

HCBS Provider Readiness Tool for Residential Settings Habilitation Supports Waiver

Introduction to Provider Readiness Tool

The purpose of the provider readiness tool is to provide assistance in achieving compliance with the Home and Community-Based Services (HCBS) Settings Final Rule. The effective date of the Final Rule is March 17, 2014. CMS has provided the states with a 5-year time frame for implementation of their transition plans. Please note that Michigan has established a deadline of September 30, 2018 for compliance with the HCBS Final Rule.

CMS issued a fact sheet dated January 10, 2014 with a summary of key provisions of the Final Rule. This document includes the following information for the overview of the settings provision.

“The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

Any modification to these additional requirements for provider-owned or controlled home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.”

CMS has provided the additional following guidance regarding plan modifications:

Documentation in the person-centered service plan of modifications of the additional requirements includes:

- Specific individualized assessed need;
- Prior interventions and supports including less intrusive methods;
- Description of condition proportionate to assessed need;
- Ongoing data measuring effectiveness of modification;
- Established time limits for periodic review of modifications;
- Individual's informed consent;
- Assurance that interventions and supports will not cause harm.

Additional information regarding the HCBS Final Rule including Michigan's Statewide Transition Plan and survey documents is available at the website of the Michigan Department of Health and Human Services. The website address is www.michigan.gov/mdhhs. Click on Assistance Programs, then Health Care Coverage and followed by Home and Community-Based Services Program Transition.

Note: This HCBS provider readiness tool for residential settings is provided for informational purposes only. It is not intended to be the sole source of guidance in achieving compliance with the HCBS Final Rule.

Section 2				
Physical Location and Operations of Residential Living Supports		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change
1. Is the residence separate from, outside of the building, and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Institute for Mental Disease (IMD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • If the answer is no, then the setting is presumed not to be home- and community-based. Please see Charts 2 and 3 from Michigan’s Statewide Transition Plan in the appendix to this tool regarding settings presumed not to be home- and community-based and the heightened scrutiny process. 		
2. Is the residence located away from multiple home settings (for people with disabilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • If the answer is no, then the setting must have the characteristics listed on Tier 4 (residential) of Chart 2 from the Statewide Transition Plan. • If the home is near other disability specific homes, then indicate how an individual avoids isolation and is able to access their community and has choice of their living situation. • Examples include how an individual is able to interact with the broader community including opportunities for visits with family and/or friends, volunteering, religious services, community activities, working and social/recreational activities. • Evidence may include documentation of choices offered during the Person Centered Planning process including pre-planning. 		

<p>3. Does the residence offer a continuum of care? Note: Continuum of care in this context refers to whether individuals leave their home to receive services and supports in their community or whether all or most of their services and supports come to them within their homes.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • If the answer is yes, then the setting must have the characteristics listed on Tier 4 (residential) of Chart 2 from the Statewide Transition Plan. 		
<p>4. Can people with different types of disabilities and individuals without disabilities live in the home?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • If the answer is no, then the setting must have the characteristics listed on Tier 4 (residential) of Chart 2 from the Statewide Transition Plan. • Evidence will be gathered through observation and/or interview with individual and/or provider to determine if the home allows persons with different types of disabilities such as mental illness or developmental disabilities, or persons without disabilities to reside in the home. • Evidence may include documentation of choices offered during the Person Centered Planning process. • If the home is specific to persons with disabilities, then indicate how an individual is able to interact with the broader community including opportunities for visits with family and/or friends, volunteering, religious services, community activities, working and social/recreational activities. • Modify license to include accepting different types of disabilities. 		

<p>5. Is the residence located outside of a building and off the campus of an education program, school or child-caring institution?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• If the answer is no, then the setting is presumed not to be home- and community-based. Please see Charts 2 and 3 from Michigan’s Statewide Transition Plan in the appendix to this tool regarding settings presumed not to be home- and community-based and the heightened scrutiny process.• If the answer is yes, then the setting must have the characteristics listed on Tier 4 (residential) of Chart 2 from the Statewide Transition Plan.		
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Section 3

Community Integration of Residential Setting		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change
6. Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Evidence will be gathered through observation and/or interview with the individual and/or provider. 	<ul style="list-style-type: none"> Indicate how an individual is able to access their community and avoid isolation. Examples include how each individual is able to interact with the broader community including opportunities for visits with family and/or friends, volunteering, religious services, community activities, working and social/recreational activities. The person may have their own calendar showing the plans they have made. Staff provide supports in assisting the person in planning their day, week, month, etc. 	
7. Does the residence allow friends and family to visit without rules on hours or times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Evidence will be gathered through observation and/or interview with the individual and/or provider. Individuals must be allowed to have visitors at any time. Any restrictions to this right will require a modification in the individual's Person Centered Plan due to health or safety needs. 	<ul style="list-style-type: none"> The provider's policies should specifically state that individuals may have visitors of their choosing at any time. 	

