

## 1.0 SETTING

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

**Expectation: Individuals do not live in isolated compounds, or settings which limit their potential integration with the community at large.**

Related Questions:

Is the facility surrounded by fences or high walls , or have closed or locked gates? If yes, please explain the reason for them.

☐ YES ☐ NO

Is the facility setting among private residences, businesses and community resources?

☐ YES ☐ NO

Does the facility separate individuals receiving Medicaid HCBS services from those who do not, or groups of individuals from others?

☐ YES ☐ NO

Is the facility located on the grounds of a public institution, or adjacent to one? *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

Are there multiple settings located on the same property, operated and controlled by the same provider, that congregates a large number of people with disabilities together, and provides shared programming and staff?

☐ YES ☐ NO

### 1.2 Do the facility's common areas have a home-like feel?

**Expectation: The common areas do not resemble an institution, are comfortable, and encourage social interactions free from undue restrictions.**

Related Questions:

Are the common areas decorated in a home-like fashion (paint, artwork, home furnishings etc.)?

☐ YES ☐ NO

Is there a common living room/social area with home-like furnishings?

☐ YES ☐ NO

Are individuals free to move around common areas?

☐ YES ☐ NO

### 1.3 Is the facility 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 and amenities accessible to individuals with varying access needs? (E.g.. Washer/dryer front loading)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals make use of furniture and spaces conveniently and comfortably?(e.g.. Tables and chairs at a convenient height)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are hallways and common areas accessible to individuals of varying needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are individuals, or groups of individuals, restricted from areas of the facility because it is inaccessible to individuals with specific ambulatory needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

1.4
Are visitors restricted from entering the facility? Do individuals have a private meeting room to receive visitors?

**Expectation: Individuals are able to receive visitors. Visitation is not restricted or hampered by facility policies or practices. Standard visiting hours are posted, and individuals are made aware of afterhours visiting policy. Visitors must be allowed outside of standard visiting hours, but restrictions to accommodate other residents, such as limiting visitors to certain areas of the facility and observing “quiet hours,” may be imposed. There is a comfortable private place for individuals to have visitors.**

Related Questions:

Are visiting hours restricted? If so, explain reasoning for the restriction(s).

☐ YES ☐ NO

Are visiting hours posted? If Yes, where are they posted? (Please provide a copy)

☐ YES ☐ NO

Are individuals or visitors required to give advance notice of visitation?

☐ YES ☐ NO

Are there provisions for private visitation in home-like settings?

☐ YES ☐ NO

Are there restricted visitor meeting areas?

☐ YES ☐ NO

Are individuals allowed to have over night quests, if space and accommodations are available? If no, please explain.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<div></div> <div></div>		
Please attach or send a copy of the visitor policy and procedures		

**1.5** *Are there areas within the facility that an individual cannot enter without permission or an escort?*

**Expectation: Individuals are able to access all areas of the facility unless their safety would be jeopardized, e.g., individuals do not have access to maintenance rooms, janitor's closets, etc.**

Related Questions:

Which areas are individuals restricted from entering? Please provide an explanation

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How are individuals prevented from entering restricted areas (industrial gates, locked door, barriers etc.)?

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**1.6** *Do individuals have access to standard household amenities including appliances?*

**Expectation: Individuals have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate.**

Related Questions:

Do individuals have access to laundry facilities?

☐ YES ☐ NO

Do individuals have access to cooking and food preparation facilities?

☐ YES ☐ NO

Are individuals able to do personal chores and housekeeping if necessary?

