



## Integrated Settings Self-Assessment for Residential Providers (Adult)

Provider Information		
Agency Name	Contract Number (if applicable)	Setting Type (Supported Living, Group Home, Group Training Home, etc.)
Agency Administrator's Name	Agency Contact Phone Number	Agency Contact Email Address

This self-assessment is for providers to use to evaluate their policies, procedures, protocols and practices in accordance with DDA's Guiding Values and federal Integrated Settings requirements. Through this self-directed process, providers will revisit and examine their alignment with these values and ensure services meet federal and Washington State DDA requirements below.

- [42 C.F.R. Section 441.301\(c\)\(4\) – Home and Community Based Settings](#)
- [RCW 71A.26.020 – Definitions](#)
- [WAC 388-823-1095 – What are a person's rights as a DDA client or eligible person?](#)
- [WAC 388-823-1096 - What requirements must a home or community-based service setting meet?](#)
- [Policy 5.06 – Client Rights](#)
- [Policy 5.14 – Positive Behavior Support Principles](#)
- [Policy 5.15 – Restrictive Procedures: Community](#)
- [Policy 5.21 - Functional Assessments and Positive Behavior Support Plans](#)
- [Policy 6.02 – Rates and Other Covered Costs for Supported Living, Group Training Homes and Group Homes](#)
- [DDA Guiding Values](#)

### Provider Instructions

The following is a set of questions adapted from the Centers for Medicare and Medicaid Services *Exploratory Questions to Assist States in Assessment of Residential Settings*. Please see [Exploratory Questions to Assist States in Assessment of Residential Settings](#) or [Home and Community Based Settings Requirements Compliance Toolkit | Medicaid](#) for additional information.

For each standard, select the statement which most closely represents your agency's current status with compliance and implementation of the requirements of the **HCBS Settings Rule**:

1. Not Met – No, our policy or practices limit or hinder the opportunity for this to occur.
2. Partially Met - Our policy or practices do not prevent this, but in practice may limit this, therefore this statement is true only for a few of the people we support.
3. Partially Met - This is true for approximately half of the people we support, at least some of the time.
4. Partially Met - Our policy neither supports nor hinders this, but in practice encourages this, therefore, this standard is true for many of the people we support.
5. Met – Yes, our policy and practices support this and in practice, this is true for most or all of the people we support.

The intent of this Self-Assessment is for you, your management, and your Direct Support Professionals to complete a thorough review of your programs, which should include home visits, interviews with the people you support, and an understanding of client rights and Integrated Settings rules. For this assessment, please describe how your agency implements policies, procedures, trainings, practices, etc., across all homes, staff and people supported. Include the policy section (quoted), training requirements or agency procedures, if possible. If there is no documentary evidence available, please indicate that.

We have included a comment section. Please use this section to identify areas you need support or barriers to achieving compliance with the HCBS Settings Rule. This is also a good place to recommend areas for training, technical assistance and capacity building. Please also use this section for any needed explanations of your self-assessment score.

Include names and titles of agency staff or others who assisted with this self-assessment process:


Complete one self-assessment form and one provider attestation per contract. Return completed self-assessment to your Resource Manager by July 31, 2025.

<b>HCBS Requirements</b>	<b>Question Number</b>	<b>Standard</b>	<b>Self-Assessment Score</b> Select 1 – 5	<b>Explanation</b> Provide name of policy and quote section <u>or</u> explain / outline process, procedure or training if available for specific verification of compliance. If not specific evidence is available, please indicate that.	<b>Comments and Feedback</b> Describe how policies and procedures are implemented in homes and explanations, if needed, of your self-assessment score. You can also identify areas you need support or barriers to achieving compliance with the HCBS Settings Rule or areas in which training, technical assistance and any other supports would be helpful.
<b>Sample:</b> The home provides individuals opportunities to control personal resources.	17	If the provider manages any portion of the person’s funds, are they able to access their funds when they want to, and without advanced notice as agreed upon?	5	Provider Client Rights Policy Page 2 Number 25 “When receiving services and supports from (agency name), I have the right to: Have access to my personal possessions at any time, including financial resources.”	Our policy supports this for all the individuals in our agency, as each one has an IFP that is reviewed with the person and their rep payee / guardian annually. Consent is given each year when we review the IFP and how we will assist with managing funds.
a. The setting ensures individuals’ rights of privacy, dignity and respect, and freedom from coercion and restraint.	The following considerations may be helpful in responding to this section: <ul style="list-style-type: none"> <li>• Individuals’ right to privacy is acknowledged and practiced.</li> <li>• Individuals have the right to have privacy in personal communications (i.e. cell phones, computers, or other personal communication devices, access to a telephone that can be used in private).</li> <li>• Individuals’ are informed how to file a grievance or complaint.</li> </ul>				
	1	Are individuals able to have privacy in their bedrooms and bathrooms?	<b>Select one:</b>		
	2	Are individuals’ health and other personal information including schedules (e.g., PT, OT, medications, medical protocols, restricted diet, etc.) kept private and only accessed by those authorized to have the information?	<b>Select one:</b>		