Section 4

Individual Rights Within Residential Setting		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change
8. Does each individual have a lease for the residential setting? Note: A residential care agreement is not a lease. If individuals only have residential care agreements you should mark “No” to this question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> MDHHS and LARA have determined that the BCAL-3266 Form meets the requirements of the HCBS Final Rule if the licensee also provides information on discharge processes and complaints to the individual. 	<ul style="list-style-type: none"> Please refer to the joint guidance document from MDHHS and LARA regarding residency agreement and state landlord tenant law. MDHHS and LARA have also created a supplemental document known as the “Summary of Resident Rights: Discharges and Complaints.” Licensees may still use their own residency agreements if the residency agreement outlines the relevant discharge and complaint processes and meets all applicable state and federal requirements. A lease should be in effect for people living in an apartment/home which is not a licensed setting. 	
9. Does the lease explain how an eviction happens and what to do? Note: For example, a landlord might tell the renter to move out because the person did not pay their rent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please refer to information provided above under Question 8.		

<p>10. Have individuals been provided with information on how to request new housing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. The discussion should include actions taken if the individual indicates that they no longer want to live at the home such as informing the supports coordinator and guardian, if applicable, of the desire to move. • Evidence may include documentation of choices offered during the Person Centered Planning process including pre-planning and/or visits to the home prior to move in. 	<ul style="list-style-type: none"> • Provide materials in a service information packet to the person that includes housing resource organizations in the area. • Place links on the provider’s website to housing resources. 	
<p>11. Is information about filing a complaint provided in a way the individual can understand and use?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation of Recipient Rights information that should be available in every residential setting. • Discussion should include ways that an individual’s concerns are addressed. 		
<p>12. Do individuals know who to call to file an anonymous complaint?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation of Recipient Rights information that should be available in every residential setting. • Discussion should include ways that an individual’s concerns are addressed. 	<ul style="list-style-type: none"> • Provide evidence that information about anonymous complaints are provided in complaint materials and residency agreement. • Conduct satisfaction surveys. 	<ul style="list-style-type: none"> • Do periodic reviews with people teaching them again how to resolve issues and make a complaint so they can find resolution to problems.

<p>13. Do the staff talk about individuals' personal issues in private? Note: In private means that staff do not talk about individuals' personal issues in front of other people.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Staff are prohibited from discussing personal issues related to individuals in public areas of the home at all times. • Evidence can be provided by provider personnel policies on employee standards of conduct. 	<ul style="list-style-type: none"> • Provide documentation of training to staff on how to support and teach privacy such as discussing issues separate from others, closing doors, knocking and asking to enter, etc. 	
<p>14. Do individuals have access to their personal funds? Note: Access means the individual's money is available to them. If "No," why? <hr/> <hr/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual's access to their personal funds are necessary, a modification in the individual's Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Provide documentation/authorizations on how the person wants assistance, if any, with their personal funds. 	<ul style="list-style-type: none"> • Work towards everyone carrying their own money as much as they are able to manage always moving towards increasing the amount and independence.
<p>15. Do individuals have control over their personal funds? Note: Control means the individual can decide how his or her money is spent. If "No," why? <hr/> <hr/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual's control over their personal funds are necessary, a modification in the individual's Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Teach people how to safeguard their own money and choose options to keep personal funds locked. • Provide training to persons served. 	
<p>16. Do individuals have a place to store and secure their belongings away from others?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual's access to their belongings are necessary, a modification in the individual's Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Assist people in learning to safeguard their funds and assist them in choosing how to keep them locked. 	

