

**Missouri Department of Mental Health  
Division of Developmental Disabilities  
Home and Community Based Setting Review**

Setting Type (Check all that apply)	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Independent Living Skills Development (ILSD)	<input type="checkbox"/> Residential
Setting Meets Initial Heightened Scrutiny Criteria (Check all that apply)	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Independent Living Skills Development (ILSD)	<input type="checkbox"/> Residential
Participant Name: Participant DMH ID:	Regional Office:	Provider Name:	
Setting Address:			
Date and Time of Assessment:			
<b>Date and Time Individual contacted:</b> <b>DMH Caller:</b> <b>DMH Witness:</b>  <b>NOTE:</b> If the individual is noted to be non-verbal, note the name of the individual that confirmed the scheduled assessment date and time. Name:  <input type="checkbox"/> Individual requested assessment is rescheduled?    New date and time: <input type="checkbox"/> Individual declined assessment (Date/Time):			
Comments:			
Date and Time Guardian/Conservator contacted:		DMH Caller:	
Comments:		DMH Witness:	
Date and Time Support Coordinator contacted:		DMH Caller:	
Comments:		DMH Witness:	
Date and Time Provider contacted:		DMH Caller:	
Comments:		DMH Witness:	
Individual Current Personal Plan Received: <input type="checkbox"/> Yes    Date Reviewed: <input type="checkbox"/> No			
Individual Lease Received (For Residential Setting Section B only): <input type="checkbox"/> Yes    Date Reviewed: <input type="checkbox"/> No			
Name/Signature of Reviewer(s)			Date of Review

**The purpose of this assessment is to ensure that individuals receiving HCBS Waiver services are integrated in and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. It means that “settings” are more about the nature and quality of individuals’ experiences, not only about buildings where the services are delivered.**

**On-site assessments will be scheduled with the HCBS participant providing at least 3 days advance notification.**

**NOTE:** Modifications of the Section III B additional requirements must be supported by specific assessed need, justified in the person-centered service plan and documented in the person-centered service plan.

<b>Section I. Employment Services</b>				
<b>(If not applicable check N/A and proceed to Section II)</b>				
<b>Home and Community Based Setting Requirement</b>				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the employment setting include non-supervisory people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?				
c. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
d. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual currently have a job?				
b. If yes, is the current job in a setting with people who do not have disabilities?				
c. If not, do they want a job?				
d. If they would like to have a job, is someone helping them to get a job?				
e. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?				
f. Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?				
Comments:				

<b>Section I. Employment Services</b>				
<b>3. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?				
b. Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?				
c. Do individuals receiving HCBS work in a different area of the setting separate from individuals not receiving Medicaid HCBS?				
Comments:				
<b>4. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Was the individual given a choice of available options regarding where to receive the service?				
b. Did the individual choose their provider?				
c. Was the individual given opportunities to visit other settings?				
d. Does the setting reflect the individual's needs and preferences?				
Comments:				
<b>5. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does staff ask the individual about her/his needs and preferences?				
b. Are individuals aware of how to make a service request?				
c. Does the individual express satisfaction with the services being received?				
d. Are requests for services and supports accommodated as opposed to ignored or denied?				
e. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
f. Does the current service plan indicate modifications to support the individual? <b>If no proceed to question #6.</b>				
g. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
h. Are less intrusive methods of meeting the need that were tried initially documented?				

<b>Section I. Employment Services</b>				
<b>5. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
i. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
Comments:				
<b>6. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is all information about individuals kept private?				
b. Is personal assistance provided as needed and provided in private when applicable?				
c. Are cameras present in the setting?				
Comments:				
<b>7. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed?				
Comments:				
<b>8. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				

