



Coordination of Community Services: Community Settings Questionnaire Manual



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INTRODUCTION

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued regulations that define the settings in which states can pay for Medicaid Home and Community-Based Services (HCBS). The purpose of the Community Settings Rule (CSR) is to ensure that people receiving HCBS services not only have full access to the benefits of community living, but also the opportunity to receive services in the most integrated setting possible.

Compliance with the Community Settings Rule is required by March 17, 2023 and will be monitored regularly on an ongoing basis thereafter.

The following settings do not meet the definition of Community Settings and are not approved locations for receiving Home and Community-Based Services:

- Nursing facility
- Mental health institution
- An Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Long term care hospital provider
- Other settings that have the quality of an institution
 - A setting located in a building that is also an institution
 - A setting in a building or on the grounds adjacent to an institution
 - Settings that have the effect of isolating people from the broader community

The Community Settings Rule touches all aspects of a person's life. This includes the opportunity for people to seek employment and work in competitive and integrated jobs, engage in their communities to the extent they wish, and to control personal resources. Ultimately, **it's about people who receive services being able to live their lives to the same degree that a person who doesn't receive services would. This is how we meet HCBS compliance.**

This guide was created for Coordinators of Community Services (CCS) to support them in completing the Community Settings Questionnaire (CSQ) for the people they support. These questions get to the heart of the community settings rule—a person may not be living in an institutional setting, but it may feel like one if they do not have choice and are isolated from their community

and people without disabilities. Please note there are two versions of the CSQ: **residential and non-residential.**

While some CSQ questions may seem black and white, it's important to note there can be nuances to each of them as you have these **conversations** with the people you support. Home and Community-Based Services are person-centered and answers to these questions will be person-specific. The answers to these questions will look different for each person. Remember, the CSQ **MUST** be completed from the perspective of the person. During the completion of the CSQ with the person, the CCS should contemplate, and ask as follow-up questions if necessary, the listed considerations for each question in this guide.

To assist in determining overall compliance/non-compliance of a site, the CCS should review additional documentation noted in the applicable confirmation sources listed for each question. These may include, but are not limited to, the Person-Centered Plan (PCP), activity schedule, progress notes, lease agreement, etc. Additionally, review of the Service Implementation Plans (SIP), the Program Service Plan (PSP) and speaking with the person's team members and provider representatives may support the CCS in determining overall compliance. Sometimes a site visit may be necessary for confirmation.

The CSQ must be completed:

- Annually by the PCP Annual Plan Date (APD) (best practice is to begin the CSQ during the pre-planning process).
- Changes in where a person lives (within 30 days of the move, regardless if they live in a licensed Developmental DDA home, with family or in their own home).
 - Note: A CCS would not complete a CSQ for someone moving into or living in Holly Center, SETT/Potomac Center, or when someone is incarcerated.
 - When moving into a new location that is licensed by a provider, service authorization is required prior to the person moving.
- Changes in where they receive facility-based Meaningful Day Services (within 30 days of the move).
- Any changes in house rules or restrictions for another person that affect others in the home (locked doors, limited access to food, etc.) In the event of a change, the CCS should follow-up with the participant to ensure due process, informed decision-making, etc.

RESIDENTIAL CSQ



Access to the greater community

These questions are aimed at ensuring people living in residential homes and community-based settings have access to their community based on their individual needs and preferences. We all live, work, and play in our community and we get to choose what that looks like. We get to choose where we work, if we want to work, where we go, who we go with, and even where we live within our community.

Does the participant have the opportunity to seek employment if they choose?

