

## Missouri - Exploratory Questions for Assessment of Home and Community-Based Services (HCBS) Residential Settings

This optional tool is provided to assist providers in assessing whether the characteristics of HCBS settings are present, as required by federal regulation. The questions found in this document are referenced from CMS Exploratory Questions to Assist States in Assessment of Residential Settings

There are two sections. The first section pertains to all HCBS settings, and the second section to provider owned or controlled settings. A setting is considered provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS. Under each requirement are questions that providers may use in examining their own policies and procedures.

Not all questions will apply to all providers, nor are they meant to cover every possible compliance issue; they are merely to suggest possible areas for further exploration. Questions should be assumed to apply to legal guardians where applicable.

### Section 1: All HCBS Settings

**Requirement:** The setting is integrated in, and facilitates the individual's full access to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, like individuals without disabilities.

- Do individuals receiving HCBS live or receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS?
- Does the individual work in an integrated community setting?
- If the individual would like to work, is there a process to ensure the option is pursued?
- Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?
- Is the setting in the community among other private residences, retail businesses, etc.?
- Do individuals have access to the same amenities such as a pool or gym used by other residents not receiving Medicaid HCBS?
- Do individuals in the setting have access to public transportation?
- Are public transportation schedules and telephone numbers easily available to the individual?
- Is training in the use of public transportation facilitated?
- Where public transportation is limited, are other resources provided for the individual to access the broader community?

**Requirement:** The setting is selected by the individual among all available alternatives and identified in the person-centered service plan.

- Was the individual given a choice of available options regarding where to live/receive services?
- Was the individual given opportunities to visit other settings?
- Does the setting reflect the individual's needs and preferences?

**Requirement:** An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.

- Does the individual have access to easily understandable information about filing a complaint?
- Is the individual comfortable discussing concerns?
- Can the individual file an anonymous complaint?
- Does the individual know the person to contact or the process to make an anonymous complaint?
- Is health information about individuals kept private?
- Are schedules of individuals for PT, OT, medications, restricted diet, etc., kept private (not posted in a general open area for all to view)?
- Are individuals who need assistance with grooming, groomed as they desire?
- Do staff talk to other staff about an individual as if the individual was not present, or within earshot of other persons living in the setting?
- Do staff address individuals in the manner in which the individual would like to be addressed?
- Is assistance provided in private when needed?

**Requirement:** Individual initiative, autonomy, and independence in making major life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.

- How is it made clear that the individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?
- Does the individual's schedule vary from others in the same setting?
- Are there opportunities for leisure activities that interest the individual which can be scheduled at the individual's convenience?
- Can the individual describe places or activities that he or she accesses in the community, and who assists in facilitating the activities?
- Is the individual aware of activities occurring outside of the setting or does he or she have access to information to become aware of activities?
- Does the individual shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the individual chooses?
- Does the individual talk about activities occurring outside of the setting?
- Does the individual control his or her personal financial resources?
- Does the individual have a checking or savings account or other means to control personal funds?
- Does the individual have access to his or her funds?

**Requirement:** Individual choice regarding services and supports, and who provides them, is facilitated.

- Is the individual or their chosen representative aware of how to schedule person-centered planning meetings?
- Can the individual explain the process to develop and update his or her plan?
- Was the individual present during the last person-centered planning meeting?
- Does the planning meeting occur at a time and place convenient for the individual to attend?
- Does the individual express satisfaction with the provider(s) selected?
- Does the individual know how and to whom to make a request for a new provider?
- Can the individual identify other potential providers of services?
- Do staff ask the individual about his or her needs and preferences?
- Does the individual express satisfaction with the services being received?
- Are requests for services and supports accommodated as opposed to ignored or denied?
- Is informal communication conducted in a language that the individual understands?

## **Section 2: Provider owned or controlled HCBS settings**

**Requirement:** The individual has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord/tenant laws of the state, county, city, or other designated entity.

- Does the individual have a lease, or for settings in which landlord tenant laws do not apply, a written residency agreement?
- Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?
- Does the individual know his or her rights regarding housing and when he or she could be required to relocate?
- Do individuals know how to relocate and request new housing?

**Requirement:** Each individual has privacy in their sleeping or living unit.

- Do staff or other residents always knock and receive permission prior to entering the living unit, bedroom, or bathroom?
- Is the unit free from surveillance/monitoring cameras?
- Does the individual have access to make private telephone calls, or other forms of private communication such as email, at the individual's preference and convenience?
- Is the telephone or other communication device in a location to ensure privacy?

**Requirement:** The unit has entrance doors that are lockable by the individual, with only appropriate staff having keys to doors.

- Do staff only use a key to enter a living area or private space under limited circumstances agreed upon with the individual?
- Can the individual close and lock the bedroom door?
- Can the individual close and lock the bathroom door?

**Requirement:** Individuals sharing units have a choice of roommates.

- Was the individual given a choice of a roommate?
- Does the individual express a desire to remain in a room with his/her roommate?
- Do married couples have the choice to share or not share a room?
- Does the individual know how to request a roommate change?

**Requirement:** Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

- Are the individual's personal items present and arranged as the individual desires?
- Do the furniture, linens, and other household items reflect the individual's personal choices?
- Do individuals' living areas reflect their interests and hobbies?

**Requirement:** Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

- Do individuals come and go at will?
- Is there a curfew or other requirement for a scheduled return to the setting?
- Can the individual have a meal at the time and place of his or her choosing?
- Can the individual request an alternative meal if desired?
- Are snacks accessible and available anytime?
- Is the individual required to sit at an assigned seat in a dining area?
- Does the individual have the opportunity to communicate with others during meal times?
- If the individual desires to eat privately, can he or she do so?

**Requirement:** Individuals are able to have visitors of their choosing at any time.

- Are visitors allowed in the setting?
- Are visitors restricted to specified visiting hours?
- Are there restricted visitor's meeting areas?

**Requirement:** The setting is physically accessible to the individual.

- For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.?
- Are appliances accessible to individuals (e.g. front-loading washer and dryer for individuals in wheelchairs)?
- Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?

- Is the setting physically accessible without obstructions that limit individual mobility in the setting, or if obstructions are present are there environmental adaptations such as a stair lift or elevator to accommodate?
- Do individuals have full access to the typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in the shared areas?

**Requirement:** Any rights restrictions of the conditions (for example to address safety needs) must be supported by a specific assessed need, be done with the individual's informed consent and documented in the person-centered service plan, and be time-limited and reviewed for effectiveness.

- Does documentation note if positive interventions and supports were used prior to any plan modifications?
- Have less intrusive methods of meeting the need been tried and documented?
- Does the plan include a description of the condition that is directly proportional to the assessed need, data to support on-going effectiveness of the intervention, time limits for periodic reviews to determine the on-going necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?