

# HOME AND COMMUNITY BASED SETTINGS

## CHECK LIST (CMS-2249-F/2296-F)

Region \_\_\_\_\_ Contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_ Site# \_\_\_\_\_

Service Type (Residential; Day (prevoc, day hab including sheltered work; small work crew)

\_\_\_\_\_ Size/Capacity \_\_\_\_\_

Section I: HCBS CRITERIA	YES	NO	If YES, List Evidence to Support/If NO, Explain Why
<p>1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.</p> <ul style="list-style-type: none"> <li>- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?</li> <li>- Can people regularly interact directly with other members of the community who are not paid to do so?</li> </ul>			
<p>2. The setting is selected from an array of options that are non-disability specific (includes private room in home)</p> <ul style="list-style-type: none"> <li>- The setting is selected by people from among residential and day options that include generic settings.</li> </ul>			

<ul style="list-style-type: none"> <li>- Do people choose their rooms (if residence) or the area they work in, etc.</li> </ul>			
<p>3. Ensures the right to privacy, dignity and respect, and freedom from coercion and restraint.</p> <ul style="list-style-type: none"> <li>- Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</li> <li>- Do people have a place and opportunity to be by themselves during the day?</li> <li>- Is informed consent obtained PRIOR TO implementation of intrusive medical or behavioral interventions?</li> <li>- For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</li> <li>- For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</li> <li>- Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?</li> </ul>			
<p>4. Optimizes independent initiative, autonomy, choice making (daily activities, environments, interaction).</p> <ul style="list-style-type: none"> <li>- Do people receive only the level of support needed to make their own decisions?</li> <li>- Do people exercise their rights as citizens to: voice their opinions, vote, move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?</li> </ul>			

<ul style="list-style-type: none"> <li>- Do people choose their daily activities, their schedule, locations of the activities?</li> </ul>			
<p>5. Facilitates choice regarding services, supports, and providers.</p> <ul style="list-style-type: none"> <li>- Do people select the services/supports that they receive? (generic community services e.g., barber, restaurant, etc.)</li> <li>- Do people select the provider from among an array of options?</li> </ul>			

<b>Section II: RESIDENTIAL SETTING SPECIFIC</b>	<b>YES</b>	<b>NO</b>	<b>If YES, List Evidence to Support/If NO, Explain Why</b>
<p>1. Property can be rented, owned, or occupied under tenant law or there is a lease agreement with the provider for each participant.</p> <ul style="list-style-type: none"> <li>- Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</li> <li>- Do people have the same responsibilities that other tenants have under landlord/tenant laws?</li> </ul>			
<p>2. Units are lockable by the individual and only necessary staff have keys.</p> <ul style="list-style-type: none"> <li>- Each person living in the unit has a key or keys for that unit.</li> <li>- Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</li> </ul>			

<p>3. Individuals sharing units have a choice of roommates in the setting.</p> <ul style="list-style-type: none"> <li>- Do people choose their roommates?</li> </ul>			
<p>4. Individuals are free to furnish and decorate sleeping and living units.</p> <ul style="list-style-type: none"> <li>- Does each person pick the decorative items in their own private bedroom?</li> <li>- Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?</li> </ul>			
<p>5. Individuals are free and supported to control their own schedules and activities.</p> <ul style="list-style-type: none"> <li>- Do people choose their daily activities, their schedule, locations of the activities as opposed to being “told” what they are to do?</li> <li>- Do people receive support needed to make choices about the kinds of work and activities they prefer?</li> <li>- Is there evidence of personal preference assessments to identify the kinds of work and activities people want?</li> </ul>			
<p>6. Individuals are free to have visitors of their choosing at any time.</p> <ul style="list-style-type: none"> <li>- Are people supported in having visitors of their own choosing and to visit others frequently?</li> <li>- Are people satisfied with the amount of contact they have with their friends?</li> </ul>			

<p>7. The setting is physically accessible to the individual.</p> <ul style="list-style-type: none"> <li>- Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</li> </ul>			
<p>8. If modifications or restrictions to the above (1-7) are assessed to be NO, is all of the following evidence documented in person-centered plan?</p> <ul style="list-style-type: none"> <li>- Identified need by a specific and individualized assessment</li> <li>- Positive interventions and supports used prior to the modification</li> <li>- Less restrictive methods of meeting the need that have been tried and did not work</li> <li>- Clear description of the condition that is directly proportionate to the modification</li> <li>- Data to be collected to measure the effectiveness of the modification</li> <li>- Established time limits for review for the continued need for the modification</li> <li>- Informed consent of the individual or legally authorized representative</li> <li>- Assurances that interventions and supports do not cause harm</li> </ul>			

Section III: SETTINGS THAT ARE NOT HOME AND COMMUNITY BASED	YES	NO	Comments
1. Is the setting a skilled nursing setting?			
2. Is the setting an institution or ICF/IDD?			
3. Is the setting a hospital?			
4. Does the setting otherwise have qualities of an institutional setting (i.e., does the setting isolate individuals from the broader community)?			

**Any Yes in Section III = Non-compliance with HCBS Rule**

**Recommendations regarding remediation of any setting not meeting the criteria above:**

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**Signature** **Date**