	3	Do individuals know how to make a complaint or file a grievance without worry of retaliation?	<b>Select one:</b>		
	4	Do staff knock or request permission prior to entering a person's living / sleeping space?	<b>Select one:</b>		
	5	Do individuals have free access to their personal property at all times and there are no items that are kept locked or secured by the provider? (Providers may secure medications and toxic chemicals with no modification / restriction required, if that level of support is indicated in a person's PCSP.)	<b>Select one:</b>		
b. The providers optimize a person's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	The following considerations may be helpful in responding to this section:				
	<ul style="list-style-type: none"> <li>• The provider creates an environment in which self-advocacy and choice is encouraged, supported and taught.</li> <li>• Individual choice is facilitated in a manner that leaves the person feeling empowered to make decisions.</li> <li>• DSP's ask individuals about their needs and preferences and adhere to those choices.</li> <li>• Individuals are encouraged to attend and participate in their support planning meetings.</li> </ul>				
	6	Do individuals have access to things and activities that interest them and can they use them or participate when they would like to do so?	<b>Select one:</b>		
7	Are individuals supported to participate and make choices during support planning (e.g., FA/PBSP, IISP, IFP meetings) and at other times throughout their day?	<b>Select one:</b>			

	8	Do individuals' living spaces reflect their tastes and preferences (i.e., furniture, linens and other household items reflect their choices) and is there limited provider presence (e.g., staff notices, instructions, )?	Select one:		
	9	Individuals who have a housemate are given a choice in who they live with (i.e. Provider offers opportunities to meet potential housemates, or, to select new housemates or move if there is conflict and individuals no longer want to live together).	Select one:		
	10	Are snacks and desired meals available (within the person's resources) and accessible at any time unless there is documentation of a medical condition that requires restrictions?	Select one:		
c. The setting facilitates individual choice regarding services and supports, and who provides them.	The following considerations may be helpful in responding to this section:				
	<ul style="list-style-type: none"> <li>• Staff can identify the interests and preferences of the individuals they support.</li> <li>• The person expresses satisfaction with the provider and services, or do they know they can ask for a meeting to discuss a change?</li> <li>• Individuals have a choice regarding the staff that work with them and have a way to request different staff.</li> <li>• If an individual expresses concern with a staff working with them, arrangements are made to replace the staff.</li> <li>• Requests for services and supports are accommodated as opposed to ignored or denied.</li> </ul>				
	11	Does the provider have a policy made available to individuals, so they know how to, and are able to, request a change to their provider-written service plan (e.g., changing an	Select one:		

		IISP goal, requesting Teleservice)?			
	12	Does the provider have a system for collecting and evaluation feedback (such as satisfaction surveys)?	<b>Select one:</b>		
d. The setting provides individuals the opportunities to seek employment and work in competitive integrated settings, and to engage in community life.	The following considerations may be helpful in responding to this section:				
	<ul style="list-style-type: none"> <li>• The provider ensures that the supports delivered are individualized and tailored to meet individuals' interests and desired outcomes.</li> <li>• Staff are aware of how often individuals would like to engage in community activities.</li> <li>• Opportunities that are meaningful to the person are offered to individuals to get out in their community.</li> <li>• The provider creates an environment that supports individuals to enhance their social network by participating in groups, clubs, organizations, etc. as they would like.</li> <li>• If individuals are employed, or would like to be employed, there are supports given that promote success (i.e. Encourages a person to get ready for work, assists in getting them to work on time, encourages a person to wear appropriate clothing for a job interview, etc.).</li> </ul>				
	13	Are individuals able to participate in meaningful work and/or non-work activities of their choice in the community by ensuring adequate staffing for outings, support scheduling activities, assistance arranging transportation, etc.?	<b>Select one:</b>		
	14	Do individuals set their own schedules and is it made clear that the person is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?	<b>Select one:</b>		

