

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. *Do not complete if the individual is homeless or in transitional housing.*

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| The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community. | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete questions 3 through 9 and do not complete Section II. | 2. Does the individual reside in a setting that is owned or leased by the same party that furnishes HCBS services in the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete questions 3 through 9 AND complete Section II. | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. | | | |
| 4. Was the individual given a choice of available options regarding where to live/receive services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | | | |
| 5. Does the individual have access to telephones or other electronic devices to use for personal communication in private and at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Does the individual know how to file a complaint about his or her level of involvement with the greater community? <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 (seclusion, physical or chemical restraints, locked doors)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. | | | |
| 8. Does the individual have opportunities to make informed choices about when tasks, services and activities are furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| The setting facilitates choice regarding services and supports and who provides them. | | | |
| 9. Does the individual make informed choices about who provides services to him or her? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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. *Do not complete if the individual is homeless or in transitional housing.*

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

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| 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 | |

Section III Recommendation

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| Recommendation <i>(Select one recommendation from the options listed below)</i> | |
| <i>Private Residence</i> | |
| <input type="checkbox"/> The individual resides in a private residence and experiences community integration, privacy, choice, and control. <i>("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> | |
| <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. <i>("Yes" response to question 2 in Section 1 and "Yes" responses to questions 3 through 25.)</i> | |
| <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. <i>("Yes" response to question 2 in Section 1 and one or more "No" responses to questions 3 through 25.)</i> | |
| <i>Homeless (check all that apply)</i> | |
| <input type="checkbox"/> The individual meets the criteria for homelessness: <ul style="list-style-type: none"> <input type="checkbox"/> Lacking a fixed, regular, and adequate nighttime residence; <input type="checkbox"/> Temporarily residing in a supervised publicly or privately operated shelter designed to provide temporary living accommodations of six months or less; <input type="checkbox"/> Temporarily residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation. | |
| <i>Transitional Housing (check one)</i> | |
| <input type="checkbox"/> The individual resides in a setting that meets one of the following criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Temporary housing and appropriate support services to homeless persons to facilitate movement to independent living; <input type="checkbox"/> Housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance. | |
| Date Completed | |
| Signature of Individual(s) Interviewed <i>(and when applicable, the relationship to the individual)</i> | |
| Signature of the Person Completing the form | |