLETE A SEPARATE ASSESSMENT FOR EACH CONTRACT) | SETTING TYPE (SUPPORTED LIVING, GROUP HOME, GROUP TRAINING HOME) |
| AGENCY CONTACT PERSON (NAME AND TITLE) | AGENCY CONTACT EMAIL ADDRESS | AGENCY CONTACT PHONE NUMBER |
| **General Medicaid Home and Community Based Services Criteria** |
| 1. **Community Access:** The setting is integrated in and supports full access of individuals receiving Medicaid 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.
	* Are transportation and other supports provided so that people can regularly access services used by the community at large?
	* Is there access to public transportation, or other resources if public transportation is limited?
	* Do individuals regularly interact directly with community members (e.g., store clerk, neighbor, bank teller, family / friends) who are not paid to support them?
	* Do individuals engage in work or volunteer opportunities in typical community settings if they want to?
	* Can individuals come and go when they want to?
	* Do individuals have control and choices over their finances? If they have a representative payee or legal representative over their finances, are individuals still involved in decision making about their resources?
2. **Choice**: 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 options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
	* Does the provider own the home that is occupied by individuals who they are paid to provide support to? If so, does the individual understand:
		1. They have the right to live wherever they choose within the service area;
		2. They have the right to move from a provider owned home and continue to receive Supported Living services with their provider; and
		3. They are aware that supported living services are not contingent upon residing in a provider owned home?
	* Does the client know that if they want to change agencies but stay in their current home, they may explore other provider options?
	* Does the home reflect the individuals’ needs and preferences?
	* Does each individual in the home have their own bedroom or share a room with a roommate of choice?
	* Does each individual have the option to lock their bedroom door, with only appropriate staff having keys as needed?
	* Does each individual have privacy in the bathroom?
	* Does each individual have privacy in their bedroom?
	* Were individuals able to choose the room that they live in or get on a waitlist to move into a different room when it becomes available?
3. **Rights:** Ensures the rights of privacy, dignity and respect, and freedom from coercion and restraint.
	* Is there a lease or legally enforceable agreement for each person in the home? Is the lease signed by the individual or their guardian, if they have one?
	* Do individuals have the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity?
	* Do individuals know their rights regarding housing and when they could be required to relocate?
* Do individuals have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?
* For any restrictions imposed on the individual, is there informed consent and a plan for restoring the right/fading the restriction?
* Are individuals aware of their rights, including the right to file a grievance?
* Are individuals aware of their rights under [RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26)?
1. **Autonomy and Independence:** 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.
	* The setting is physically accessible to the individuals:
		+ Can individuals comfortably access all personal and communal areas of their home?
		+ Are needed modifications in place (e.g., grab bars, ramps)?
	* Do individuals have choices in all areas (e.g., food, clothing, activities, relationships, health care, medications)?
	* Do individuals receive the appropriate supports to make their own decisions as documented in their Person-Centered Service Plans?
	* Do individuals 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?
	* Do individuals select the services and supports that they receive (generic community services, e.g., barber, restaurant, etc.)?
	* Do individuals have the freedom and support to control their own schedules and activities?
	* Do individuals have access to food at any time?
 |
| **Community Protection Program Settings Requirements** |
| 1. Are environmental modifications or restrictions in the home individualized, based on an individual’s current risk assessment (e.g., visual screenings, alarms)?
2. Were individuals able to choose the room that they live in?
3. Are restrictions clearly documented in the individuals’ Positive Behavior Support Plan, professional treatment plan, and available to the individual and staff in the home?
 |
| **Provider Settings Summary** |
| Provider instructions:* Review the settings requirements above.
* Complete the table below for each setting under the contract.
* Each setting should have its own row.
* For all areas where requirements are not met, the provider should work with DDA staff to come into full compliance.

General Settings Requirements and Community Protection Requirements:For all areas where requirements are met, the provider should work with DDA staff to come into full compliance.* The requirements are met in full for all individuals residing in the setting, including responses to each question within the category; **or**
* There are modifications to the requirements, and they are supported by a specific assessed need and justified in the person-centered service planning including:
* Identification of a specific need;
* The positive interventions and supports used prior to any modifications of the person-centered service plan;
* The less intrusive methods of meeting the need that have been tried but did not work;
* A clear description of the condition that is directly proportionate to the specific assessed need;
* Regular collection and review of data to measure the ongoing effectiveness of the modification;
* Established time limits for period reviews to determine if the modification is still necessary or can be terminated;
* The informed consent of the individual to ensure she/he understands what they are agreeing to; and
* An assurance that interventions will cause no harm to the individual.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SETTING INFORMATION** | **GENERAL SETTINGS REQUIREMENTS** | **COMMUNITY PROTECTION PROGRAM** | **MISCELLANEOUS** |
| **SETTING IDENTIFIER** | **NUMBER OF PERSONS SUPPORTED AND CAPACITY** | **MODIFICATIONS OF THE REQUIREMENTS ARE SUPPORTED BY ASSESSED NEED AND JUSTIFIED IN THE PCSP?** | **COMMUNITY ACCESS** | **CHOICE** | **RIGHTS** | **AUTONOMY AND INDEPENDENCE** | **ENVIRONMENTAL MODIFICATIONS INDIVIDUALIZED** | **INDIVIDUALS CHOSE ROOM** | **RESTRICTIONS DOCUMENTED** | **PROVIDER OWNS HOME** | **SIGNED LEASE OR AGREEMENT IN PLACE WITH INDIVIDUAL** |
| **Example: House 1** | **2/3** | **N/A** | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** | **No** | **Yes** | **N/A** | **Yes** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |