



Iowa Department of Health and Human Services
Home- and Community-Based Services (HCBS)
Residential Assessment

Completed Date:	Assessment Date:	Residential Assessment (RA) ID:
PART I: MEMBER AND ASSESSMENT DETAILS		
<p>INSTRUCTIONS: Part I of the Residential Assessment must be conducted with all HCBS waiver, Habilitation, and Money Follows the Person (MFP) members. Residential Assessments must be conducted in-person and in the member's place of residence within thirty days of admission to HCBS waiver, Habilitation, or MFP services and at least annually thereafter. The member must be present, but parents, guardians, or provider staff may participate as needed or desired by the member.</p>		
A. Residential Assessment Details		
B. Member Details		
Member SID:		Date of Birth:
First Name:		Last Name:
Physical Address:		
City:	State:	Zip:
Telephone Number:		Email:
C. Assessor Information		
First Name:		Last Name:
Telephone Number:		Email:
Address:		
City:	State:	Zip:
<p>Programs and Service Details Instructions: Identify the program and services, indicate the name and NPI of the organization providing the service exactly how it is written and authorized in the member's plan.</p>		
<p>Service: Providers Name(s):</p>		

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A. Residential Setting Details: Instructions: Select the details of the member's living arrangement that best describe the member's circumstances. Check all that apply.

Member's living arrangement details	Resident Ownership and Control details	Type of Residence

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|---|--|
| 1. How many individuals reside in this setting? | |
| 2. How many individuals receive HCBS funded services in this setting? | |
| 3. How many non- HCBS funded individuals receive services in this setting? | |
| 4. Do the members receiving Medicaid funded services live together for the purpose of receiving HCBS Waiver or Habilitation services? | |
| 5. Is the member's place of residence located on the grounds of or directly adjacent to a public or private institution? | |
| 6. Is the member's place of residence located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment? | |
| 7. Does the member's place of residence have the effect of isolating the member from the broader community of individuals not receiving HCBS | |

** Part 2 must be completed for members living in provider owned or controlled environments (asterisked items in Section F) but may also be necessary for other residential environments at the assessor's discretion.*

Comments:

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PART 2 OF THE RESIDENTIAL ASSESSMENT

1. Members Choose where and with whom they live.

• Was the member given a choice of available options regarding where to live/receive services?	
• Is the setting in the community among other private residences?	
• Was the member given the opportunity to visit other settings?	
• Does the setting reflect the member's needs and preferences?	
• Was the member given a choice of roommates?	
• Does the member talk about his/her roommates in a positive manner?	
• Does the member have a choice in whether to share a room with a roommate?	
• If married, does the married couple have a choice in whether to share or not share a room?	
• Does the member know how to request a roommate change?	
• Does the member have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?	
Does the member know his/her rights regarding housing and when the member could be required to relocate?	
Did the member choose where and with whom to live?	

Comments:

2. Members choose their daily routine.

Guidance questions:	
• Can the member come and go from the residence at any time?	
• Does the member talk about activities occurring outside of the setting?	
• Does the member participate in scheduled and unscheduled community activities?	
• Does the member choose when to get up in the morning, bathe, eat, exercise, participate in activities, etc.?	
• Does the member's schedule vary from others in the same setting?	
• Does the member have access to such things as a television, radio, and leisure activities that interest him/her and can the member participate in such activities at his/her convenience?	
• Does the member choose when and with whom to eat meals?	
• Can the member request or prepare an alternative meal if desired?	
• Does the member have access to snacks anytime?	
• Is the member required to sit at an assigned seat in a dining area?	
• If the member desires to eat privately, can the member do so?	
• Is the member able to have visitors of their choosing at any time?	

<ul style="list-style-type: none"> Does the member access (as desired and applicable) essential and non-essential shopping, recreation, restaurants, religious services, exercise, healthcare, personal grooming services, and visits with family and friends? 	
Is the member made to share staff, programming, meals, transportation, or social/recreational activities between nearby settings (meals, transportation, social/recreational activities)?	
Does the member make choices about day-to-day activities and routines?	
Comments:	
3. Members choose where they work or receive day services.	
Guidance questions:	
<ul style="list-style-type: none"> Does the member work in an integrated community setting? Was the member given a choice of available options regarding where to work? 	
<ul style="list-style-type: none"> If the member would like to work, is there activity that ensures the option is pursued? Was the member given the opportunity to visit other settings before making a choice? 	
<ul style="list-style-type: none"> Does the member participate in a day activity program? Was the member given a choice of available options regarding where to receive day services including non-disability specific services? 	
<ul style="list-style-type: none"> When receiving day services, does the member participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the member? Does the member have the opportunity to combine more than one service or type of day activity in any given day/week (e.g., combine competitive employment with community habilitation or day habilitation)? 	
Does the member have residential service options available if work or day services are not chosen on any given day/week?	
Does the member have the opportunity to seek employment and work in competitive integrated settings?	
When not working, is the member active in the community outside of the residential setting and have opportunity to participate in integrated day services during typical work time hours of the day?	
Comments:	
4. Members manage personal resources.	