☐ YES ☐ NO

## 2.0 ROOM AND PRIVACY

### 2.1 *Do individuals have a choice of a private or semi-private room and choice of roommate if applicable?*

**Expectation: Individuals have the ability to choose whether to upgrade to a private room (room and board rates may be different based on the individual's election of a private or semi-private room). If the individual is housed in a semi-private room, they are not auto-assigned a roommate.**

Related Questions:

Do individuals have the option to elect a private room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals chose their roommate if applicable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How can an individual select their roommate (identify character requirements, nominate a specific person, personality/needs matching, etc.)?		
Does the individual talk positively about their roommate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do individuals know how to request a roommate change?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can married couples elect to share, or not to share, a room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 2.2 *Are the facility's rooms home-like?*

**Expectation: Individuals' living quarters do not resemble institutional settings or wards. Individuals have the ability to maintain their personal space according to their preferences, and living quarters are the appropriate size for the number of residents.**

Related Questions:

How many beds are in the bedroom?		
Can the individual decorate their personal space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the individual personalize their furnishings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the individual have home furnishings in their personal space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the individual personalize their furniture arrangement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the individual have the ability to keep or prepare food and snacks in their personal space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the individual allowed visitors in their personal space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**2.3** *Do individuals have privacy in their living quarters?*

**Expectation: Individuals have the right to privacy including lockable doors to their living quarters unless the individual's physical or cognitive condition means their safety could be compromised if afforded privacy. Reasons to impede a person's right to privacy are fully and accurately documented.**

Related Questions:

Does the individual's room and bathroom have a locking door?

☐ YES ☐ NO

Who has keys to access individual's rooms?

Do furniture arrangements ensure privacy?

☐ YES ☐ NO

Do staff, other residents and visitors always knock and receive permission prior to entering an individual's room or bathroom?

☐ YES ☐ NO

Can individuals close their doors when wanting total privacy? If no, please explain reason(s).

☐ YES ☐ NO

Are cameras present in the facility? If so where, document all.

☐ YES ☐ NO

**2.4** *Does the facility have a policy and procedure that addresses staff access to individuals' rooms?*

**Expectation: Facility staff respects the individual's privacy in their room, and is familiar with and properly implements the policy and procedure to enter an individual's room (e. g., knock, ask to enter, and wait for a response, etc.)**

Related Questions:

Under what circumstances would an individual's room be accessed without their permission? Please explain.

Are provisions for access discussed with and agreed to by the individual?

☐ YES ☐ NO

Describe the facility's privacy and access policy. Please provide a copy.

- 2.5** *If the desired living arrangement is not available when the individual moves in, are they given the opportunity to change when their first choice becomes available?*

**Expectation: Individuals are given the option to move to another room and/or change roommate if their preference becomes available.**

Related Questions:

Under what circumstances can an individual change rooms and/or roommate?

How do individuals request a change of room or roommate?

Are residents notified of roommates and changes prior to move in?

☐ YES ☐ NO

Does the facility alert individuals to the fact their room or roommate preference is available?

☐ YES ☐ NO

- 2.6** *Are individuals able to make or send private telephone calls, text, or emails at their preference and convenience?*

**Expectation: Individuals have access to make private telephone calls, send text messages, or send e-mail at the individual's preference and convenience.**

Related Questions:

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?

☐ YES ☐ NO

Is the telephone or other technology device in a location that has space around it to ensure privacy?

☐ YES ☐ NO

Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?

☐ YES ☐ NO

- 2.7** *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

Are individuals, who need assistance with grooming, groomed as they desire?

☐ YES ☐ NO

Are individuals' nails trimmed and clean?

☐ YES ☐ NO

Are individuals, who need assistance to dress, dressed in their own clothes appropriate to the time of day and individual preferences?

☐ YES ☐ NO

Are individuals wearing bathrobes all day long?

☐ YES ☐ NO

Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?

☐ YES ☐ NO



### 3.0 MEALS

**3.1** *Are individuals required to follow a set schedule for meals?*

**Expectation: Individuals have the choice of when to eat.**

Related Questions:

Does the individual have a meal at the time and place of his/her choosing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the individual request an alternative meal if desired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are snacks accessible and available anytime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**3.2** *Do individuals have a choice of menu items that are consistent with their preferences and meal choices?*

**Expectation: Individuals have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections.**

Related Questions:

How are individual’s preferences incorporated into the facility’s menus?		
Can individuals choose from a variety of menu options?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals make special menu or meal requests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals request an alternate meal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What restrictions are there on individuals requesting alternate meals?		