Does the person have a PCP that authorizes employment services and outlines the person's employment outcomes?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a PCP that authorizes employment services and outlines the person's employment outcomes? Is the FAE section of the PCP completed? Does it reflect the person's employment goals? • Has the person expressed an interest in working? If so, has the team acted on that interest? If not, has the team asked the person if they are interested in working? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative(s) • PCP <ul style="list-style-type: none"> ○ Applicable Focus Area Exploration (FAE) ○ Outcomes ○ Service authorization ○ CIE checklist • Provider Service Implementation Plan (SIP) • Monitoring follow up • CCS activity/case notes

<ul style="list-style-type: none"> • If the person wants to explore career opportunities, is there anyone restricting their ability to do so? • Does the person participate regularly in meaningful non-work activities in integrated community settings for the period of time they desire? 	
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Is the participant able to engage in community life the way they choose?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a choice in where they go in their community? Is this documented in provider-specific progress notes or activity logs? Does the person have an activity schedule? • Does the person have PCP outcomes related to community involvement? Are those outcomes being implemented? • Does the person have a choice in who they interact with in their community? Does the person have friends or family in their community that they visit? Are these visits documented in the examples listed above? • Does the person have a choice of resources they access in their community? What resources does the person access in the community, and are these resources documented in the PCP? If not, has the CCS 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative • Provider Progress notes or activity logs • Person's activity schedule • PCP <ul style="list-style-type: none"> ○ Outcomes ○ Risks ○ Service authorization ○ Applicable FAE • Behavior Support Plan (BSP) • Nursing Care Plan (<u>NCP</u>) • Monitoring follow up • CCS activity/case notes

<p>asked the person if they would like to include them? Are the resources the person accesses documented in the examples listed above?</p> <ul style="list-style-type: none"> • Does the person shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the person chooses? • Does the person come and go at any time as applicable relate to health/safety • Does the person talk about activities occurring outside of the setting? • Is there anything the person can or cannot do because of a lack of modifications or adaptations? If so, what assistance is provided to the person? • Is transportation available to the person to help them access places and activities? 	
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Does the participant have control over their personal resources?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have access to their money, and do they get to decide how they want to spend that money? <i>*Please note, that even if a person has a rep payee, they still have the opportunity to determine how they spend their money and where they spend it.</i> • Does the person have their own personal belongings that they control and 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • PCP • Provider progress notes or activity logs • Person’s financial records • Discussion with Rep Payee • CCS activity/case notes

<p>determine who has access to them? For example, someone may have an iPad and they choose who can use it or not. Does the person have private passwords and accounts?</p>	
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Did the person choose their residence?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Did the person visit a variety of residential sites (if they chose residential services through a group home provider) when they were looking for a new place to live? ● Sometimes, due to specific needs or preferences, there are not a variety of sites available. In that case, was an attempt made to ensure the person could make an informed choice about where they live? This may include court orders/restrictions or very specific health/safety needs. ● Was the person offered the opportunity to make an informed choice about residential and non-residential options to help meet their needs? ● Did the person actively engage with their team about where they would like to live in the state, geographically? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● Referral packets/applicable Release of Information documents (ROI) ● Choice counseling documentation ● CCS activity/case notes ● Freedom of Choice form ● Monitoring follow up ● PCP <ul style="list-style-type: none"> ○ Applicable FAE ○ Service authorization ○ Outcomes

<ul style="list-style-type: none"> • Does the setting reflect the person’s needs and preferences? • Can the person identify other providers who render the services they receive? • Does the person express satisfaction with the provider selected or have they asked for a meeting to discuss a change? • Does the person know how and to whom to make a request for a new provider? 	
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Rights of the applicant/participant



The purpose of this question is to ensure the rights all people have are honored and respected. We all have a right to privacy, dignity, and respect. These rights should be evident in the culture of the setting including all interactions with the person. Agencies should have policies that outline how rights will be ensured and train their team members on rights related to privacy, dignity, and respect.

