



DRAFT - Not a final submission
Agency Information

Agency Name, Agency Address, Agency Address2, City, Zipcode, Agency Contact Person Name, Agency Contact Person Phone Number, Agency Contact Person Email Address, Agency NPI

Site Information

Site Name, Site Address, Site Address2, Site Contact Person Name, Contact Person Title, City, Zipcode, Contact Person Phone#, Contact Person Email Address, Housing Type, Max Site Occupancy, Units for Disabled

QUESTIONNAIRE
SITE SETTINGS

The Setting is NOT located on,near or adjacent to an Institutional Setting

Table with 4 columns: QUESTION ID, QUESTION DESC, Q1 RESPONSE, CORRECTIVE ACTION. Row 1: 1, Is the Site located on the grounds of a public institution?, Not Answered

## QUESTIONNAIRE SITE SETTINGS

### The Setting is NOT located on, near or adjacent to an Institutional Setting

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
2	Is the site located on the grounds of a publicly or privately operated facility that provides inpatient institutional treatment?	Not Answered	
3	Is the site immediately adjacent to a public institution?	Not Answered	
4	Do all the residents living in the building have a special need?	Not Answered	
5	Are there gates and/or other physical barriers preventing individual's entrance to or exit from certain areas of the setting?	Not Answered	
6	Is the residence located in the community among private residences, retail businesses, banks, etc. to the same degree as other homes in the community?	Not Answered	

## QUESTIONNAIRE

### SITE SETTINGS

The Site is **NOT** isolating from the community and does not have the effect of isolating residents from the community.

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
7	Is there public signage that would indicate residence is specifically for individuals with a disability?	Not Answered	
8	Is there sufficient transportation capacity to support people's choice of activities and schedules?	Not Answered	
9	Are bus and other public transportation schedules and telephone numbers are posted in a convenient location?	Not Answered	
10	Do residents shop, go to religious services, schedule appointments, have lunch with family and friends, etc., in the community at their own convenience?	Not Answered	
11	Does the physical environment meet the needs of the residents requiring supports and handicap accessibility pursuant to local zoning requirements?	Not Answered	

## QUESTIONNAIRE

### SITE SETTINGS

The Site is **NOT** isolating from the community and does not have the effect of isolating residents from the community.

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
12	Are residents able to have visitors of their choosing at any time?	Not Answered	
13	Are residents only able to have visitors within in a restricted visiting meeting area?	Not Answered	
14	Is there a curfew in place residents must abide by?	Not Answered	
15	Are surveillance cameras present inside a resident's personal living space?	Not Answered	
16	Is the residence an environment that supports individual comfort, independence, and preferences and is not institutional in appearance or operation?	Not Answered	

## **QUESTIONNAIRE POLICIES/PROCEDURES**

### **Site Policies/Procedures and Practices promote rights and integration**

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
17	Do residents have a key or other mechanism to open the front door of the building?	Not Answered	
18	Do residents have a key and option to lock their own private living spaces and/or apartment?	Not Answered	
19	Do residents have full access to the typical facilities in a home, such as a kitchen with cooking facilities, dining area, and laundry?	Not Answered	
20	Can residents close and lock their bathroom door?	Not Answered	
21	Are residents able to have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?	Not Answered	

## **QUESTIONNAIRE POLICIES/PROCEDURES**

### **Site Policies/Procedures and Practices promote rights and integration**

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
22	Are residents able to furnish and decorate their rooms/apartments in the way that suits them?	Not Answered	
23	Do residents sharing apartments have a choice of roommate?	Not Answered	
24	Does the residence have protocols in place to address people's dissatisfaction or complaints with the living environment?	Not Answered	
25	Are married couples or domestic partners able to share a room together?	Not Answered	
26	Are there house schedules that require all residents to follow a particular schedule for waking up, going to bed, eating, leisure activities, community activities, etc.	Not Answered	

## QUESTIONNAIRE POLICIES/PROCEDURES

### Site Policies/Procedures and Practices promote rights and integration

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
27	Are Schedules individualized and are identified in the resident's service/support plan, including when and how they are accessing community activities and events?	Not Answered	
28	Does a person have a choice whether or not to participate in activities, day programming, or work without being penalized?	Not Answered	
29	Are there restrictions to a person's food choices or choice of where/when mealtimes are?	Not Answered	
30	Do Individuals take medications privately, unless stated differently in their service/support plan and is agreed upon by the individual?	Not Answered	
31	Staff receives training on home and community based services, including individual rights and how to support individuals to exercise control and choice in their own lives.	Not Answered	

