

## 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.

<b>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community.</b>		
<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><b>If yes, complete questions 3 through 9 and do not complete Section II.</b></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><b>If yes, complete questions 3 through 9 AND complete Section II.</b></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>
<b>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.</b>		
<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>		
<b>The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</b>		
<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>
<b>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.</b>		
<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>		
<b>The setting facilitates choice regarding services and supports and who provides them.</b>		
<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.

<b>The individual has a legally enforceable agreement specifying responsibilities and protections from eviction.</b>			
<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><b>If yes, complete questions 11-13.</b></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>
<b>The individual has privacy in his or her sleeping/living unit.</b>			
<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>			
<b>The setting provides living unit doors that are lockable by the individual with only appropriate staff having keys.</b>			
<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>	
<b>Individuals sharing units have a choice of roommates in the setting.</b>			
<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>			

<b>Individuals have the freedom and support to furnish and decorate their sleeping or living units within the lease or other agreement</b>		
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		
<b>Individuals' freedom to control schedules and activities and have access to food at any time.</b>		
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
<b>The individual is able to have visitors of his or her choosing at any time.</b>		
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	
<b>The setting is physically accessible for each individual.</b>		
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	
<b>Recommendation</b> (Select one recommendation from the options listed below)		
<i>Private Residence</i>		
<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.)		
<i>Provider-owned/controlled setting</i>		
<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.)		
<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.)		
Date Completed		
Name of Individual(s) Interviewed (and when applicable, the relationship to the individual)		
Name of the Person Completing the form		