

Home and Community-Based Services (HCBS) Settings Verification Checklist

Section I: Qualities Required for All Home and Community-Based Settings

Complete this section for each individual, regardless of his or her current living arrangement.

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community.		
<p>1. Does the individual reside in a setting that he or she owns or leases or is owned or leased by a member of the individual's family?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete questions 3 through 9 and do not complete Section II.</p>	<p>2. Does the individual reside in a setting that is owned or leased by the same party that furnishes HCBS services in the setting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete questions 3 through 9 AND complete Section II.</p>	<p>3. Is the individual able to describe how he or she accesses the community, including who assists in facilitating the activity and where he or she goes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.		
<p>4. Was the individual given a choice of available options regarding where to live/receive services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.		
<p>5. Does the individual have access to telephones or other electronic devices to use for personal communication in private and at any time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Does the individual know how to file a complaint about his or her level of involvement with the greater community?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. Does the individual report his/her daily activities are unrestricted and there is no use of interventions like those that might be used in an institutional setting (<i>seclusion, physical or chemical restraints, locked doors</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
The setting optimizes opportunities for the individual to make choices and control his or her own schedules regarding daily activities, physical environment, and with whom to interact.		
<p>8. Does the individual have opportunities to make informed choices about when tasks, services and activities are furnished?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
The setting facilitates choice regarding services and supports and who provides them.		
<p>9. Does the individual make informed choices about who provides services to him or her?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Section II: Additional Conditions Required for Provider-Owned or Controlled Residential Settings

Complete this section only when the individual resides in a setting that is owned or leased by the same party that furnishes HCBS services in that setting.

The individual has a legally enforceable agreement specifying responsibilities and protections from eviction.			
<p>10. Does the individual have a legally enforceable agreement such as a lease or resident agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete questions 11-13.</p>	<p>11. Does the agreement specify the responsibilities of the individual and the provider with respect to the setting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>12. Does the agreement specify the circumstances under which the individual's residency may be terminated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>13. Does the agreement address the steps an individual can follow to request a review or appeal the termination of residency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
The individual has privacy in his or her sleeping/living unit.			
<p>14. Is the individual's living unit configured so that the individual's privacy is protected including when assistance is provided to the individual?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
The setting provides living unit doors that are lockable by the individual with only appropriate staff having keys.			
<p>15. Can the individual lock his or her door to the unit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>16. Does the individual have a key to his or her own living unit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Individuals sharing units have a choice of roommates in the setting.			
<p>17. If the individual does not have his or her own bedroom, does the individual share a bedroom with a roommate of his or her choice?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Individuals have the freedom and support to furnish and decorate their sleeping or living units within the lease or other agreement		
18. Can the individual furnish and decorate his or her unit as they please within the terms spelled out in the legally enforceable agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individuals' freedom to control schedules and activities and have access to food at any time.		
19. Does the individual control his or her daily schedule without being required to adhere to a set schedule for waking, bathing, eating, exercising, or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does the individual have access to typical home areas such as cooking and dining areas, laundry, living and entertainment areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Does the individual have access to food between and after regularly scheduled meal times? <input type="checkbox"/> Yes <input type="checkbox"/> No
The individual is able to have visitors of his or her choosing at any time.		
22. Are visiting hours or the number of visitors allowed at one time determined by the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If visiting hours are addressed in the legally enforceable agreement, are individuals made aware of limitations before moving into the residential setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The setting is physically accessible for each individual.		
24. Are supports to facilitate mobility provided where needed, e.g., home modifications, grab bars, shower seats, or hand rails, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Are there gates, locked doors, or other barriers preventing access/exit from areas in the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendation (Select one recommendation from the options listed below)		
<p><i>Private Residence</i></p> <p><input type="checkbox"/> The individual resides in a private residence and experiences community integration, privacy, choice, and control. ("Yes" response to question 1, and "Yes" responses to questions 3 through 8 in section 1. Any "No" responses in this section will be resolved through education, referral, and the person-centered planning process.)</p> <p><i>Provider-owned/controlled setting</i></p> <p><input type="checkbox"/> The individual resides in a provider-owned/controlled setting and experiences community integration, privacy, choice, and control in the setting. ("Yes" response to question 2 in Section 1 and "Yes" responses to questions 3 through 25.)</p> <p><input type="checkbox"/> The individual resides in a provider-owned/controlled setting and does not experience community integration, privacy, choice, and control in the setting. ("Yes" response to question 2 in Section 1 and one or more "No" responses to questions 3 through 25.)</p>		
Date Completed		
Name of Individual(s) Interviewed (and when applicable, the relationship to the individual)		
Name of the Person Completing the form		