<p>e. The homes are integrated and support individuals' access to the greater community in which they live and provide them opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>The following considerations may be helpful in responding to this section:</p> <ul style="list-style-type: none"> <li>• Opportunities are offered to individuals that promote and encourage activities that are meaningful to them.</li> <li>• Individuals have opportunities to regularly interact directly with community members (e.g. store clerks, neighbors, bank tellers, family, friends) who are not paid to support them.</li> <li>• Individuals have transportation options e.g., public transportation, staff vehicles, provider vehicles, , available to access community services and activities.</li> <li>• The provider is aware of what types of activities in the community would offer an opportunity for individuals to meet others with similar interests, and those activities are made available to them.</li> <li>• The provider creates an environment that supports individuals to enhance their social network by participating in groups, clubs, organizations, etc. of their choosing.</li> </ul>				
	15	Do individuals choose where and when to shop, attend religious services, schedule appointments, etc. in the community?	<b>Select one:</b>		
	16	Do individuals receive the supports they need to see family and friends and spend time doing activities of their choosing in the community or in their home?	<b>Select one:</b>		
<p>f. The provider gives individuals opportunities to control personal resources.</p>	<p>The following considerations may be helpful in responding to this section:</p> <ul style="list-style-type: none"> <li>• The provider has and implements a policy that ensures protection of individuals' money but does not limit access to it.</li> <li>• Individual Financial Plans are available to staff to direct them to provide the supports needed for the person to manage their money.</li> </ul>				
	17	If the provider manages any portion of the person's funds, are they able to access their funds when they want to, and without advanced notice as agreed upon?	<b>Select one:</b>		

g. The home is physically accessible to the person.	The following considerations may be helpful in responding to this section:				
	<ul style="list-style-type: none"> <li>• Individuals can utilize the furniture in their homes, and it is not limited by staff or agency documents or other staff items.</li> <li>• There may be physical limitations and environmental modifications that are necessary to meet the individuals' assessed needs.</li> <li>• Individuals' personal items are present and arranged as they desire, and there are limited agency postings and provider presence.</li> <li>• There are no gates, Velcro strips, locked doors, or other barriers preventing individuals' access to, entrance to or exit from, certain areas of the setting.</li> </ul>				
	18	Do individuals have full access to the kitchen, dining area, living room, laundry, and all other common areas of their home?	<b>Select one:</b>		
19	Are homes fully accessible to meet the needs of the individuals living there, including all common areas and supports as needed, such as grab bars and ramps?	<b>Select one:</b>			
<b>For Provider-Owned or Controlled Settings</b>					
h. The home is physically accessible to the person.	20	Do individuals have lockable doors to their living space with only assigned staff having keys to doors as needed? If there are individual support needs that require a modification, is the modification process followed?	<b>Select one:</b>		





## Provider Attestation

Provider Information		
Agency Name	Contract Number (if applicable)	Setting Type (Supported Living, Group Home, Group Training Home, etc.)
Agency Administrator's Name	Agency Contact Phone Number	Agency Contact Email Address

By signing below, I attest to the following:

- I have reviewed and understand the requirements in the [DDA Guiding Values](#) and [HCBS settings requirements](#).
- I understand that it is my responsibility to ensure all employees have been given the information and that services are provided in compliance with these requirements.

If you are concerned about your compliance or have questions about the requirements, please reach out to your Resource Manager or the DDA Integrated Settings Committee at [DDAintegratedsettings@dshs.wa.gov](mailto:DDAintegratedsettings@dshs.wa.gov).

I, \_\_\_\_\_, Administrator for \_\_\_\_\_, have reviewed the attached **Integrated Settings Self-Assessment for Residential Providers and attest to the accuracy.**

Administrator's Signature	Date
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Additional Resources:

- [HCBS Provider Brochure](#)
- [HCBS Children's Residential Settings Provider Brochure \(for children's residential providers only\)](#)
- [HCBS WAC 388-823-1096 What requirements must a home or community-based service setting meet](#)
- [HCBS Settings Rule Educational Video](#)
- Integrated Settings training video for providers: [Home and Community-Based Services Settings](#)