<b>Section I. Employment Services</b>				
<b>9. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting ensure that the individual is supported to make decisions and exercise autonomy to the greatest extent possible?				
b. Does the setting afford the individual with the opportunity to participate in meaningful employment activities in integrated community settings in a manner consistent with the individual's needs and preferences?				
c. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of the individual?				
Comments:				
<b>10. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting post or provide information to the individual about how to make a request for additional HCBS, or changes to their current HCBS?				
b. Does the individual like who supports them?				
c. If no, do they know they know how to request new supports?				
d. Does the individual like the services they are currently receiving?				
e. If no, do they know how to request new services?				
Comments:				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
(If not applicable check N/A and proceed to Section III)	N/A			
<b>Home and Community Based Setting Requirement</b>				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the ILSD setting include people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities outside of the setting?				
c. Does the setting provide opportunities for regular meaningful activities in integrated community settings for the period of time desired by the individual?				
d. Does the setting encourage visitors or other people from the greater community (other than paid staff) to be present, and if yes, is there evidence that visitors have been present at regular frequencies?				
e. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
f. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?				
g. Do the setting options offered include non-disability-specific settings in an integrated public setting?				
h. Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc. If yes and applicable, are transportation schedules in a convenient location?				
i. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?				
b. Do individuals receiving HCBS have activities in a different area of the setting separate from individuals not receiving Medicaid HCBS?				
Comments:				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
<b>3. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Was the individual given a choice of available options regarding where to receive the service?				
b. Did the individual choose their provider?				
c. Was the individual given opportunities to visit other settings?				
d. Does the setting reflect the individual's needs and preferences?				
Comments:				
<b>4. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does staff ask the individual about her/his needs and preferences?				
b. Are individuals aware of how to make a service request?				
c. Does the individual express satisfaction with the services being received?				
d. Are requests for services and supports accommodated as opposed to ignored or denied?				
e. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
f. Does the current service plan indicate modifications to support the individual? <b>If no proceed to question #5.</b>				
g. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
h. Are less intrusive methods of meeting the need that were tried initially documented?				
i. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
Comments:				
<b>5. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is all information about individuals kept private?				
b. Is personal assistance provided as needed and provided in private when applicable?				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
<b>5. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
c. Are cameras present in the setting?				
Comments:				
<b>6. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?				
Comments:				
<b>7. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				
<b>8. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting ensure that the individual is supported to make decisions and exercise autonomy to the greatest extent possible?				
b. Does the setting afford the individual with the opportunity to participate in meaningful daily activities in integrated community settings in a manner consistent with the individual's needs and preferences?				
c. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of the individual?				
Comments:				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
<b>9. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the setting post or provide information to the individual about how to make a request for additional HCBS, or changes to their current HCBS?				
b. Does the individual like who supports them?				
c. If no, do they know they know how to request new supports?				
d. Does the individual like the services they are currently receiving?				
e. If no, do they know how to request new services?				
Comments:				

III. Residential Services, Section A				
(If not applicable check N/A and proceed to Heightened Scrutiny Section)	N/A			
Section A: Home and Community Based Setting Requirement				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the residential setting include people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities outside of the setting?				
c. Does someone assist the individual in accessing activities in the community?				
d. Are the activities the individual participates in of their choice and reflect their likes, preferences?				
e. Do the activities the individual participates in include family and friends if they choose?				
f. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
g. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?				
h. Is the individual able to come and go in the integrated community at any time they choose?				
i. Is the setting in the community located among other residences that facilitate integration with the greater community?				
j. Do the setting options offered include non-disability-specific settings in an integrated public setting?				
k. Is the setting designed specifically for people with disabilities?				
l. Does the individual receive the majority of their services by on-site staff?				
m. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual currently have a job?				
b. If yes, is the current job in a setting with people who do not have disabilities?				
c. If not, do they want a job?				
d. If they would like to have a job, is someone helping them to get a job?				
e. Do the setting options offered include non-disability-specific settings				

<b>III. Residential Services, Section A</b>				
such as competitive employment in an integrated public setting?				
Comments:				
<b>3. The setting supports control of personal resources. (42CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual have a checking or savings account or other means to control their funds?				
b. Does the individual have access to their funds?				
c. Does the individual control their paycheck if applicable?				
Comments:				
<b>4. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual access medical services in the community?				
b. Does the individual access behavioral services in the community?				
c. Does the individual access therapy services in the community?				
d. Does the individual access social activities in the community?				
e. Does the individual access recreational activities in the community?				
f. Is the setting in the community among other private residences, retail businesses?				
Comments:				
<b>5. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Was the individual given a choice of available options regarding where to live/receive services?				
b. Was the individual given opportunities to visit other settings?				
Comments:				
<b>6. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does staff ask the individual about her/his needs and preferences?				
b. Does the setting reflect the individual's needs and preferences?				
c. Does the current service plan indicate modifications to support the				

<b>III. Residential Services, Section A</b>				
individual? <b>If no proceed to question #7.</b>				
<b>6. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
d. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
e. Are less intrusive methods of meeting the need that were tried initially documented?				
f. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
g. Is the individual/chosen representative(s) aware of how to schedule person-centered planning meetings?				
h. Can the individual explain the process to develop and update their plan?				
i. Was the individual present during their last planning meeting?				
j. Did the last planning meeting occur at a time and place convenient for the individual to attend and of their choice?				
Comments:				
<b>7. The residential setting provided the individuals with the option for a private bedroom. (42CFR 441.301(4)(ii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Was the individual given a choice of a roommate?				
b. Does the individual talk about his/her roommate(s) in a positive manner?				
c. Does the individual express a desire to remain in a room with his/her roommate?				
d. Do married couples share or not share a room by choice?				
e. Does the individual know how s/he can request a roommate change?				
Comments:				
<b>8. The person centered service plan documents the options based on the individual's resources available for room and board. (42CFR 441.301(4)(ii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual's person-centered service plan document the individual's resources were considered when given options for residential room and board?				