<p>17. Do individuals pick the agency who provides their residential services and supports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • Evidence may include documentation of choices offered during the Person Centered Planning process. 	<ul style="list-style-type: none"> • Document any visits, meetings and/or interviews with providers. 	
<p>18. Do individuals pick the direct support workers (direct care workers) who provide their services and supports?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. • The discussion should include ways in which an individual can indicate their preference of worker within a setting. • Evidence may include documentation of choices offered during the Person Centered Planning process. 	<ul style="list-style-type: none"> • Include people served in the interview process to the extent possible and document their response. 	
<p>19. Can individuals change their services and supports as they wish?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. • Evidence may include documentation of choices offered during the Person Centered Planning process. • The discussion should include ways in which an individual can indicate that they wish to change their supports and services. 	<ul style="list-style-type: none"> • Conduct monthly meetings with the people receiving supports and ask for suggestions for improvements, satisfaction, etc. 	
<p>20. Are individuals allowed to participate in legal activities – for example, voting in public elections if they are 18 years or older, drinking alcohol if they are 21 years or older? If “No,” why? _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • Indicate how an individual is able to access their community. Examples include how an individual is able to interact with the broader community including opportunities for visits with family and/or friends, volunteering, religious services, community activities, working, social/recreational activities and voting. • If restrictions on an individual’s ability to participate in legal activities are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Look for a modification in the Person Centered Plan. 	

Section 5 (Part A)

Individual Experience Within Residential Setting		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change
21. Did the individual have choices of where to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. • The discussion should include actions taken if the individual indicates that they no longer want to live at the residential setting such as informing the supports coordinator of the individual’s desire to move. • Evidence may include documentation of choices offered during the Person Centered Planning process including pre-planning and/or visits to the residential setting prior to move in. 	<ul style="list-style-type: none"> • Document any visits, phone calls, meetings with roommates, etc. prior to moving in. Include why the individual chose where they live in the Person Centered Plan or provider assessment. 	
22. Did the individual choose to live at this residential setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. • The discussion should include a description of how an individual makes their choices known. • Evidence may include documentation of choices offered during the Person Centered Planning process including pre-planning and/or visits to the residential setting prior to move in. 	<ul style="list-style-type: none"> • Please see guidance in Question 21. • If this was an unplanned/crisis move-in, then document that the person is continuing to search for other housing options and the ongoing assistance provided. 	
23. If the individual lives with other people, did the individual pick their housemates? If “No,” why? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through discussion with the individual and/or provider. • The discussion should include a description of how an individual makes their choices known. • Evidence should include documentation of choices offered during the Person Centered Planning process including pre-planning. 	<ul style="list-style-type: none"> • Document the options available to the individual and meetings with roommates and why they are choosing to live together. If it is due to not having enough money, show how the provider is teaching the individual on budgeting to save to move if they choose. 	

<p>24. If the individual lives with other people, did the individual have the option of having their own bedroom?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through interview with the individual and/or provider. • Evidence should include documentation of choices offered during the Person Centered Planning process including pre-planning. 	<ul style="list-style-type: none"> • Please see guidance in Questions 21, 22 and 23. • Document options available and their choice. 	
<p>25. If the individual lives with other people, did the individual pick their roommate(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable to the individual. The individual does not have a roommate.	<ul style="list-style-type: none"> • Evidence will be gathered through interview with the individual and/or provider. • The discussion should include a description of how an individual makes their choices known. • Evidence should include documentation of choices offered during the Person Centered Planning process including pre-planning. 	<ul style="list-style-type: none"> • Document how the person chose to live there. Ensure visits occurred prior to moving in such as coming to dinner or meet and greet meeting. 	
<p>26. Can individuals close and lock their bedroom door?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • If there is no lock on an individual’s door or it must remain open due to health and safety reasons, there must be documentation that supports the need for such measures through a plan modification. 	<ul style="list-style-type: none"> • Install locks on all bedroom and bathroom doors. • If No, this exception to the HCBS Final Rule should be identified and documented in the individual’s Person-Centered Plan or assessment plan. Please refer to the joint guidance document from MDHHS and LARA for additional guidance regarding this exception. • See MDHHS/LARA Joint Guidance document, section on lockable doors. 	

<p>27. Can individuals close and lock their bathroom door?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation of locks on bathroom doors. • If an individual is physically incapable of closing and locking the bathroom door, then an explanation of how their privacy is assured should be given. Examples include closing the door fully when receiving assistance and monitoring other residents so that they do not bother the individual. • If there is no lock on the bathroom door or it must remain open due to health and safety reasons, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Please refer to information provided above under Question 26. • See MDHHS/LARA Joint Guidance document, section on lockable doors. 	
<p>28. Do staff ask before entering individuals’ living areas (bedroom, bathroom)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Staff are required to ask before entering an individual’s private living area. • Evidence can be provided by provider personnel policies on employee standards of conduct. 	<ul style="list-style-type: none"> • Document “privacy” training with all employees. Include this topic in staff meetings as ongoing training. 	
<p>29. Can individuals choose what they eat?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to and/or choice of food are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Provider should establish a written policy which allows individuals to choose what they eat. • Document menu planning with the people supported. Include coupon cutting, sales at local grocery stores, purchasing food together, cooking together, etc. Teach budgeting that it may be more cost effective and enjoyable to eat shared meals. Keep other food items available for when individuals desire other eating options. 	