Guidance questions:	
<ul style="list-style-type: none"> Does the member have a checking or savings account or other means to control his/her personal finances? Does the member have access to his/her personal finances? 	
<ul style="list-style-type: none"> Is the member required to sign over his/her paychecks to the provider? 	
<ul style="list-style-type: none"> When needed, does the member receive support from direct care staff to manage personal funds? 	
Does the member have a representative payee or other legal representative to assist with personal finances?	
Does the member manage personal resources to the degree desired by the member?	
Comments:	
5. Members are treated with dignity and respect.	
Guidance questions:	
<ul style="list-style-type: none"> Does staff ask the member about her/his needs and preferences? 	
<ul style="list-style-type: none"> Are members aware of how to make a service request? 	
<ul style="list-style-type: none"> Does the member express satisfaction with the services received? 	
<ul style="list-style-type: none"> Are requests for services and supports accommodated as opposed to ignored or denied? 	
<ul style="list-style-type: none"> Is member's choice facilitated in a manner that leaves the member feeling empowered to make decisions? 	
<ul style="list-style-type: none"> Is health information about members kept private? 	
<ul style="list-style-type: none"> Are schedules of members for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view? 	
<ul style="list-style-type: none"> Are members, who need assistance with grooming, groomed as they desire? 	
<ul style="list-style-type: none"> Are monitoring cameras present in the setting? 	
<ul style="list-style-type: none"> Do staff or other residents always knock and receive permission before entering an individual's living space? 	
<ul style="list-style-type: none"> Do members greet and chat with staff? 	
<ul style="list-style-type: none"> Do staff converse with members in the setting while providing assistance and during the regular course of daily activities? 	
<ul style="list-style-type: none"> Does staff talk to other staff about a member as if the member was not present or within earshot of other persons living in the setting? 	
<ul style="list-style-type: none"> Does staff address members in the manner in which the person would like to be addressed as opposed to routinely addressing members as 'hon' or 'sweetie'? 	
<ul style="list-style-type: none"> Are entrance doors to the member's house and/or bedroom able to be closed and locked by the member with only appropriate staff having keys? 	
Is the member free from coercion and restraint?	
Is the member treated with respect?	

Does the setting assure member privacy?	
Comments:	
6. Members use community resources.	
Guidance questions:	
<ul style="list-style-type: none"> Does the member have the opportunity to regularly access community resources? 	
<ul style="list-style-type: none"> Is the member able to describe how the member accesses the community, who assists in facilitating the activity and where the member goes? 	
<ul style="list-style-type: none"> Is the member aware of or have access to materials to become aware of activities occurring outside of the setting? 	
<ul style="list-style-type: none"> Does the member shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the member chooses? 	
<ul style="list-style-type: none"> Do members come and go at will? 	
<ul style="list-style-type: none"> Are members moving about inside and outside the setting as opposed to sitting by the front door? 	
<ul style="list-style-type: none"> Is there a curfew or other requirement for a scheduled return to the setting? 	
<ul style="list-style-type: none"> Do members in the setting have access to public transportation? 	
<ul style="list-style-type: none"> Where public transportation is limited, are other resources provided for the member to access the broader community? 	
<ul style="list-style-type: none"> Are there bus stops nearby or are taxis available in the area? 	
<ul style="list-style-type: none"> Is an accessible van available to transport members to appointments, shopping, etc.? 	
<ul style="list-style-type: none"> Are bus and other public transportation schedules and telephone numbers available to the member? 	
<ul style="list-style-type: none"> Is training in the use of public transportation facilitated? 	
Does the member have opportunity to use the resources of the community?	
Does the member participate in community activities of interest to the degree desired by the member?	
Comments:	
7. Members have access to their home and community.	
Guidance questions:	
<ul style="list-style-type: none"> Are there gates, Velcro strips, locked doors, or other barriers preventing members' entrance to or exit from certain areas of the setting? 	

