Characteristics that are expected to be present in all home and community-based settings and associated traits that individuals in those settings might experience:

1. The setting was selected by individuals.
   a. Do you give individuals the choice of available options regarding where to live?
      ☐ Yes □ No
   b. Do you give individuals opportunities to visit other settings?
      ☐ Yes □ No
   c. Do the settings reflect an individual’s needs and preferences?
      ☐ Yes □ No

2. Individuals participate in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.
   a. Do individuals regularly access the community and would they be able to describe how they access the community?
      ☐ Yes □ No
   b. Do individuals have a choice of who assists in facilitating the activity and where they go?
      ☐ Yes □ No
   c. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?
      ☐ Yes □ No
   d. Do individuals come and go at any time?
      ☐ Yes □ No
   e. Do individual talk about activities occurring outside of the setting?
      ☐ Yes □ No

3. Individuals are employed or active in the community outside of the setting.
   a. Do individuals work in integrated community settings?
      ☐ Yes □ No
   b. If an individual would like to work, is there activity that ensures the option is pursued?
      ☐ Yes □ No
   c. Do individuals participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?
      ☐ Yes □ No

4. Individuals have their own bedrooms or share a room with a roommate of choice.
   a. Do you give individuals a choice of a roommate?
      ☐ Yes □ No
   b. Do individuals talk about their roommate(s) in a positive manner?
      ☐ Yes □ No
   c. Do individuals express a desire to remain in a room with their roommate?
      ☐ Yes □ No
   d. Do married couples share or not share a room by choice?
      ☐ Yes □ No
   e. Do individual know how they can request a roommate change?
      ☐ Yes □ No

5. Individuals choose and control a schedule that meets their wishes in accordance with a person-centered plan.
   a. Do you make clear to individuals they are not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?
      ☐ Yes □ No
   b. Does the individual’s schedule vary from others in the same setting?
      ☐ Yes □ No
c. Do individuals have access to such things as a television, radio, and leisure activities that interest them and can they schedule such activities at their convenience?
☐ Yes  ☐ No

6. Individuals control their personal resources.
   a. Do individuals have a checking or savings account or other means to control their funds?
      ☐ Yes  ☐ No
   b. Does the individual have access to their funds?
      ☐ Yes  ☐ No
   c. Do you make clear to individuals they are not required to sign over their paychecks to the provider?
      ☐ Yes  ☐ No

7. Individuals choose when and what to eat.
   a. Do individuals have a meal at the time and place of their choosing?
      ☐ Yes  ☐ No
   b. Can individuals request an alternative meal if desired?
      ☐ Yes  ☐ No
   c. Are snacks accessible and available anytime?
      ☐ Yes  ☐ No
   d. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?
      ☐ Yes  ☐ No

8. Individuals choose with whom to eat or to eat alone.
   a. Are individuals required to sit at an assigned seat in a dining area?
      ☐ Yes  ☐ No
   b. Do individuals converse with others during meal times?
      ☐ Yes  ☐ No
   c. Do individuals have the choice to eat privately?
      ☐ Yes  ☐ No

9. Individual choices are incorporated into the services and supports received.
   a. Does staff ask individuals about their needs and preferences?
      ☐ Yes  ☐ No
   b. Do individuals know how to make a service request?
      ☐ Yes  ☐ No
   c. Do individuals express satisfaction with the services being received?
      ☐ Yes  ☐ No
   d. Do you accommodate requests for services and supports?
      ☐ Yes  ☐ No
   e. Do you facilitate choice in a manner that leaves individuals feeling empowered to make decisions?
      ☐ Yes  ☐ No

10. Individuals choose from whom they receive services and supports.
    a. Can individuals identify other providers who render the services they receive?
       ☐ Yes  ☐ No
    b. Do individuals express satisfaction with the provider selected or have they asked for a meeting to discuss a change?
       ☐ Yes  ☐ No
    c. Do individuals know how and to whom to make a request for a new provider?
       ☐ Yes  ☐ No