<p>30. Have individuals agreed to the restrictions on food in their Person Centered Plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • The Person Centered Plan should include the individual’s agreement to the restrictions on food. • If restrictions on an individual’s access to and/or choice of food are necessary due to health and safety reasons, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • If a person has a special diet, it must be noted in the Person Centered Plan and included in the menu planning. 	
<p>31. Can individuals choose to eat alone or with others?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to and/or choice of eating alone or with others are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Provider should establish a written policy which ensures individuals can choose to eat alone or with others. 	
<p>32. Do individuals have access to food at any time? Note: Access means the individual has a way of getting food whenever they want.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to food at any time are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have access to food at any time. • During menu planning, include a discussion on items to purchase and have available for snacks or if someone does not like the meal, misses the meal, etc. 	
<p>33. Have individuals agreed to the restrictions on food access in their Person Centered Plans? Note: Access means the individual has a way of getting food whenever they want.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • The Person Centered Plan should include the individual’s agreement to the restrictions on food access, if any. • If restrictions on an individual’s access to food are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 		

<p>34. Can individuals choose what clothes to wear?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Individuals must have the freedom to dress as they choose. • If restrictions on an individual’s ability to choose the clothes they wear are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. • If a person is incapable of voicing this preference, describe how their preference is considered. 	<ul style="list-style-type: none"> • Providers should develop a culture in which persons served can dress how they want. • Training should be provided to staff on how to teach people to choose clothing which is weather appropriate. 	
<p>35. Do individuals have access to a communication device? For example, a cell phone, landline phone, a personal computer, a tablet, or an augmentative and alternative communication device. This means the individual can use it to communicate with people they want to contact. This also means the individual can use it if people want to contact them. Note: Access means the individual has a way of getting and using a communication device whenever they want.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Individuals must have the ability to access communication devices. • If restrictions on an individual’s ability to use the phone are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Include in provider service information that people should have their own phone if they do not want to share with others. 	
<p>36. Can the individual use the communication device in a private place? Note: In private means the individual has a place in their house to use the communication device without anyone around.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Individuals must have the ability to communicate with others of their choice in a private manner. • If restrictions on an individual’s ability to use the phone are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can use the communication device in a private place. • Create an area where people can use a shared phone with privacy. Teach roommates to provide privacy to each other. 	

<p>37. Do individual bedrooms offer a telephone jack, wireless internet or an ethernet jack?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Individuals must have the ability to communicate with others of their choice in a private manner. • If restrictions on an individual’s ability to use the phone are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 		
<p>38. Is the inside of the residence free from cameras, visual monitors or audio monitors?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Spaces in the homes of individuals should be free of cameras, visual monitors and audio monitors. • If cameras, visual monitors or audio monitors are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required which does not conflict with recipient rights. 		
<p>39. If an individual needs help with personal care, does the individual receive this support in privacy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Provide an explanation of how an individual’s privacy is assured. Examples include closing the door fully or partially and monitoring other persons so that they do not interfere with the individual’s privacy. 	<ul style="list-style-type: none"> • Evidence can be provided by provider personnel policies on employee standards of conduct. • Document “privacy” training with both employees and people living at the residential setting. 	
<p>40. Do individuals (with or without support) arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through interview with the individual if possible and/or provider. • Other evidence could be copies of daily calendar/schedule and/or activity log. • If immediate requests to come and go cannot be granted due to staffing, then evidence should exist that plans are made to honor requests when staffing permits. • If restrictions on an individual’s ability to arrange and control their own schedule are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Assist individuals to maintain a calendar/schedule to document the choice they made in organizing their life activities. 	

Section 5 (Part B)

Individual Experience Within Residential Setting		Required Evidence of Compliance with HCBS Rules	Guidance on Achieving Compliance and Potential Actions	Guidance on Exemplary Practice or Transformational Change
41. Do individuals have full access to the kitchen? Note: Access here means that the individual has a way of getting into the kitchen and using it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the kitchen are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to the kitchen. Note: it is very important to include the people living there in all aspects of daily living including menu planning, grocery shopping, budgeting, meal preparation, healthy eating, etc. 	
42. Can individuals access the kitchen at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the kitchen are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can access the kitchen at any time. 	
43. Do individuals have full access to the dining area? Note: Access means that the individual has a way of getting into the dining area and using it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the dining area are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to the dining area. 	
44. Can individuals access the dining area at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the dining area are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can access the dining area at any time. 	