Does the participant feel that their rights of privacy, dignity and respect are being met?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person get to exercise their rights? If so, how? What does that look like? • Is the person assisted with personal matters in a private space? • Observation: Is the person treated with respect and dignity? Are they treated like an adult that has the ability to make choices about their day? Where are these choices documented? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • PCP • Provider progress notes or activity logs • Provider policies and procedures • Site visit • Lease agreement • Monitoring follow up • CCS activity/case notes

<ul style="list-style-type: none"> • Is the person referred to by their name of choice? 	
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How are the participant’s rights of privacy, dignity and respect ensured?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Do people have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas? • Is informal (written and oral) communication conducted in a language and/or format that the person understands? • Is assistance provided in private, as appropriate, when needed? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative

Does the residential situation appear free from coercion or restraint?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Is information about filing a complaint available to the person and in an understandable format? • Is the person comfortable discussing concerns? • Does the person know the person to contact or the process to make an anonymous complaint? • Can the person file an anonymous complaint? • Does it appear that people are unable to express their individuality (different haircuts, clothing styles, etc.)? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • Site visit • BSP

How is freedom of coercion and restraint ensured?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Does the person have a behavior support plan that identifies any restraints to ensure health and safety? Is the plan current? Was it approved by the Standing Committee if it includes restraints? ● Does the participant feel they are independent in making life choices (with or without the assistance of a chosen representative)? ● Can the participant choose who provides their services in this setting? ● Are participants informed about freedom of choice of providers and given options to change their services if they desire? ● Does the participant have a lease or other legally enforceable agreement? ● Does documentation note if positive interventions and supports were used prior to any plan modifications? ● Were less intrusive methods of meeting the need that were tried initially documented? ● Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● PCP ● BSP ● Behavior Tracking ● Monitoring & follow up ● CCS activity/case notes ● Choice counseling ● Referral packets ● Lease agreement ● Incident reports

<p>the ongoing necessity of the modification, informed consent, and assurance that the intervention will not cause the person harm?</p> <ul style="list-style-type: none"> • Are there restrictions the person experiences? • If the person has restrictions in their plan, who provided consent for their implementation? Was the person involved in the conversation/decision? 	
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Privacy



We all need and deserve privacy. Sometimes when people live with housemates, it can be difficult to find privacy, but everyone—even those living in home and community-based settings—should have private space for themselves to relax, engage in solo activities and decorate as they see fit.

Can the participant lock their door?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a key/access to open the entry doors of the home? • Can the person close and lock the bedroom door? • Can the person close and lock the bathroom door? • If the person cannot lock their bathroom or bedroom door, is there a plan in place that staff utilize to ensure the person's privacy? • Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom? • Can the person have guests in their bedroom privately? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative • Site visit • PCP • BSP

Did the participant have a choice of their roommate or a private room if they can afford one?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Does the person have a roommate? <ul style="list-style-type: none"> ○ If applicable, do married couples share or not share a room by choice? ○ If applicable, does the person know how they can request a roommate change? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● PCP ● Site visit

Does the participant have the freedom to redecorate?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Is the furniture arranged as the person prefers and does the arrangement assure privacy and comfort? ● Has the person decorated their room in the manner in which they have chosen? ● Are there personalized photos and other decorations around the home? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● Site visit ● Lease agreement

Freedom



The final category of the residential CSQ relates to the freedom people have within their home. It's important to remember that people do not live where Direct Support Professional (DSP)'s work. DSPs work where people live. People are living in their own homes and should experience the same freedoms that all of us have in the privacy of our own homes.

Does the participant control their own schedule?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● How is it made clear that the person is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.? ● Does the person's schedule vary from others in the same setting? ● Is the schedule created with the person and based on their wants and needs vs. for them? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● PCP <ul style="list-style-type: none"> ○ Applicable FAE ● SIP ● Provider policies and procedures ● Person's activity schedule ● Provider progress notes or activity logs

Does the participant have access to food at any time?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Does the person have a meal at the time and place of his/her choosing? ● Can the person request an alternative meal if desired? ● Are the person's preferred foods available? ● Are snacks accessible and available anytime? ● Does the person have a specific diet? ● Is the person tube fed? ● Does the dining area afford dignity to the diners and are people not required to wear bibs or use disposable cutlery, plates and cups? ● Is the person required to sit at an assigned seat in a dining area? ● Does the person converse with others during mealtimes? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● PCP <ul style="list-style-type: none"> ○ Risks ○ Applicable FAE ● BSP ● NCP ● SIP ● Provider policies and procedures ● Provider progress notes or activity logs ● Site visit

