

## 1 SETTING

**1.1** *Does the program's setting isolate individuals from the surrounding community and persons who are not receiving Medicaid HCBS services?*

**Expectation: Individuals do not receive services/training primarily in isolated facilities, or settings which limit their potential integration with the community at large.**

Related Questions:

Is the program surrounded by high walls/fences and/or have closed/locked gates?  YES  NO

Is the program setting among private residences/businesses and community resources?  YES  NO

Does the program purposefully separate individuals receiving Medicaid HCBS services from those who do not?  YES  NO

Is the program on the grounds of, or adjacent to, a public institution? *Note: A Public Institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.*  YES  NO

Is the setting located on a parcel of land that contains more than one State licensed facility?  YES  NO

**1.2** *Is the program traversable by the individuals it serves; does it meet the needs of individuals who require supports?*

**Expectation: Individuals are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.**

Related Questions:

Are supports provided for individuals who need them to move around the setting independently/at will (grab bars, ramps, viable emergency exits etc.)?  YES  NO

Are appliances/amenities accessible to individuals with varying access needs?  YES  NO

Can individuals make use of furniture and spaces conveniently and comfortably?  YES  NO

Are hallways/common areas accessible to individuals of varying needs?  YES  NO

Are individuals, or groups of individuals, restricted from areas of the program because it is inaccessible to individuals with specific ambulatory needs?  YES  NO

**1.3** *Is the program non-institutional in nature?***Expectation: Programs should have characteristics of community settings.**

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Related Questions:

Is the program strictly regimented?

 YES NO

Are there schedule differences within the program based on the individuals participating in various areas of the program?

 YES NO

## 2 ACTIVITIES AND COMMUNITY INTEGRATION

2.1 *Do individuals go outside of the facility during the receipt of services?*

**Expectation: Individuals consistently receive services in community settings outside the facility.**

Related Questions:

Do individuals exercise choice in determining community-based activities (related to objectives in their service plan) in which they will participate during receipt of services?  YES  NO

Do individuals have planned opportunities to interact with non-disabled citizens?  YES  NO

Do individuals have unplanned opportunities to interact with non-disabled citizens?  YES  NO

2.2 *Do services provided by the program make individuals more aware of community resources and employment options?*

**Expectation: Individuals have opportunities to discover and learn to access new community resources and identify potential employment options.**

Related Questions:

How does the program facilitate individuals' access to the community?  
\_\_\_\_\_  
\_\_\_\_\_

Does the program organize activities or facilitate access to community resources of individuals' choosing (related to objectives in their service plan)?  YES  NO

How does the program and its organized activities expose individuals to new community resources and potential employment options?  
\_\_\_\_\_  
\_\_\_\_\_

**2.3** *Are individuals employed outside of the facility?*

**Expectation: Individuals have the ability to seek and gain competitive employment in the community.**

Related Questions:

How does the program aid individuals who wish to pursue competitive employment in the community?

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**2.4** *Are individuals able to move freely outside of the facility?*

**Expectation: Individuals have full access to the community and are allowed to come and go from the facility, as they desire, unless the individual's safety would be jeopardized. Reasons to restrict movement are documented in the individual's record. Attempts to mitigate safety issues prior to revoking an individual's right to freedom of movement are documented.**

Related Questions:

Are individuals able to come and go from the facility and its grounds at will?  YES  NO

Can individuals engage in community and social activities of their preference outside of the facility at will?  YES  NO

Are individuals moving around inside and outside of the facility?  YES  NO

Does the facility impose a curfew, or otherwise restrict individuals' ability to enter or leave the facility at will?  YES  NO

Do individuals have access to public transportation?  YES  NO

Do individuals with physical accessibility needs have access to accessible transportation?  YES  NO

Are public transport schedules and contact information readily accessible to individuals?  YES  NO

Does the facility provide accessible transportation so individuals may access the community?  YES  NO

Does the facility offer training to individuals on how to use public transportation?  YES  NO

Is transportation provided or arranged by the facility to community activities?  YES  NO

How does the facility organize appropriate transportation to community activities?

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Describe and provide a copy of the facility's policies and procedures regarding transportation to community activities.

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### 3 CHOICE, DIGNITY & RESPECT

**3.1** *Do individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion?*

**Expectation: Individuals have opportunities to make choices relating to all aspects of services received in the program free from**

Related Questions:

Do individuals make choices regarding what activities (aligned with their plan of care / service plan) to engage in?  YES  NO

Are staff the primary decision-makers in the program concerning any aspect of services rendered/received?  YES  NO

Do staff retaliate or impose consequences on individuals in response to complaints?  YES  NO

Are individuals allowed to voice grievances to the facility staff, public officials, the ombudsman, or any other person, without fear of reprisal, retaliation, restraint, interference, or coercion?  YES  NO

How does the facility ensure residents are allowed to voice grievances without fear of reprisal, retaliation, restraint, interference, or coercion? Please explain or provide a copy of the facility's policy and procedure on grievances.

Are individuals able to create a personal activities schedule?  YES  NO

Are individuals able to initiate and create activities of their choice?  YES  NO

Do individual schedules vary from others?  YES  NO

Do any facility policies or practices inhibit individuals' choice?  YES  NO

**3.2** *Are individuals provided appropriate information/resources on how to file an anonymous complaint?*

**Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for appropriate**

How does the program make information about how to register an anonymous complaint available to individuals?

Is information about filing complaints posted in obvious and accessible areas?  YES  NO

### 3.3 *How do staff treat individuals?*

**Expectation: Staff treat individuals in a dignified manner.**

Related Questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do staff greet and chat with individuals?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do staff converse with individuals while providing assistance/services and during the course of the day?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do staff talk to other staff in front of individuals as if they are not there?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do staff address individuals in the manner they like to be addressed?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are staff available when support/assistance is needed or desired?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are there program policies for responding to incidents in which staff do not treat individuals with dignity and respect? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### 3.4 *Are individual choices accommodated?*

**Expectation: Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in**

Related Questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Does staff ask the individual about their needs/preferences?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are individuals aware of how to make service requests?                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are individual requests accommodated?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is individual choice facilitated such that the individual feels empowered to make decisions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**3.5** *Are individuals, or their delegates, active participants in the development of, and updates to, the plan of care / service plan?*

**Expectation: Individuals and/or their representatives are active participants in the service planning process. Their ability to**

Related Questions:

Is/are the individual/chosen representative(s) aware of how to schedule a planning meeting?  YES  NO

Can individuals explain how they would initiate a plan meeting/update?  YES  NO

Was the individual/representative(s) present during the last plan meeting?  YES  NO

Do planning meetings occur at times convenient to the individual/representative(s)?  YES  NO

**3.6** *Is the individual's right to dignity and privacy respected?*

**Expectation: The individual's right to dignity and privacy is protected and respected.**

Related Questions:

Is health information about individuals kept private?  YES  NO

Is health information stored in a central location, locked in a secure area, and only accessible to professional staff? If no, where is it stored?  YES  NO

Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?  YES  NO