

OFFICE OF LONG-TERM LIVING HCBS SETTINGS ANALYSIS
ATTENDANT CARE AND HIV/AIDS WAIVERS

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
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
Setting is presumed non-HCBS, but evidence may be presented to CMS for heightened scrutiny	
Type of Setting	Standard
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