<ul style="list-style-type: none"> ● Are people allowed to choose foods even if not recommended? ● If age appropriate, is the person able to make informed decisions on drinking alcoholic beverages? ● If the person desires to eat privately, can they do so? <ul style="list-style-type: none"> ○ If the person requires assistance with eating, are their supports in place to assure the highest amount of privacy possible while ensuring their safety? 	
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Can the participant have visitors at any time?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Are visitors present? ● Are visitors restricted to specific visiting hours? ● Is there evidence that visitors have been present at regular frequencies? ● Is there a restricted visitor's meeting area(s)? ● Is the person in an intimate relationship? If so, are they able to visit at any time and have privacy when visiting? 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● Provider policies and procedures ● Lease agreement ● PCP ● Site visit

Is the setting physically accessible for the participant?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● For those people who need support to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for 	<ul style="list-style-type: none"> ● The person ● The person's team including their family ● Provider representative ● Site visit ● PCP <ul style="list-style-type: none"> ○ Outcomes

<p>wheelchairs, viable exits for emergencies, etc.?</p> <ul style="list-style-type: none"> ● Does the PCP outline accessibility risks, needs, supports? ● Are appliances accessible to people (e.g., the washer/dryer are front loading for people in wheelchairs)? ● Are tables and chairs at a convenient height and location so that people can access and use the furniture comfortably? ● Are there gates, Velcro strips, locked doors, or other barriers preventing people's entrance to or exit from certain areas of the setting? ● Are people receiving Medicaid Home and Community-Based services facilitated in accessing amenities such as a pool or gym used by others on site? ● Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting people's mobility in the setting or if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction? 	<ul style="list-style-type: none"> ○ Applicable FAE ○ Service authorization ● BSP ● Provider policies and procedures ● Environmental assessments
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Does the participant interact with community members who do not receive services?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Do people receiving HCBS live/receive services in a different area of the setting 	<ul style="list-style-type: none"> ● The person ● The person's team including their family

<p>separate from people not receiving Medicaid HCBS?</p> <ul style="list-style-type: none"> ● Is the setting in the community among other private residences, retail businesses? ● Do people in the community greet/acknowledge people receiving services when they encounter them? ● Does the person order their own meals when going out to eat or engage with sales people in stores when shopping/browsing? 	<ul style="list-style-type: none"> ● Provider representative ● PCP <ul style="list-style-type: none"> ○ Outcomes ○ Service authorization ● SIP ● Site visit ● Person's activity schedule ● Provider policies and procedures ● Provider progress notes or activity logs
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NON-RESIDENTIAL CSQ



Access to the greater community

These questions are aimed at ensuring people receiving facility-based Meaningful Day Services are able to spend their day how they wish and have access to their community based on their individual needs and preferences. We all live, work, and play in our community and we get to choose what that looks like. We get to choose where we work, if we want to work, where we go, who we go with, and where we spend our days.

Does the participant have the opportunity to seek employment if they choose?

Does the person have a PCP that authorizes employment services and outlines the person's employment outcomes?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a PCP that authorizes employment services and outlines the person's employment outcomes? • Has the person expressed an interest in working? If so, has the team acted on that interest? If not, has the team asked the person if they are interested in working? • If the person wants to explore career opportunities, is there anyone restricting their ability to do so? • Does the person participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the person? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative(s) • PCP <ul style="list-style-type: none"> ○ Applicable Focus Area Exploration (FAE) ○ Outcomes ○ Service authorization ○ CIE checklist • Provider Service Implementation Plan (SIP) • Monitoring follow up • CCS activity/case notes

Is the person able to engage in community life in the way they choose?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a choice in where they go in their community? Is this documented in the provider's progress or activity notes? Does the person have an activity calendar? • Does the person have PCP outcomes related to community involvement? Are those outcomes being implemented? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative • Provider Progress notes or activity logs • Person's activity schedule • PCP <ul style="list-style-type: none"> ○ Outcomes ○ Risks ○ Service authorization ○ Applicable FAE • Behavior Support Plan (BSP)

