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| --- | --- |
| Provider: | Date of Review: |
| ISL Address: | New Provider Site: |
| Individual(s): | Current Provider Expansion/Relocated Site: |
| Support Coordinator: |  |

Prior to entering into a new lease arrangement, the environment is assessed by the individual(s) Support Coordinator to determine whether the home meets the needs of the individual(s) and is compliant with regulation, including the Home and Community Based Services rule. This applies to moves within the same service provider. The provider is present for the assessment to assist with evaluation. If the site does not meet the needs of the individual(s), remediation must occur prior to approval or a new location identified. The Support Coordinator completes the document, summarizing any findings and corrective actions; emails a copy of the document to the provider and their Provider Relations representative.

**PART I: Assessed prior to lease implementation**

| **Home Interior** | **Satisfactory** | **Unsatisfactory** | **Comments/Action Needed** |
| --- | --- | --- | --- |
| Overall interior environment appears clean and well maintained (flooring, stairs, no pests, no odors, no broken doors/windows/screens, no broken door or window locks, etc.) and exists in a neighborhood or apartment complex amongst homes which do not serve individuals receiving HCB services. |  |  |  |
| Site meets the needs of the individuals who live there or has modifications/adaptations that meet their needs (ramps, accessible bathroom, wide halls and/or doorways, stairs wide enough with railings and lit for safe use, etc.) |  |  |  |
| Water temperature (if water is turned on): An individual should be able to hold a hand under the tap without the temperature feeling so hot the hand needs to be removed (should not exceed 120 degrees unless approved in plan). |  |  |  |
| Home temperature (if heat/air conditioning turned on): what is comfortable to the individual or 71-81 degrees. |  |  |  |
| If not on public water supply, requires initial water inspection and annually thereafter. |  |  |  |
| There is at least two means of exit (one of which can be a window) on each floor. If one exit is a window, ensure it is an appropriate means of egress (accessibility) for each individual's use. If a second floor is being used the planning team must plan for fire escape prior to move. |  |  |  |
| Means of exit are not blocked, the exit doors open easily and the individuals can access all means of exit. |  |  |  |
| There is an operable smoke detector in/near each bedroom and minimum of one smoke detector on each level of home. It is also recommended a detector be placed near the kitchen. |  |  |  |
| Carbon monoxide detectors are present on each level of the home and operable when there is an attached garage and/or propane or natural gas furnace or appliances. |  |  |  |
| Bedrooms: A separate bedroom is present for each individual. *Guidelines from International Property Maintenance Code: minimum of 70 sq. ft. floor space and at least 7 feet in any horizontal direction. At least 1 exterior window whose size is a minimum 10% of the room’s floor space and easily opens for ventilation. At least half the bedroom ceiling is at least 7 feet tall. A heating and cooling element (no space heaters; window AC is permissible); at least two electrical outlets. Must not have to go through a shared bath or another bedroom to access a bedroom.* |  |  |  |
| Bathrooms: Clean with appropriate fixtures. No mildew, cracks in sink/tub, or leaks. An exhaust fan or window. At least one bathroom must be accessible without passing through a person’s bedroom. |  |  |  |
| Kitchen: Appliances are be in good working order. Kitchen has a stovetop fan or a window for ventilation. |  |  |  |
| Furnace and water heater: Clear of any flammable material and should not be located in an unsafe area (should not be in a general living area, i.e. kitchen or bathroom). |  |  |  |
| Dryer has a vent to the outdoors, under the house, or to garage, etc. |  |  |  |