<ul style="list-style-type: none"> • Are members receiving Medicaid Home- and Community-Based services facilitated in accessing community-based amenities such as a pool or gym used by others? 	
<ul style="list-style-type: none"> • Is the setting physically accessible and are there no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting members' mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction? 	
<ul style="list-style-type: none"> • For those members who need supports to move about the setting as they choose, are supports provided, such as grab bars in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? 	
<ul style="list-style-type: none"> • Are appliances accessible to members (e.g., the washer/dryer is front loading for members in wheelchairs)? Are tables and chairs at a convenient height and location so that members can access and use the furniture comfortably? 	
<ul style="list-style-type: none"> • Does the member have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement? 	
<ul style="list-style-type: none"> • Is there space for the member to entertain their own guests and visitors within their home? 	
Is the member's home and community accessible to meet the individual needs of the member?	
Comments:	
8. Member exercise their rights and responsibilities.	
Guidance questions:	
<ul style="list-style-type: none"> • Are all limitations of individual rights clearly identified in the member's person-centered plan? 	
<ul style="list-style-type: none"> • Is the member supported in voting in local, state, and national elections? 	
<ul style="list-style-type: none"> • Is information about filing a complaint given to a member and in an understandable format? 	
<ul style="list-style-type: none"> • Is the member comfortable discussing concerns? 	
<ul style="list-style-type: none"> • Can the member file an anonymous complaint? 	
<ul style="list-style-type: none"> • Does the member know the person to contact or the process to make an anonymous complaint? 	
<ul style="list-style-type: none"> • Does staff impose arbitrary limits on a member? 	
<ul style="list-style-type: none"> • Does the member have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement? 	
<ul style="list-style-type: none"> • Does the member know his/her rights regarding housing and when the member could be required to relocate 	
<ul style="list-style-type: none"> • Do members 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?	
Does the member understand and exercise their rights and responsibilities?	

Comments:	
9. Services are individualized to the needs of the member.	
Guidance questions:	
<ul style="list-style-type: none"> • Does the member, or a person chosen by the member, have an active role in the development and update of the person-centered plan? 	
<ul style="list-style-type: none"> • Are individual wants, needs, and preferences incorporated into the member's person-centered service plan? 	
<ul style="list-style-type: none"> • If needed, does the member know how and to whom to make a request for a new provider? 	
<ul style="list-style-type: none"> • Is the member or a person chosen by the member, aware of how to schedule person-centered planning meetings? 	
<ul style="list-style-type: none"> • Can the member explain the process to develop and update a service plan? 	
<ul style="list-style-type: none"> • Was the member present during the last planning meeting? 	
<ul style="list-style-type: none"> • Did/does the planning meeting occur at a time and place convenient for the member to attend? 	
<ul style="list-style-type: none"> • Can the member identify other providers who render the services they receive? 	
<ul style="list-style-type: none"> • Does the member express satisfaction with the provider selected or has the member asked for a meeting to discuss a change? 	
<ul style="list-style-type: none"> • Are any limitations, restrictions, or modifications to HCBS settings standards or other member rights supported by a specific assessed need and justified in the person-centered service plan? 	
<ul style="list-style-type: none"> • Does the person-centered plan document all of the following if there are limitations, restrictions, or modifications? <ul style="list-style-type: none"> ○ A specific and individualized assessed need. ○ Prior positive interventions and supports used ○ Less intrusive methods of meeting the need that have been tried but did not work ○ A clear description of the condition that is directly proportionate to the specific assessed need. ○ A regular collection and review of data to measure the ongoing effectiveness of the modification. ○ Time limits for review of the modification to determine if it is still necessary or can be terminated. ○ Informed consent of the individual. ○ Assurance that interventions and supports will cause no harm to the individual. 	
Are services provided to the member based on a person-centered plan developed to meet individual needs?	

Comments:	
PART 3: COMPLIANCE DETERMINATION	
The member has access and opportunity to use the community resources to meet individual needs and preferences.	
The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member.	
The residential setting optimizes the member's autonomy and independence in making choices.	
All limitations, restrictions, or modifications to HCBS settings standards or other member rights are supported by a specific assessed need and justified in the person-centered service plan.	

PART 4: REMEDIATION ACTIONS AND RECOMMENDATIONS	
Member Level Remediation	
The following remediation or modifications are recommended	
Member education regarding their rights in HCBS residential settings.	
Member education regarding available residential options, residential service options, or residential service provider options.	
Review and update to the member's person-centered plan.	
Review and update to the member's restrictive intervention plans or behavioral intervention plan.	
Addition of or changes to services, supports, assistive devices, or equipment.	
Other:	
Describe:	
Initiated	
Completed	
Provider Level Remediation	
The following remediation or modifications are recommended	

Staff training or education	
Review of the member's person-centered plan to ensure staff are following the agreed upon plan.	
Review of the member's restrictive intervention plans or behavioral intervention plan to ensure staff are following the agreed upon plan.	
Environmental modifications.	
Updates to policies or procedures.	
Other:	
Describe:	
Initiated	
Completed	

Remediation Comments:

NOT FOR UPLOADING