11. Individuals have access to make private telephone calls/text/email at the individual’s preference and convenience.
    a. Do individuals 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?
       ☐ Yes  ☐ No
    b. Is the telephone or other technology device in a location that has space around it to ensure privacy?
       ☐ Yes  ☐ No
    c. Does the individual’s room have a telephone jack, WI-FI or ETHERNET jack?
       ☐ Yes  ☐ No
12. **Individuals are free from coercion.**
   a. Is information about filing a complaint posted in an obvious location and in an understandable format?
      ☐ Yes ☐ No
   b. Are individuals’ comfortable discussing concerns?
      ☐ Yes ☐ No
   c. Do individuals know the person to contact or the process to make an anonymous complaint?
      ☐ Yes ☐ No
   d. Can individuals file an anonymous complaint?
      ☐ Yes ☐ No
   e. Do individuals in the setting have different haircut/hairstyle and hair color?
      ☐ Yes ☐ No

13. **Individuals, or a person chosen by the individual, have an active role in the development and update of the individual’s person-centered plan.**
   a. Do individuals know how to schedule Person-Centered Planning meetings?
      ☐ Yes ☐ No
   b. Can individuals explain the process to develop and update their plan?
      ☐ Yes ☐ No
   c. Were individuals present during the last planning meeting?
      ☐ Yes ☐ No
   d. Do you make the planning meeting occur at a time and place convenient for individuals to attend?
      ☐ Yes ☐ No

14. **The setting does not isolate individuals from individuals in the broader community not receiving Medicaid HCBS.**
   a. Do individuals receiving HCBS live in a different area of the setting separate from individuals not receiving Medicaid HCBS?
      ☐ Yes ☐ No
   b. Is the setting in the community among other private residences, retail businesses?
      ☐ Yes ☐ No
   c. Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?
      ☐ Yes ☐ No
   d. Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?
      ☐ Yes ☐ No
   e. Are visitors present?
      ☐ Yes ☐ No
   f. Are visitors restricted to specified visiting hours?
      ☐ Yes ☐ No
   g. Are visiting hours posted?
      ☐ Yes ☐ No
   h. Is there evidence that visitors have been present at regular frequencies?
      ☐ Yes ☐ No
   i. Are visitors restricted to specific meeting areas?
      ☐ Yes ☐ No

15. **Facility protocols or practices do not limit individuals’ choices.**
   a. Do your protocols or practices prohibit individuals’ access to food at any time?
      ☐ Yes ☐ No
   b. Do your protocols or practices require restrictions such as posted visiting hours or schedules?
      ☐ Yes ☐ No
   c. Are individuals prohibited from engaging in legal activities?
      ☐ Yes ☐ No
16. The setting is an environment that supports individual comfort, independence and preferences.
   a. Do you make sure individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?
      ☐ Yes    ☐ No
   b. Do you make sure all communication (written and oral) is conducted in a language that the individual understands?
      ☐ Yes    ☐ No
   c. Do you provide assistance in private, as appropriate, when needed?
      ☐ Yes    ☐ No

17. Individuals have unrestricted access in the setting.
   a. Do you have gates, Velcro strips, locked doors, or other barriers preventing individuals to enter or exit from certain areas of the setting?
      ☐ Yes    ☐ No
   b. Do you make sure individuals receiving Medicaid Home and Community-Based services can access amenities such as a pool or gym used by others on-site?
      ☐ Yes    ☐ No
   c. Do you make sure the setting is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals’ mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?
      ☐ Yes    ☐ No

18. The physical environment meets the needs of those individuals who require supports.
   a. Do you provide needed supports to individuals to assist them to move about the setting as they choose, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
      ☐ Yes    ☐ No
   b. Do you make sure appliances are accessible to individuals (e.g. the washer and dryer are front loading for individuals in wheelchairs)?
      ☐ Yes    ☐ No
   c. Do you make sure tables and chairs are at a convenient height and location so that individuals can access and use the furniture comfortably?
      ☐ Yes    ☐ No

