

Setting Assessment Tool

The federal Home and Community-Based Services (HCBS) Final Rule requires individuals with disabilities be provided full access to the benefits of community living and that services be offered in settings that are integrated in the community. To assist in determining eligibility for service provision in the Self-Determination Program (SDP), this setting assessment tool must be completed according to the guidance provided.

The SDP participant and service provider will complete the assessment together. The assessment can be completed at the same time for all SDP participants interested in using the service. Upon completion of the assessments, the SDP participant and service provider will provide the assessment form to the regional center representative and the participant's Financial Management Services (FMS) provider. The participant and their FMS will jointly review the initial assessment. If the setting does not align with the HCBS Final Rule, the regional center and participant should explore possible changes with the service provider. The goal is for the participant, regional center, and provider to work together so the setting selected by the participant will meet the HCBS Final Rule, which will allow the participant to spend their SDP funds on it.

Questions regarding the completion of this assessment and the assessment process for the SDP should be directed to sdp@dds.ca.gov.

Date of Assessment: _____
 Provider Name: _____
 Contact Phone/Email: _____
 Service/Activity Title: _____

Requirement #1	<i>The setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</i> Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #2:	<i>The setting is selected by the individual from among setting options including non-disability-specific settings, and if the choice is regarding a residential setting, the individual has an option for a private unit in a residential setting.</i> Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #3:	<i>The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i> Does the setting meet this requirement? ☐ Yes ☐ No

Requirement #4:	<i>Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #5:	<i>Facilitates individual choice regarding services and supports, and who provides them.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No

Additional requirements for provider-owned or controlled residential settings:

Requirement #6	<i>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #7	<i>Each individual has privacy in their sleeping or living unit; including doors lockable by the individual, choice of a roommate if sharing a unit, and the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #8	<i>Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #9	<i>Individuals are able to have visitors of their choosing at any time.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #10	<i>The setting is physically accessible to the individual.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No
Requirement #11 (Unique to SDP)	<i>The unit or dwelling may be shared by no more than four waiver participants.</i>
	Does the setting meet this requirement? ☐ Yes ☐ No

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of determining compliance with the HCBS Final Rule for the SDP service for the participant noted below and does not take the place of future provider assessments that the Department of Developmental Services may require to determine settings compliance with the HCBS Final Rule.

☐ I AGREE

Provider Signature: _____

The setting for this SDP service meets the HCBS final rule. ☐

The setting for this SDP service does not meet the HCBS final rule at this time. ☐

Regional Center Representative

Name and Title: _____

Signature and Date: _____

Participant/Guardian Name: _____

Signature and Date: _____