**3.3** *Do individuals have a choice of where and with whom to eat their meals in the facility?*

**Expectation: Individuals are given the option to eat in areas other than the dining room, including their private living quarters, and may choose to eat with persons of their choosing, or alone.**

Related Questions:

Are individuals required to sit in an assigned seat for meals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May individuals eat alone, or with people of their choosing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May individuals eat in their private living quarters or in areas of the facility other than a designated dining room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do individuals converse during meal times?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



**3.4** *Are individuals afforded dignity and respect during meal times?*

**Expectation: Individuals are free from unnecessary interventions and rules during meal times which may impinge on their ability to eat and drink with dignity and respect.**

Related Questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are individuals required to wear bibs or other protection equipment, or use disposable cutlery, plates and cups?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If a resident requests assistance with feeding, is there staff available to assist so the individual is not embarrassed at meal time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does the facility use home-like dishes, cutlery, and table wear?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are individuals required to stay in the dining room or at the table during meal times?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**3.5** *Do individuals have access to snacks? Are they allowed to make their own snacks? Is there an area individuals can use to keep their own food and prepare snacks (e.g., kitchen or snack preparation area with refrigerator, sink, and microwave)?*

**Expectation: Individuals have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a place to prepare and reheat foods), or a food pantry where they can store snacks that are accessible at any time as they are able.**

Related Questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do individuals have to ask staff for a snack?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Can individuals prepare their own snack at will?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| What facilities are available for individuals to prepare their own snack? |                              |                             |
| Does the facility provide snacks; if so, how can individuals access them? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| How and where can individuals store snacks/personal food items?           |                              |                             |
|   |                              |                             |

## 4.0 ACTIVITIES AND COMMUNITY INTEGRATION

### 4.1 *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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals engage in community and social activities of their preference outside of the facility at will?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are individuals moving around inside and outside of the facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility impose a curfew, or otherwise restrict individuals' ability to enter or leave the facility at will?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do individuals have access to public transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do individuals with physical accessibility needs have access to accessible transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are public transport schedules and contact information readily accessible to individuals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility provide accessible transportation so individuals may access the community?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the facility offer training to individuals on how to use public transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is transportation provided or arranged by the facility to community activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How does the facility organize appropriate transportation to community activities?		

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

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### 4.2 *Are individuals made aware of community activities via a community board, flyers, etc.?*

**Expectation: Individuals have the opportunity, but are not required, to participate in scheduled and unscheduled community and social activities. An activities calendar is posted in a common area of the facility. Individuals are consulted in selecting, planning and scheduling organized activities.**

Related Questions:

Are individuals able to participate in community activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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How does the facility facilitate individual access to community activities?

Where is the activity calendar posted?

How often is the activity calendar updated?

Does the facility organize activities, including wellness activities, or facilitate access to activities of individuals' choosing? ☐ YES ☐ NO

Do individuals shop, attend religious services, schedule appointments, meet family and friends etc. in the community and at their will and convenience? ☐ YES ☐ NO

Do individuals in the facility talk about social and community activities? ☐ YES ☐ NO

Are individuals required to participate in group or individual activities? ☐ YES ☐ NO

Are individuals encouraged to participate in activities? ☐ YES ☐ NO

#### 4.3 Do individuals have access to newspapers, radio, computers, television, and/or the Internet?

**Expectation: Individuals have access to outside communications.**

Related Questions:

What publications are available to individuals?

Where are publications kept?

Is there a central location for reading materials such as a library for individuals who want to read and relax? ☐ YES ☐ NO

Can individuals choose which publications are available? ☐ YES ☐ NO

Do individuals have access to radios and televisions? ☐ YES ☐ NO

Does the facility afford individuals access to the internet for personal use and/or computers with internet access for communal use? ☐ YES ☐ NO

**4.4** *Are individuals allowed to create their personal daily schedules (e.g., decide when to wake up or go to bed; go to the movies, the mall, religious events, etc.)?*

**Expectation: Individuals are allowed to choose how to spend their day including sleeping schedule (i.e., wake up and bedtimes, scheduled or unscheduled naps). Individuals are allowed to vary their schedule at will in accordance with their person-centered plan.**

Related Questions:

How does the facility ensure an individual knows they do not have to conform to a prescribed schedule for activities of daily living and social activities?

