

APPENDIX I

On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	
Name/Address of setting:	
Contact at the setting:	
Visited With:	
Surveyor Name:	
Date Completed:	

What type of facility license, certification/registration, etc. does the setting possess? (Mark the appropriate box)

<input type="checkbox"/>	Community Integrated Living Arrangement - License	<input type="checkbox"/>	Long Term Care Facility
<input type="checkbox"/>	Developmental Training - Certificate	<input type="checkbox"/>	Illinois Department of Public Health Certificate/License
<input type="checkbox"/>	Department of Children and Family Services - License	<input type="checkbox"/>	Adult Day Services – Certification by DoA

Which of the following best describes the setting: (Mark the appropriate box)

<input type="checkbox"/>	Child Group Home	<input type="checkbox"/>	Site-Based Permanent Supported/Supportive Housing
<input type="checkbox"/>	Day Habilitation-Facility Based:	<input type="checkbox"/>	Supportive Living Facility (SLF)
<input type="checkbox"/>	Residential Habilitation	<input type="checkbox"/>	Supported Residential
<input type="checkbox"/>	Comprehensive Care in Res. Setting	<input type="checkbox"/>	Community Living Facility
<input type="checkbox"/>	Community Integrated Living Arrangement (CILA)	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Adult Day Services	<input type="checkbox"/>	

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA
Public Comment Received?				
Does the setting provide both on-site and off-site services?				

Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution?				
Is the setting a farmstead, a gated community, or part of a multi-setting campus?				

Category 1

The setting/home is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?					
2. Does the setting utilize access to the community as part of its plan for services?					
3. Do individuals have an opportunity to seek employment in competitive integrated settings?					
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?					
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?					

Category 2

The setting gives individuals the right to select from among various setting options, including non-disability specific settings.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?					
7. Does the person centered plan identify various setting options provided to the					

participant?					
8. Does the person centered plan identify the individuals' choice to receive services at this setting?					
9. Does the person centered plan identify non-disability setting options?					
10. Does the person centered plan identify safety concerns that impact options or choice?					
11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?					
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?					

Category 3

The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?					
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?					
15. Does the setting post individuals' rights in a visible location?					
16. Have the individuals been informed of their rights and have they received a written copy of their rights?					
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?					

18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?					
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?					
20. Does the setting offer a secure place to store individuals' personal belongings?					
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?					
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?					
23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?					
24. Does the setting utilize restraints only in accordance with the Mental Health Code?					
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?					

Category 4

The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?					
27. Can individuals choose with whom to interact?					
28. Can individuals choose which activities to participate in?					
29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?					
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?					
31. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?					
32. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?					

Category 5

The setting facilitates individual choice regarding services and supports, and who provides them.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
33. Does the setting inform individuals/family members that they have a choice to modify their services?					
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?					
35. Does the setting have a complaint/grievance policy?					
36. Does the setting inform individuals how to file a complaint/grievance?					
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?					
38. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?					
39. NON-RESIDENTIAL ONLY: Does the setting have policies that support individuals' choice of services that meet their needs and preferences?					

Category 6

The setting is a physically accessible setting.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?					
41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?					
42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?					

Category 7 (RESIDENTIAL ONLY)

This setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
43. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?					
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?					

Category 8 (RESIDENTIAL ONLY)

The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
45. Do individuals have a choice regarding roommates or private accommodations?					
46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?					
47. Can individuals choose their own bedroom furniture and accessories?					

Category 9 (RESIDENTIAL ONLY)

The setting provides for options for individuals to control their own schedules including access to food at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired?					
49. Do meal schedules allow for some flexibility in eating times?					
50. Do individuals have the option of eating alone?					

Category 10 (RESIDENTIAL ONLY)

The setting provides individuals the freedom to have visitors at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?					
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?					
53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?					
54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?					

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Follow Up/Next Steps _____

Notes _____

Assessment Completed By _____ Date _____

Facility/Site _____

Reviewed By _____ Signature _____ Date _____

To assist with interviews with individuals/residents/customers a list of the following questions has been created. These questions are by no means mandatory or universal in usage during an on-site visit. These examples are meant to provide direction in asking relevant and meaningful questions. In addition, within the second section below are questions that could be pertinent during a record review.

“Do you know how to access the community, such as special transportation providers, bus/van services or other transportation providers? Or do you know who to ask for this information?” Matches with Question #1.

“Are you allowed visitors?” Matches with Question #4.

“Are you able to access all of the common areas of the building both inside and outside?” Matches with Question #5.

“If the resident is currently in a double occupancy apartment: Do you have a choice for a private unit if you want on and can afford it?” Matches with #12.

“If you require assistance with personal care, such as bathing, is this done in the privacy of your apartment?” Matches with #19.

“Are you allowed to select the clothing you wear and style/cut your hair the way you like?” Matches with #22.

“Are you allowed to interact with whomever you want?” Matches with #27.

“Are you allowed to choose activities for yourself?” Matches with #28.

“Did you select your furniture and decorations?” Matches with #47.

“Are three meals a day and snacks available? Can you keep food in your apartment?” Matches with #48.

RECORD REVIEW

Is the Service Plan signed/reviewed by the resident or his/her designated representative? Verify resident’s rights are included in the resident contract.

Is the Service Plan individualized to the resident’s assessed needs? If safety interventions are required, such as alarmed delayed exit doors, is this identified in the resident service plan?

If the resident requires specialized communication to interact with staff, such as interpreter or Braille, is this identified in the service plan?

If the resident’s Service Plan includes restrictions regarding access to the community, is this appropriate based on the resident’s needs and does it allow him/her the highest level of independence while maintaining safety?