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| **Home Exterior** | **Satisfactory** | **Unsatisfactory** | **Comments/Action Needed** |
| Overall exterior environment appears cleanand well maintained (lawn care, stairs, deck, driveway, sidewalk, roof, siding/exterior, etc.). |  |  |  |
| The setting is physically accessible to the individual. (HCBS requirement) |  |  |  |
|  | | | |
| **HCBS REQUIREMENTS** | | | |
| **Is this Location Provider Owned and Controlled?** The setting is provider owned or controlled if the provider leases from a third part or owns the property. If the provider does not lease or own the property, but has a direct or indirect financial relationship with the property owner, we would presume that the setting was provider controlled. A direct or indirect relationship includes any organization affiliated with the provider or their parent company; any staff of the provider, an affiliated organization, or their family members.  **YES**    **NO** | | | |
| *Continue with review of HCBS requirements regardless of provider owned/controlled status.* | **Satisfactory** | **Unsatisfactory** | **Comments/Action Needed** |
| Will there be a lease, residency agreement or other form of written agreement in place for each HCBS participant, providing protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law? If provider owned and controlled, please attach the lease template. Select “Unsatisfactory” if template is not available as the site cannot be used for HCBS services unless the documentation is in place. |  |  |  |
| Each individual has privacy in his or her sleeping or living unit. |  |  |  |
| Is the Residence entrance doors lockable by the individual, with only appropriate staff having keys to doors? |  |  |  |
| Is the bedroom door lockable by individual, with only appropriate staff having keys to doors? (best practice) |  |  |  |
| **HCBS REQUIREMENTS** | **Satisfactory** | **Unsatisfactory** | **Comments/Action Needed** |
| Does the bathroom door lock? (best practice) |  |  |  |
| Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. |  |  |  |
| Are cameras present inside the setting?  \*If yes, the agency’s policies on the use of camera’s must be approved by the Division and due process must be given to each individual that moves into the setting and agency |  |  |  |
| Do individual’s rooms have a telephone jack, WI-FI or ETHERNET jack? (individuals choice) |  |  |  |
|  | | | |
| **HEIGHTENED SCRUTINY**  Any service and/or site having the appearance of being Heightened Scrutiny requires prior Division approval. If the service/site matches any of the descriptors below, mark Yes. | | | |
| * Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or * in a building on the grounds of, or immediately adjacent to, a public institution, or * any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS   + Is the setting primarily for people with disabilities with on-site staff providing services to them?   + Is the setting designed specifically for people with disabilities?   + Does the setting limit individuals’ opportunity for interaction with the broader community, including with individuals not receiving Medicaid-funded HCBS? | **Yes** | **No** | **Comments/Action Needed** |
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| **Yes** | **No** | **Comments/Action Needed** |
| **THIS SERVICE LOCATION MEETS THE NEEDS OF THE INDIVIDUAL(S).**  **TCM staff to e-mail this document to the Provider and Regional Office Provider Relations prior to move.** |  |  |  |

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| --- | --- | --- | --- |
| **Reviewer Signature/Title:** |  | **Date:** |  |

cc: Provider

Provider Relations

**PART II: The following miscellaneous requirements must be present prior to the first day of services at the site. Support monitoring verifies within 30 days of possession of the property if items were not available at initial site review.**

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| **Miscellaneous requirements** | **Satisfactory** | **Unsatisfactory** | **Comments/Action Needed** |
| Basic first aid supplies are available. It is also recommended a CPR mask be included. |  |  |  |
| The home has at least one fire extinguisher in or near the kitchen. Fire extinguisher has expiration date or preventative maintenance tag and is fully charged. |  |  |  |
| Emergency evacuation plan (i.e. in the event of fire) has been developed and meets the needs of the individual(s). |  |  |  |
| Information regarding fuse box, gas shut off valves, and water shut off valves is present in the home and individual(s) and staff are trained in appropriate procedures. |  |  |  |

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| **Yes** | **No** | **Comments/Action Needed** |
| **SUPPORT MONITORING CONFIRMED THE MISCELLANEOUS ITEMS ARE IN PLACE.** **TCM staff to e-mail this document to the Provider and Regional Office Provider Relations if not verified prior.** |  |  |  |

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| **Reviewer Signature/Title:** |  | **Date:** |  |

cc: Provider

Provider Relations