<b>III. Residential Services, Section A</b>				
<b>8. The person centered service plan documents the options based on the individual's resources available for room and board. (42CFR 441.301(4)(ii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
b. Does the individual's person-centered service plan document how and what housing resources (e.g., vouchers and other rental assistance options) have been explored?				
c. Does the individual's person-centered service plan document the individual was given the information necessary to make an informed choice regarding housing options?				
Comments:				
<b>9. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Are individuals, who need assistance with grooming, groomed as they desire?				
b. Are individuals' nails trimmed and clean?				
c. Do individuals greet and chat with staff?				
d. Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?				
e. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?				
f. Does staff communicate with individuals in the setting while providing assistance and during the regular course of daily activities?				
g. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?				
h. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.				
i. Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?				
Comments:				
<b>10. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				

<b>III. Residential Services, Section A</b>				
<b>10. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				
<b>11. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Can the individual determine their own activities for the day?				
b. Is the individual limited to a choice of daily activities?				
c. Can the individual choose when to engage in their activities for the day?				
Comments:				
<b>12. The setting optimizes autonomy and independence in making choices regarding with whom the individual interacts. (42CFR 441.301(4)(iv))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?				
b. Does the individual chose who participates in meaningful non-work activities in the community with them?				
c. Are visitors present?				
d. Are visitors restricted to specified visiting hours?				
e. Are visiting hours posted?				
f. Is there evidence that visitors have been present at regular frequencies?				
g. Are there restricted visitor's meeting areas?				
Comments:				
<b>13. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is the individual knowledgeable of other providers who provide the services they receive?				

<b>III. Residential Services, Section A</b>				
<b>13. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
b. Was the individual given a choice of available options regarding where to live?				
c. Was the individual given opportunities to visit other settings?				
d. Does the individual know how and to whom to make a request for a new provider?				
e. Is the individual provided choice regarding what staff provides services and supports?				
f. Are individuals aware of how to make a service request?				
g. Does the individual chose and control their daily schedule?				
h. Does the individual express satisfaction with the services being received?				
i. Are requests for services and supports accommodated as opposed to ignored or denied?				
j. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
Comments:				

III. Residential Services, Section B				
(If not applicable check N/A and proceed to Heightened Scrutiny Section)	N/A			
<b>Section B: Home and Community-Based Setting Requirements for Provider-Owned or Controlled Residential Settings (in addition to the requirements above)</b>				
<b>1. The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement providing similar protections by the individuals receiving services. The individual has at a minimum the same responsibilities and protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity. (42CFR 441.301(4)(vi)(A))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?				
b. Does the individual know his/her rights regarding housing and when s/he could be required to relocate?				
c. Do individuals know how to relocate and request new housing?				
d. 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?				
Comments:				
<b>2. The individuals have privacy in their unit. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?				
b. Can the individual close and lock the bedroom door?				
c. Can the individual close and lock the bathroom door?				
d. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?				
e. Does staff or other residents always knock and receive permission prior to entering an individual's living space?				
f. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?				
g. Are cameras present in the setting?				
h. Does the individual have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?				
i. Is the telephone or other technology device in a location that has space around it to ensure privacy?				
j. Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?				
k. If the individual desires to eat privately, can s/he do so?				

<b>III. Residential Services, Section B</b>				
<b>2. The individuals have privacy in their unit. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
l. Is assistance provided in private, as appropriate, when needed?				
m. Is health information about individuals kept private?				
n. Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?				
Comments:				
<b>3. Any modifications of additional conditions, the setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences. (42CFR 441.301(4)(v)(F))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the current person-centered service plan note any necessary modifications to include a behavior support plan (BSP) if indicated?				
b. Is there documentation to support that the plan was reviewed by the due process review committee (Human Rights Committee) if applicable?				
c. Is there documentation to note if positive interventions and supports were used prior to any plan modifications?				
d. Are less intrusive methods of meeting the need that were tried initially documented?				
e. Does the current plan include a description of the condition that is directly proportional to the assessed need?				
f. Is there data to support ongoing effectiveness of the intervention?				
g. Are there time limits for periodic reviews to determine the ongoing necessity of the modification?				
h. Is there documentation of informed individual consent?				
i. Is there documentation to note the assurances that the intervention will not cause individual harm?				
Comments:				

<b>IV. Heightened Scrutiny</b>				
<b>(If not applicable check N/A and proceed to Guardian/Family Member Comment Section)</b>				
Answer the questions for each applicable setting type to determine if the setting has the qualities of an institution. If such qualities are identified then a plan of action must be implemented to assure compliance with the HCBS settings rule.				
<b>Setting Type: Employment</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
<b>1. The setting is located in or adjacent to a publicly or privately owned-owned facility that provides inpatient treatment.</b>				
<b>2. The setting is on the grounds of, or immediately adjacent to, a public institution.</b>				
<b>3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</b>				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured “community” for individuals with developmental disabilities				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				
<b>Setting Type: Independent Living Skills Development</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
<b>1. The setting is located in or adjacent to a publicly or privately owned-owned facility that provides inpatient treatment.</b>				
<b>2. The setting is on the grounds of, or immediately adjacent to, a public institution.</b>				
<b>3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</b>				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured “community” for individuals with developmental disabilities				

IV. Heightened Scrutiny				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				
<b>Setting Type: Residential</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
<b>1. The setting is located in or adjacent to a publicly or privately owned-owned facility that provides inpatient treatment.</b>				
<b>2. The setting is on the grounds of, or immediately adjacent to, a public institution.</b>				
<b>3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</b>				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured “community” for individuals with developmental disabilities				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				