# QUESTIONNAIRE POLICIES/PROCEDURES

## Staff Competencies, Training and Interactions

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
32	Do all staff demonstrate an effort for informal (written and oral) communication with residents in a language that they understand?	Not Answered	
33	Does the organizational culture reinforces and train staff to respect the cultural/religious/other backgrounds of its residents and is culturally competent?	Not Answered	
34	Does Staff at all times interact and communicate with residents in a respectful and dignified manner?	Not Answered	
35	Do Staff talk about resident(s) as if they were not present or within earshot of other residents or staff?	Not Answered	
36	Is there evidence that the individual is provided information regarding their right to person centered planning process?	Not Answered	



## QUESTIONNAIRE POLICIES/PROCEDURES

### Staff Competencies, Training and Interactions

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
37	Do only appropriate staff possess a key to private units?	Not Answered	
38	Do staff always knock and receive permission prior to entering an individual's living space?	Not Answered	
39	Do staff facilitate the use of public transportation to support resident's choice of activities and schedules?	Not Answered	
40	Is there continuous and updated documented evidence in the service/ support plan that residence staff supports individual input, choice, autonomy, and decision making including choice of activities or meaningful community inclusion, relationships, freedom of association, religious/spiritual preferences, etc?	Not Answered	

# QUESTIONNAIRE POLICIES/PROCEDURES

## Staff Competencies, Training and Interactions

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
41	Are residence's staffing schedules and operations (and their use of natural/peer supports) sufficient to support resident's choice/participation in meaningful community activities according to the preferences/priorities in their service/support plans?	Not Answered	
42	Does the person centered planning process provide a method for the resident to request updates to their plan, as needed?	Not Answered	
43	Does staff assist or provide resources to residents to become aware of activities occurring outside of the settings?	Not Answered	
44	Are residents provided information about their rights, including HCBS rights, in a manner they understand and at their comprehension level?	Not Answered	

## QUESTIONNAIRE

### LEGAL RIGHTS

**Setting provides residents with the same legal and financial rights as those not receiving HCBS**

<u>QUESTION ID</u>	<u>QUESTION DESC</u>	<u>Q1 RESPONSE</u>	<u>CORRECTIVE ACTION</u>
45	Are all observed right(s) limitations in compliant with HCBS and documented in the resident's service/support plan? In addition, are steps taken to ensure other residents in the setting are not impacted?	Not Answered	
46	Are residents provided a written lease or occupancy agreement that provides eviction protections, due process appeals, and specifies the circumstances when eviction would be required?	Not Answered	
47	For settings in which landlord tenant laws do not apply, is there a written residency agreement and process comparable to the jurisdiction's landlord tenant laws?	Not Answered	
48	Do all residents have a checking or savings account or other means to control his/her funds and decide how to control their own funds?	Not Answered	

# QUESTIONNAIRE

## Attestation Statement

The Centers for Medicare and Medicaid Services (CMS) is seeking to assure that individuals receiving services through HCBS Medicaid waiver and demonstration programs have full access to the greater community in which they live. On March 17, 2014, CMS issued final regulations regarding characteristics and requirements for settings in order to be considered "home and community based" for purposes of Medicaid (42 CFR 441.301, et. seq). To be considered an HCBS setting, it must neither be institutional in nature nor isolate individuals from the broader community. Federal regulations and guidance help to identify settings that are presumed to be institutional or isolating and, therefore, do not meet the requirements of HCBS Settings.

I hereby attest that I am the Director of the Agency submitting this application, and that I am authorized by this Agency to execute this attestation and that I have read and understand the settings requirements for the Home and Community Based Services.

I further attest that the agency's OMH HCBS Residential Assessment has been completed and the OMH site, listed below, operated by the agency which I direct will adhere to such settings compliance requirements, and will maintain documentation sufficient to demonstrate such adherence.

330 EAST 4TH STREET

I acknowledge that the NYS Office of Mental Health may conduct an audit or inspection of this Agency including the right to inspect any books or records, including patient records, and interview any staff or clients, and that any books or records requested by such offices shall be made available upon such request.

I certify, on behalf of my agency, that all information contained in this HCBS Settings Compliance Agency Verification is accurate and true, based on our current records for all units of housing in our OMH contract. I understand that falsifying information or failing to provide accurate information may result in jeopardizing my

**Signature of Chief Executive Officer (typed name serves as signature)**

	<b>Date</b>	
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<b>Agency Address</b>			
<b>Address 2</b>			
<b>City</b>		<b>Zip Code</b>	
<b>Direct Phone Number</b>			