<ul style="list-style-type: none"> • Does the person have a choice in who they interact with in their community? Does the person have natural support in their community that they visit? Are these visits documented in the examples listed above? • Does the person have a choice of resources they access in their community? What resources does the person access in the community, and are these resources documented in the PCP? If not, has the CCS asked the person if they would like to include them? Are the resources the person accesses documented in the examples listed above? • Does the person shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the person chooses? • Does the person come and go at any time as applicable related to health/safety • Does the person talk about activities occurring outside of the setting? • Does the person need support to maintain current relationships and/or develop new ones? • What is the person's preference for interaction? 	<ul style="list-style-type: none"> • Nursing Care Plan (NSP) • Monitoring follow up • CCS activity/case notes
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Is the person able to go out into the community during the day if they want to?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Is transportation available for the person, either public transportation or by the provider, to go where and when they would like to? ● Is the person encouraged and assisted to use a broad variety of community resources? ● Is training and support provided to the person if needed? ● Does the person require modifications or adaptations in order to access their community? What resources are available to help the person access places and activities if modifications/adaptations are needed? ● Does the person choose their schedule for the day, including where they go and when? 	<ul style="list-style-type: none"> ● The person ● The person’s team including their family ● Provider representative ● PCP <ul style="list-style-type: none"> ○ Outcomes ○ Service authorization ○ Applicable FAE ● SIP ● Provider progress notes or activity logs ● Monitoring follow up ● CCS activity/case notes

Rights of the applicant/participant



The purpose of this question is to ensure the rights all people have are honored and respected. We all have a right to privacy, dignity, and respect. These rights should be evident in the culture of the setting, including all interactions with the person. Agencies should have policies that outline how rights will be ensured and train their team members on rights related to privacy, dignity, and respect.

Are there systems in place to ensure the person’s rights of privacy, dignity, and respect are being met?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Do people have full access to typical facilities that members of the public would also have access to? ● Is informal (written and oral) communication conducted in a language and/or manner that the person understands? ● Is assistance provided in private, as appropriate, when needed? ● Does the provider have a method in which to assess the person’s interest and ability for personal access and use of environments in the community? 	<ul style="list-style-type: none"> ● The person ● The person’s team including their family ● Provider representative ● PCP ● Provider progress notes or activity logs ● Provider policies and procedures ● Site visit ● Lease agreement ● Monitoring follow up ● CCS activity/case notes

Were these systems reviewed with the person?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> ● Does the person participate in the training of new staff? ● Is the person provided copies of the provider’s policies and procedures that they are able to understand? ● Can the person express what their rights are? ● Does the person know how to file a complaint or grievance and with whom? 	<ul style="list-style-type: none"> ● The person ● The person’s team including their family ● Provider representative ● PCP ● BSP ● Provider policies and procedures ● Lease agreement ● Site visit

How are the person's rights of privacy, dignity, and respect ensured?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person get to exercise their rights? If so, how? What does that look like? • Is the person treated with respect and dignity? Are they treated like an adult that has the ability to make choices about their day? Where are these choices documented? • Is the person referred to by the name they choose? • Does the provider's policies and procedures outline how the provider ensures the rights of the people they are supporting? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative • PCP • Provider progress notes or activity logs • Provider policies and procedures • Site visit • Monitoring follow up • CCS activity/case notes

Does the day setting appear free of coercion or restraint?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Is information about filing a complaint available to the person at the location and in an understandable format? • Is the person comfortable discussing concerns? • Does the person know the person to contact or the process to make an anonymous complaint? • Can the person file an anonymous complaint? 	<ul style="list-style-type: none"> • The person • The person's team including their family • Provider representative • Site visit • PCP <ul style="list-style-type: none"> ○ Risks ○ Outcomes ○ Applicable FAE • BSP • NCP

