

OFFICE OF LONG-TERM LIVING HCBS SETTINGS ANALYSIS
CommCare WAIVER

This settings analysis is general in nature and does not imply that any specific provider or location is noncompliant solely by classification on this chart. Final determination will depend upon information gathered through all assessment activities outlined in the transition plan, including but not limited to on-site reviews, provider annual self-assessments, and HCBS Participant Monitoring survey results.

| Settings Presumed to be Fully Compliant with HCBS Characteristics | |
|---|--|
| Type of Setting | Standard |
| Participant owns the housing, lives with a family member who owns the housing or leases the housing which is not provider owned or controlled. | State review of settings |
| Adult Day, Structured Day Habilitation, Prevocational and Residential Habilitation services provided in an integrated community setting | State review of settings |
| Settings May be Compliant, or with changes will comply with HCBS characteristics | |
| Type of Setting | Standard |
| Apartment complexes where the majority of residents receive HCBS | State review of settings |
| Provider owned or controlled housing of any size | State review of settings |
| Adult Day, Structured Day Habilitation, Prevocational and Residential Habilitation service settings located in a building that also provides other disability-specific services, or where provider offices are located. | State review of settings |
| Setting is presumed non-HCBS, but evidence may be presented to CMS for heightened scrutiny | |
| Type of Setting | Standard |
| Adult Day, Structured Day Habilitation, Prevocational and Residential Habilitation service settings located in a building that also provides inpatient institutional treatment | Licensure and State review of settings |
| Any setting on the grounds of or adjacent to a public institution | State review of settings |
| Settings that isolate participants from the broader community | State review of settings |
| Settings do not comply with HCBS characteristics | |
| Type of Setting | Standard |
| Nursing Facilities | Licensure and State review of settings |
| Hospitals | Licensure and State review of settings |
| Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) | Licensure and State review of settings |