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

**4.5** *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 facility aid individuals who wish to pursue competitive employment in the community?

## 5.0 RESPECT, RIGHTS, AND CHOICE

### 5.1 *Can individuals keep/control their own resources?*

**Expectation: Individuals have the option to keep their own money and to control their own finances/resources.**

Related Questions:

Do individuals have the option of having personal bank accounts?

☐ YES ☐ NO

How can individuals access their personal funds?

How does the facility ensure individuals understand they are not required to sign over their personal resources to the provider?

### 5.2 *Do individuals know how to file an anonymous complaint?*

**Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for the Department of Health and Environmental Control, Long-Term Care Ombudsman and other regulating bodies, and information for reporting Abuse, Neglect and Exploitation are posted in a common area of the facility.**

Related Questions:

How does the facility 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

### 5.3 *Are individuals free from coercion?*

**Expectation: Individuals have the right to live in an environment and to exercise their right to choice and self-determination, free from coercion.**

Related Questions:

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.

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Are individuals comfortable with discussing concerns? ☐ YES ☐ NO

Do individuals in the setting display different personal styles, haircuts etc.? ☐ YES ☐ NO

### 5.4 *How does staff treat individuals?*

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

Related Questions:

Do individuals greet and chat with staff? ☐ YES ☐ NO

Does the staff verbally communicate with individuals in a loud tone of voice? If yes, please explain. Is there an individual need to be identified to obtain a hearing aide or other assistive device? ☐ YES ☐ NO

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Does staff converse with individuals while providing assistance or services and during the course of the day? ☐ YES ☐ NO

Does staff talk to other staff in front of individuals as if they are not there? ☐ YES ☐ NO

Does staff address individuals in the manner they like to be addressed? ☐ YES ☐ NO

**5.5** *Are individual choices accommodated?*

**Expectation: Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.**

Related Questions:

Does staff ask the individual about their needs and 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 individuals satisfied with the services and supports received and the persons who deliver them?	<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
Can the individual choose from whom they receive services and supports?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**5.6** *Are individuals, or their delegate, an active participant in the development of, and updates to, the person-centered plan?*

**Expectation: Individuals, and/or their representatives, are active participants in the person-centered planning process. Their ability to participate is not impinged upon by the facility, and their contributions/opinions are not viewed as incidental to the facility's care planning process.**

Related Questions:

Is the individual, and/or chosen representative(s), aware of how to schedule a person-centered planning meeting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can individuals explain how they would initiate a person-centered plan meeting/update?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are individuals, and/or representative(s), present during person-centered plan meetings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do planning meetings occur at times convenient to the individual, and/or representative(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



## 6.0 OTHER

### 6.1 *Is there a legally enforceable agreement for the unit or dwelling where the individual resides?*

**Expectation: The individual has the same landlord/tenant protections, are protected from eviction, and afforded appeal rights as persons not receiving Medicaid HCBS services.**

Related Questions:

Does the individual have a lease, or for setting in which landlord/tenant laws do not apply, a residency agreement? Please provide a copy of the current agreement.

☐ YES ☐ NO

How are individuals made aware of their housing rights?

How are individuals made ware of the process of relocating and requesting new housing?

Does the lease or agreement include protections to address eviction processes and appeals comparable to South Carolina's landlord tenant laws?

☐ YES ☐ NO

### 6.2 *How are modifications to the HCBS Characteristics addressed and documented?*

**Expectation: Modifications to the HCBS Characteristics requirements are supported by an assessed need and justified in the individual's person-centered plan.**

Related Questions:

Does documentation note if positive interventions and supports were used prior to any plan modifications and/or the restriction of an HCB Characteristic requirement?

☐ YES ☐ NO

Were less intrusive methods of meeting the need tried and documented first?

☐ YES ☐ NO

Does the plan include a description of condition that is directly proportional to the assessed need, data to support the ongoing need for modification, informed consent, choice of provider, and an assurance the intervention will not cause harm to the individual?

☐ YES ☐ NO