Individual Home and Community Based Settings (HCBS) Checklist for Residential Providers Resource

This form is provided for your convenience and is optional.

CLIENT'S NAME	MOVE IN DATE
COMPLETED BY:	DATE COMPLETED

Housing and Home Environment		
☐	Individual has a signed Residency Agreement providing protections comparable to the Landlord Tenant Act.	*Written agreement with the responsibilities and protections for residents in the event of transfer or discharge; including contact for legal assistance.*
☐	Individual has been informed of rights both orally and in writing.	*The notification must be made prior to or upon admission. Receipt of the information must be acknowledged in writing.*
☐	Individual's bedroom has a locking door.	*Provides for privacy in sleeping unit, staff or other residents knock and receive permission prior to entering, a written agreement on when staff can use a key to enter a private bedroom*
☐	Individual participated with decorating home.	*Personal items such as pictures, books, and memorabilia present and arranged as the individual desires.*
☐	Individual met and chose to live with roommates.	*Individual met and/or interviewed potential roommates, and selected roommates.*
☐	Individual has free access to food at any time.	*No locks on cabinets / refrigerators, client involved in meal planning and/or shopping, any dietary restrictions documented and signed by physician.*
☐	Individual has personal privacy, including written and telephonic communications.	*Send and receive mail that is unopened, has reasonable access to use of house telephone or other equipment where calls can be made without being overheard, can use personal cell phone without staff or resident interference.*
☐	Home is physically accessible to individual.	*Ramps, handrails, widened doorways and hallways, appliances, furniture, and other home modifications installed as needed.*
Community and Personal Autonomy		
☐	Individual is employed, seeking employment, or chooses not to pursue employment.	*Working in an integrated setting with competitive pay, actively working with vocational vendor to obtain employment, or chooses not to work.*
☐	Individual is supported to maintain calendar of community events and leisure activities.	*Has access to current and accurate information about recreation, education, and employment opportunities of interest in their community.*
☐	Individual has family, friends, or advocates in their life and can have visitors at any time. Individual can communicate privately with people in their lives.	*Able to invite visitors for recreation, chose people to attend planning meetings, has a comfortable and private place for visitors in their home, access to private communication methods like phone, text, video calls, mail, etc.*
☐	Individual participates in Person-Centered Service Planning meetings (CARE Plan, NCP, or NSA).	*Documented participation and goal planning led by individual and meaningful to them. Planning meetings are conducted in a communication style that is understandable to the client and encourages participation that is meaningful for the client.*
☐	Individual has the freedom and support to control their own schedules and daily routines, including meal, snack, and sleep schedules.	*Optimizes individual initiative, autonomy, and independence in making choices, shows variety of activities inside and outside the home.*

Modifications to Rights	
☐	There are modifications to the HCBS rights above. The following conditions have been met and are documented in the CARE Plan. Check all boxes prior to implementing modifications. ☐ Identified a specific and individualized assessed need. ☐ Documented the positive interventions and supports used prior to modification of CARE Plan. ☐ Documented less intrusive methods of meeting the need that have been tried but did not work. ☐ Included a clear description of the condition that is directly proportionate to the specific assessed need. ☐ Has a method of including regular collection and review of data to measure the ongoing effectiveness of the modification. ☐ Establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. ☐ Documented informed consent from the individual or legal decision maker. ☐ Plan includes an assurance that interventions and supports will cause no harm to the individual.
☐	There are restrictions in place (sharps, chemicals, media, visitors, food, etc.). ☐ Restrictions documented in all applicable plans (CARE Plan, NCP, or NSA).

NOTES FOR FOLLOW-UP

Applicable Code of Federal Regulations:

§ 441.530 Home and Community-Based Setting
§ 441.301 Contents of request for a waiver