

HCBS Settings Assessment Form

Date _____

Provider Name _____

Provider Type _____

Location _____

of Medicaid Recipients Served _____

Licensing or Certification Agency _____

Characteristics expected to be present in all HCBS:	
Was the client given a choice regarding where to live/receive services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client able to choose what activities to participate in outside of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client employed in the larger community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client share a room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client given a choice of roommates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do married couples share or not share a room by choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client able to choose his or her own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have control over and access to his or her personal resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the client choose what, when, where and with whom to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the client's preferences incorporated into the services and supports provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the client choose the provider of services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have access to make private telephone calls/tests/email at his or her convenience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client free from coercion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the client has concerns, is s/he comfortable discussing them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the setting facilitate integration of clients within the broader community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client able to receive visitors when and where s/he wants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do State laws, regulations, requirements or facility protocols or practices limit clients' choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the setting support the client's comfort, independence and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the setting physically accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are supports or adaptations available for the clients who need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are clients able to come and go at will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do clients have access to public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Characteristics expected to be present in all HCBS (cont'd.):	
If public transportation is limited, are other resources provided to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client's PHI and other personal information kept private?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are client's who need assistance to dress given choices and respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does staff communicate with clients in a respectful and dignified manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do clients have privacy in their living and sleeping spaces and toileting facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is furniture arranged as the clients prefer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can bedroom and bathroom doors be locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do staff or other residents knock before entering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are cameras present in the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are clients able to furnish and decorate their sleeping and/or living units as they desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a lease or written residency agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client know his or her rights regarding housing and when s/he could be required to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do client's know how to relocate and request new housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have adequate staff to accommodate specific, spontaneous request from residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No