

HCBS Residential Provider Site Review

DATE: _____ PIHP: _____ # of beds: _____
CMHSP: _____ PROVIDER NAME: _____
PROVIDER ID#: _____ PROVIDER MAILING ADDRESS: _____
WSA ID: _____

What service is being provided? (Select all that apply)

- Community Living Supports Skill Building Supported Employment
 Out of Home Non-Vocational Habilitation Prevocational Services

Are the individual's services delivered in a setting that is separate from or outside of the building and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities or Institute for Mental Disease (IMD)? Are the individual's services delivered in a setting that is separate from a residential school or child caring institution? YES NO

Comments: _____

Is the residence located away from multiple homes/settings (for people with disabilities)? YES NO

Comments: _____

Is the home free of fences, gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home/grounds? YES NO

Can individuals choose to come and go from the home when they want? YES NO

If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans?

Comments: _____

Is the home physically accessible to all individuals? YES NO

If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? YES NO

Comments: _____

Do all bedrooms have appropriate keyed locks? YES NO

If no, is this addressed in Positive Support/Behavior Plan? YES NO

Comments: _____

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Do all bathrooms have appropriate privacy locks? YES NO

Do all individuals have full access to the bathroom? YES NO

Can individuals access the bathroom at any time? YES NO

If no, is this addressed in Positive Support/Behavior Plan?

Comments: _____

Do staff ask before entering individuals' bedrooms/bathrooms? YES NO

Comments: _____

Do staff have a place to talk about individuals' personal issues in a private place? YES NO

Comments: _____

If an individual needs help with personal care, is it done in privacy? YES NO

Comments: _____

Do individuals have a place to store and secure personal belongings? YES NO

Comments: _____

Is the inside of the residence free from cameras, visual monitors, audio monitors and alarms?

YES NO

If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans?

Comments: _____

Do individuals have full access to the kitchen without restrictions? YES NO

Can individuals choose what they eat and drink? YES NO

Can individuals reach and use the home's appliances as they need? YES NO

If no, is this addressed in Positive Support/Behavior Plan?

Comments: _____

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Do individuals have full access to the dining area without restrictions? YES NO

Can individuals choose where they want to eat? YES NO

Can they choose to eat alone or with others? YES NO

Comments: _____

Do individuals have full access to the laundry area without restrictions? YES NO

If no, is this addressed in Positive Support/Behavior Plan? YES NO

Comments: _____

Do individuals have full access to the comfortable seating/common area without restrictions?

YES NO

Comments: _____

Do individuals have a way to communicate with individuals outside of the setting without restrictions? And can it be used in a private place? YES NO

Comments: _____

Does the residence allow friends and family to visit without rules on hours or times? YES NO

Is there space in the home for individuals to meet in a private space? YES NO

Comments: _____

Is information about filing a complaint provided in a way the individual can use and understand?

YES NO

Do individuals know who to call to file an anonymous complaint? YES NO

Comments: _____

Does the residence/provider have "House Rules" or something similar? (Please provide copy) YES NO

Comments: _____

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Do all individuals have a signed lease and/or Resident Care Agreement with Summary of Resident Rights?

YES NO

Comments: _____

Can people with different types of disabilities and individuals without disabilities live in the home?

YES NO

Comments: _____

Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for community involvement/contact with people not receiving services?

YES NO

Comments: _____

Do individuals arrange and control their personal schedule of daily appointments and activities?

YES NO

Comments: _____

Is accessible transportation available for individuals to make trips to the community? YES NO

If public transit is unavailable do individuals have another way to access the community? YES NO

Comments: _____

Does the residence offer a continuum of care/Does the setting offer all services in house? YES NO

Comments: _____

Are individuals allowed to participate in legal activities (voting, Rated R movies, etc.) YES NO

Comments: _____

Can individuals choose what clothes to wear? YES NO

Comments: _____

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Do individuals have access to and choice/control over their personal funds? YES NO

Comments: _____

Do individuals pick the agency who provide their residential services and supports? YES NO

Comments: _____

Did the individual choose to live at this residential setting? YES NO

Comments: _____

Did the individual have choices of where to live? YES NO

Comments: _____

If the individual lives with other people, did he/she pick their housemate? YES NO

Comments: _____

If the individual shares a room, did he/she have the option of having their own room? YES NO

Comments: _____

If the individual shares a room, did he/she pick their roommate(s)? YES NO

Comments: _____

Have individuals been provided with information on how to request new housing? YES NO

Comments: _____

Do individuals pick the direct support workers who provide their services and supports? YES NO

Comments: _____

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Can individuals change their services and supports as they wish? YES NO

Comments: _____

Full HCBS Compliance: YES NO

Overall Comments/Concerns/Suggestions/Follow-up: _____

Reviewer(s): _____