

HOME AND COMMUNITY BASED SETTINGS CHECK LIST INSTRUCTIONS

One Assessment is to be Completed for Each Certified Site

Region	DMH-DD Community Services Region
Contractor	Name of Provider Agency with DMH
Subcontractor	Name of Certified Subcontracting Agency with Contracting Agency
Site#	Site Number Assigned by DMH-DD in ADIDIS
Service Type	Name/Type of HCBS waiver service provided at the site
Size/Capacity	Number of persons certified/authorized to occupy the site per Life Safety

For this exercise/assessment, Personal Care, Companion Services, Respite Services, Crisis Intervention Services, and Supported Employment in an Integrated Work Site, are not included.

Section I: HCBS Criteria—Answer Questions 1 – 5 either **YES** or **NO**. The bullet points below each number are probing questions only and do not have to be 100% present to constitute a notation of **YES**. Probing questions are to be used as guidance to determine if the preponderance of evidence suggests that the site is in compliance the question. For example, if one person in the program is not provided transportation to community activities that offers socialization with members of the community because of extreme challenging behaviors, this does not necessarily equate to non-compliance.

List examples of evidence from your organization that supports your answer of **YES**. One of the handouts you have should list a variety of possible examples of possible evidence available. If you answer the question as **NO**, please provide a brief description of why.

This section should be completed by Residential and Day Experience providers.

Section II: Residential Setting Specific—Answer Questions 1 – 8 either **YES** or **NO**. The bullet points below each number are probing questions only and do not have to be 100% present to constitute a notation of **YES**. Probing questions are to be used as guidance to determine if the preponderance of evidence suggests that the site is in compliance the question. For example, if one person in the program has restriction in his or her ISP, this does not necessarily equate to non-compliance. If several people have restrictions and the answer to the question is **NO**, the all of the items of evidence listed in Question 8 must be present in the persons ISP for the overall setting to be in compliance.

List examples of evidence from your organization that supports your answer of **YES**. One of the handouts you have should list a variety of possible examples of possible evidence available. If you answer the question as **NO**, please provide a brief description of why.

This section should be completed by Residential and Day Experience providers. For Day Providers, check **NO** for each question and add **NA** to the comments section.

Section III: Settings That Are Not Home and Community Based—Answer Questions 1 – 4 either **YES** or **NO**. Please provide a comment for any item marked YES. Any item marked YES indicates non-compliance with the HCBS Rule.

This section should be completed by Residential and Day Experience providers.

Provide any recommendations you may have in the space allocated regarding recommendations to remediate any items not meeting the HCBS rule

Sign and date the assessment and return to your Regional Community Services Office by **Wednesday, October 15, 2014**.