How is freedom of coercion and restraint ensured?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person have a behavior support plan that identifies any restraints to ensure health and safety? Is the plan current? Was it approved by the Standing Committee if it includes restraints? • Does the person feel they are independent in making life choices (with or without the assistance of a chosen representative)? • Can the person choose who provides their services in this setting? • Was the person informed about freedom of choice of providers and given options to change their services if they desire? • Does documentation note if positive interventions and supports were used prior to any plan modifications? • Are less intrusive methods of meeting the need that were tried initially documented? • Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed consent, and assurance that the intervention will not cause the person harm? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • PCP • BSP • Behavior Tracking • Monitoring follow up • CCS activity/case notes • Choice counseling • Referral packets • Lease agreement • Incident reports

<ul style="list-style-type: none"> Does the provider know about the person's concerns regarding coercion and restraint? 	
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Is the person offered choices about what they want to do during the day?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> Are the options provided to the person all things they enjoy or are interested in? Does the person work with staff to put their daily/weekly/monthly schedule together? Can the person change their mind about what they are going to do for the day? Does the person choose the frequency in which they go out into the community and engage in activities vs. doing something more low key? 	<ul style="list-style-type: none"> The person The person's team including their family Provider representative PCP <ul style="list-style-type: none"> Outcomes Applicable FAE Provider policies and procedures Provider progress notes or activity logs Person's daily schedule

Can the person choose who provides their services in this setting?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> Is the person involved in the hiring process of staff for the setting? When possible, is the person able to choose the staff that work with them on a given day? Do they know whom to speak with if they want to make a change to their staffing? 	<ul style="list-style-type: none"> The person The person's team including their family Provider representative Provider policies and procedures Provider staffing schedules Person's daily schedule

Are people informed about freedom of choice of providers and given options to change their services if they desire?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person know who to talk to if they are unhappy with their services? • Does the person know who can help them with researching other providers if they so choose? • Was the person involved in the decision making for their current services and provider(s)? Who made those decisions? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • PCP • Provider policies and procedures • Lease agreement • Provider progress notes or activity logs • Monitoring follow up • CCS activity/case notes

Does the person control their own schedule?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person work with staff to put their daily/weekly/monthly schedule together? • Can the person change their mind about what they are going to do for the day? • Does the person choose the frequency in which they go out into the community and engage in activities vs. doing something more low key? 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • PCP • BSP • Person’s daily schedule • SIP • Monitoring follow up • CCS activity/case notes

Is the setting physically accessible to the person?

Considerations	Applicable confirmation sources
<ul style="list-style-type: none"> • Does the person require modifications or adaptations in order to access their community? What resources are available to help the person access places and 	<ul style="list-style-type: none"> • The person • The person’s team including their family • Provider representative • Site visit • PCP

<p>activities if modifications/adaptations are needed?</p> <ul style="list-style-type: none"> ● For those people who need support to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.? ● Are tables and chairs at a convenient height and location so that people can access and use the furniture comfortably? ● Are there gates, Velcro strips, locked doors, or other barriers preventing people's entrance to or exit from certain areas of the setting? ● Are people receiving Medicaid Home and Community-Based services facilitated in accessing amenities such as a pool or gym used by others on site? ● Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting people's mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to make it more accessible? 	<ul style="list-style-type: none"> ○ Outcomes ○ Service authorization ○ Risks ○ Applicable FAE
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RESOURCES

[HCBS Final Rule CMS Website](#)

[HCBS Overview](#)

[HCBS Provider Requirements](#)

[HCBS Toolkit](#)

[HCBS Advocacy](#)

[CMS Exploratory Questions to assist states in assessment of residential settings](#)

[CMS Exploratory Questions to assist states in assessment of non-residential settings](#)

[DDA CSR Guidance](#)

[DDA's CSR webinars](#)

[DDA's Home and Community-Based \(HCBS\) Final Rule Transition Webpage](#)

[LTSS Maryland-DD Module Community Settings Questionnaire Manual-Entering CSQ](#)