19. Individuals have full access to the community.
   a. Do individuals come and go at will?
      ☐ Yes    ☐ No
   b. Do you make sure individuals can move about inside and outside the setting as opposed to sitting by the front door?
      ☐ Yes    ☐ No
   c. Is there a curfew or other requirement for a scheduled return to the setting?
      ☐ Yes    ☐ No
   d. Do individuals in the setting have access to public transportation?
      ☐ Yes    ☐ No
   e. Are there bus stops nearby or are taxis available in the area?
      ☐ Yes    ☐ No
   f. Do you make sure a van is available to transport individuals to appointments, shopping, etc.?
      ☐ Yes    ☐ No
   g. Do you make sure bus and other public transportation schedules and telephone numbers are posted in a convenient location?
      ☐ Yes    ☐ No
   h. Do you facilitate training in the use of public transportation?
      ☐ Yes    ☐ No
   i. Do you make sure other resources are provided for individuals to access the broader community where public transportation is limited?
      ☐ Yes    ☐ No

20. Individual’s rights to dignity and privacy are respected.
   a. Do you keep health information about individuals private?
      ☐ Yes    ☐ No
b. Do you post schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area for all to view?
   ☐ Yes ☐ No

c. Do you make sure individuals, who need assistance with grooming, are groomed as they desire?
   ☐ Yes ☐ No

d. Do you make sure individuals’ nails are trimmed and clean?
   ☐ Yes ☐ No

21. **Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.**
   a. Do individuals wear their bathrobes all day long?
      ☐ Yes ☐ No
   b. Do you make sure individuals are dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?
      ☐ Yes ☐ No

22. **Staff communicates with individuals in a dignified manner.**
   a. Do individuals greet and chat with staff?
      ☐ Yes ☐ No
   b. Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?
      ☐ Yes ☐ No
   c. Does staff talk to other staff about an individual as if the individual was not present or within earshot of other persons living in the setting?
      ☐ Yes ☐ No
   d. 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’?
      ☐ Yes ☐ No

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**Characteristics that are expected to be present in all provider-owned or controlled home and community-based settings and associated traits that individuals in those settings might experience:**

1. **Modifications of the setting requirements for individuals are supported by an assessed need and justified in the person-centered plan.**
   a. Does documentation note if positive interventions and supports were used prior to any plan modifications?
      ☐ Yes ☐ No
   b. Do you document less intrusive methods of meeting the need that were tried previously?
      ☐ Yes ☐ No
   c. 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?
      ☐ Yes ☐ No

2. **Individuals have privacy in their sleeping space and toileting facility.**
   a. Do you make sure furniture is arranged as individuals prefer, and does the arrangement assure privacy and comfort?
      ☐ Yes ☐ No
   b. Can individuals close and lock the bedroom door?
      ☐ Yes ☐ No
   c. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?
      ☐ Yes ☐ No
3. **Individuals have privacy in their living space.**
   a. Do you have cameras present in the setting?
      ☐ Yes ☐ No
   b. Do you make sure the furniture is arranged as individuals prefer to assure privacy and comfort?
      ☐ Yes ☐ No
   c. Do staff or other residents always knock and receive permission prior to entering an individual’s living space?
      ☐ Yes ☐ No
   d. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with individuals?
      ☐ Yes ☐ No

4. **Individuals have comfortable places for private visits with family and friends.**
   a. Do you make sure the furniture is arranged to support small group conversations?
      ☐ Yes ☐ No

5. **Individuals furnish and decorate their sleeping and or living units in the way that suits them.**
   a. Are individuals’ personal items, such as pictures, books, and memorabilia present and arranged as the individual desires?
      ☐ Yes ☐ No
   b. Do the furniture, linens, and other household items reflect the individual’s personal choices?
      ☐ Yes ☐ No
   c. Do individuals’ living areas reflect their interests and hobbies?
      ☐ Yes ☐ No

6. **There is a legally enforceable agreement for the unit or dwelling where the individual resides.**
   a. Do individuals have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?
      ☐ Yes ☐ No
   b. Do individuals know their rights regarding housing and when they could be required to relocate?
      ☐ Yes ☐ No

7. **Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.**
   a. Do individuals know how to relocate and request new housing?
      ☐ Yes ☐ No
   b. 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?
      ☐ Yes ☐ No