

Exploratory Questions to Assist States in Assessment of Residential Settings

This optional tool is provided to assist states in assessing whether the characteristics of Medicaid Home and Community-based Services, as required by regulation, are present. The information is organized to cite anticipated characteristics and to provide suggested questions to determine if indicators of that characteristic are present.

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 the individual.**
 - Was the individual given a choice of available options regarding where to live/receive services?
 - Was the individual given opportunities to visit other settings?
 - Does the setting reflect the individual's needs and preferences?
- 2. The individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.**
 - Does the individual regularly access the community and is s/he able to describe how s/he accesses the community, who assists in facilitating the activity and where s/he goes?
 - Is the individual aware of or does s/he have access to materials to become aware of activities occurring outside of the setting?
 - Does the individual shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the individual chooses?
 - Does the individual come and go at any time?
 - Does the individual talk about activities occurring outside of the setting?
- 3. The individual is employed or active in the community outside of the setting.**
 - Does the individual work in an integrated community setting?
 - If the individual would like to work, is there activity that ensures the option is pursued?
 - Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?
- 4. The individual has his/her own bedroom or shares a room with a roommate of choice.**
 - Was the individual given a choice of a roommate?
 - Does the individual talk about his/her roommate(s) in a positive manner?

- Does the individual express a desire to remain in a room with his/her roommate?
 - Do married couples share or not share a room by choice?
 - Does the individual know how s/he can request a roommate change?
5. **The individual chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan.**
 - How is it made clear that the individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?
 - Does the individual's schedule vary from others in the same setting?
 - Does the individual have access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience?
 6. **The individual controls his/her personal resources.**
 - Does the individual have a checking or savings account or other means to control his/her funds?
 - Does the individual have access to his/her funds?
 - How is it made clear that the individual is not required to sign over his/her paychecks to the provider?
 7. **The individual chooses when and what to eat.**
 - Does the individual have a meal at the time and place of his/her choosing?
 - Can the individual request an alternative meal if desired?
 - Are snacks accessible and available anytime?
 - Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?
 8. **The individual chooses with whom to eat or to eat alone.**
 - Is the individual required to sit at an assigned seat in a dining area?
 - Does the individual converse with others during meal times?
 - If the individual desires to eat privately, can s/he do so?
 9. **Individual choices are incorporated into the services and supports received.**
 - Do Staff ask the individual about her/his needs and preferences?
 - Are individuals aware of how to make a service request?
 - Does the individual express satisfaction with the services being received?
 - Are requests for services and supports accommodated as opposed to ignored or denied?
 - Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?
 10. **The individual chooses from whom they receive services and supports.**
 - Can the individual identify other providers who render the services s/he receives?
 - Does the individual expresses satisfaction with the provider selected or has s/he asked for a meeting to discuss a

change?

- Does the individual know how and to whom to make a request for a new provider?
- 11. The individual has access to make private telephone calls/text/email at the individual's preference and convenience.**
- Does the individual 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?
 - Is the telephone or other technology device in a location that has space around it to ensure privacy?
 - Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?
- 12. Individuals are free from coercion.**
- Is information about filing a complaint posted in an obvious location and in an understandable format?
 - Is the individual comfortable discussing concerns?
 - Does the individual know the person to contact or the process to make an anonymous complaint?
 - Can the individual file an anonymous complaint?
 - Do the individuals in the setting have different haircut/hairstyle and hair color?
- 13. The individual, or a person chosen by the individual, has an active role in the development and update of the individual's person-centered plan.**
- Is/are the individual/chosen representative(s) aware of how to schedule Person-Centered Planning meetings?
 - Can the individual explain the process to develop and update his/her plan?
 - Was the individual present during the last planning meeting?
 - Did/does the planning meeting occur at a time and place convenient for the individual to attend?
- 14. The setting does not isolate individuals from individuals not receiving Medicaid HCBS in the broader community.**
- Do individuals receiving HCBS live/receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS?
 - Is the setting in the community among other private residences, retail businesses?
 - Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?
 - Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?
 - Are visitors present?
 - Are visitors restricted to specified visiting hours?
 - Are visiting hours posted?
 - Is there evidence that visitors have been present at regular frequencies?
 - Are there restricted visitor's meeting area?
- 15. State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices.**

- Do State regulations prohibit individuals' access to food at any time?
 - Do State laws require restrictions such as posted visiting hours or schedules?
 - Are individuals prohibited from engaging in legal activities?
- 16. The setting is an environment that supports individual comfort, independence and preferences.**
- Do 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?
 - Is informal (written and oral) communication conducted in a language that the individual understands?
 - Is assistance provided in private, as appropriate, when needed?
- 17. The individual has unrestricted access in the setting.**
- Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
 - Are individuals receiving Medicaid Home and Community-Based services facilitated in accessing amenities such as a pool or gym used by others on-site?
 - Is the setting 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?
- 18. The physical environment meets the needs of those individuals who require supports.**
- For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
 - Are appliances accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs)?
 - Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?
- 19. Individuals have full access to the community.**
- Do individuals come and go at will?
 - Are individuals moving about inside and outside the setting as opposed to sitting by the front door?
 - Is there a curfew or other requirement for a scheduled return to the setting?
 - Do individuals in the setting have access to public transportation?
 - Are there bus stops nearby or are taxis available in the area?
 - Is an accessible van available to transport individuals to appointments, shopping, etc.?
 - Are bus and other public transportation schedules and telephone numbers posted in a convenient location?
 - Is training in the use of public transportation facilitated?
 - Where public transportation is limited, are other resources provided for the individual to access the broader

community?

20. The individual's right to dignity and privacy is respected.

- **Is health information about individuals kept private?**
- **Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?**
- **Are individuals, who need assistance with grooming, groomed as they desire?**
- **Are individuals' nails trimmed and clean?**

21. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.

- **Are individuals wearing bathrobes all day long?**
- **Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?**

22. Staff communicates with individuals in a dignified manner.

- **Do individuals greet and chat with staff?**
- **Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?**
- **Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?**
- **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'?**

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 an individual are supported by an assessed need and justified in the person-centered plan.

- **Does documentation note if positive interventions and supports were used prior to any plan modifications?**
- **Are less intrusive methods of meeting the need that were tried initially documented?**
- **Does the plan includes 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?**

2. **Individuals have privacy in their sleeping space and toileting facility.**
 - Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?
 - Can the individual close and lock the bedroom door?
 - Can the individual close and lock the bathroom door?
 - Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?
3. **The individual has privacy in his/her living space.**
 - Are cameras present in the setting?
 - Is the furniture arranged as individuals prefer to assure privacy and comfort?
 - Do staff or other residents always knock and receive permission prior to entering an individual's living space?
 - Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?
4. **The individuals have comfortable places for private visits with family and friends.**
 - Is the furniture arranged to support small group conversations?
5. **Individuals furnish and decorate their sleeping and/or living units in the way that suits them.**
 - Are the individuals' personal items, such as pictures, books, and memorabilia present and arranged as the individual desires?
 - Do the furniture, linens, and other household items reflect the individual's personal choices?
 - Do individuals' living areas reflect their interests and hobbies?
6. **There is a legally enforceable agreement for the unit or dwelling where the individual resides.**
 - Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?
 - Does the individual know his/her rights regarding housing and when s/he could be required to relocate?
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.**
 - Do individuals know their rights regarding housing and when they could be required to relocate?
 - Do individuals know how to relocate and request new housing?
 - 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?