<p>45. Do individuals have full access to the laundry area? Note; Access means that the individual has a way of getting to the laundry area and using it.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the laundry area are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to the laundry area. 	
<p>46. Can individuals access the laundry area at any time?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the laundry area are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can access the laundry area at any time. 	
<p>47. Do individuals have full access to the comfortable seating area? Note: Access means that the individual has a way of getting into the comfortable seating area and using it.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation of the residence. Examples may include a “homelike” atmosphere, comfortable, clean, uncluttered, and individualized furnishings and decoration. Are there enough seats for everyone in the home? • If restrictions are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to the comfortable seating area. 	
<p>48. Can individuals access the comfortable seating area at any time?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the seating area are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can access the comfortable seating area at any time. 	

<p>49. Do individuals have full access to the bathroom? Note: Access means that the individual has a way of getting into the bathroom and using it.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the bathroom are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to the bathroom. 	
<p>50. Can individuals access the bathroom at any time?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s access to the bathroom are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals can access the bathroom at any time. 	
<p>51. Is there space within the home for individuals to meet with visitors and have private conversations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s ability to meet with visitors and have private conversations are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Create an area where anyone can have privacy and teach everyone in the home to honor that area and take turns using it. 	

<p>52. Can individuals choose to come and go from the home when they want?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through interview with the individual and/or provider. Individuals should be able to choose to come and go from the home when they want including with direct support staff if needed. • Other evidence could be copies of daily calendar/schedule and/or activity log. • If immediate requests to come and go cannot be granted due to staffing, and a modification exists in the individual’s person centered plan requiring staff support then evidence should exist that plans are made to honor requests when staffing permits. • If restrictions on a resident’s ability to come and go are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Provider needs to ensure that Person Centered Plan addresses this issue as well as authorizations signed by the person. 	
<p>53. Can individuals move inside and outside the home when they want?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • If restrictions on an individual’s ability to move inside and outside the home are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have the ability to move inside and outside the home when they want. • Providers need to ensure that the Person Centered Plan and authorizations are signed to include any modifications. 	
<p>54. Has the individual agreed to the restrictions in accessing common areas in the home in the individual’s Person Centered Plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. • The Person Centered Plan must include the individual’s agreement to the restrictions, if any, for accessing common areas. • If restrictions on an individual’s access to common areas in the home are necessary, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Providers should establish a written policy which ensures individuals have full access to common areas in the home. 	

<p>55. Is the home physically accessible to all individuals? For example, does the home have grab bars, shower chairs or wheelchair ramps if needed? Note: physically accessible means individuals are able to do what they want and need around the house as independently as possible.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or back up from assessments or treatment plan that describe the need for home modifications. • Examples include wheelchair ramps, accessible doors, toilets, sinks and tubs/showers. • If there are restrictive/intrusive measures that limit accessibility, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 		
<p>56. Can individuals reach and use the home’s appliances as they need?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation and/or interview with the individual and/or provider. 		
<p>57. Is the home free of gates, locked doors or other ways to block individuals from entering or exiting certain areas of their home? If “No,” why? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> For health reasons that individuals have agreed upon in their Person Centered Plans. <input type="checkbox"/> For safety reasons that individuals have agreed upon in their Person Centered Plans. <input type="checkbox"/> For other reasons that must be documented in the Person Centered Plan (please specify) <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Evidence will be gathered through observation of the residential setting. • If there are restrictions on entering or exiting certain areas of the home, a modification in the individual’s Person Centered Plan due to health or safety needs is required. 	<ul style="list-style-type: none"> • Provider should provide a written statement that the home is free of gates, locked doors or other ways to block individuals from entering or exiting certain areas of their home. 	

<p>58. Is accessible transportation available for individuals to make trips to the community? Note: Accessible transportation means having transportation services going where and when one wants to travel.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Evidence shall be provided by the provider that vehicles and employees are available for accessible transportation. • Information related to other means of transportation (bus schedules, taxi numbers etc.) will be easily accessible to individuals. 	<ul style="list-style-type: none"> • Providers should have a process as to how people served can organize transportation such as a provider vehicle, community transportation, Uber, etc. Use of a calendar would show availability of provider vehicle. 	
<p>59. If public transit is limited or unavailable, do individuals have another way to access the community: Note: A means of entering a place.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Evidence shall be provided in the provider’s policies as to how individuals have access to the community if public transit is limited or unavailable. 		