



Home- and Community-Based Services (HCBS) Residential Setting Member Assessment

I. Member information		
Member Name:	Member ID:	
Address:		
City:	Iowa	Zip:
HCBS Waiver:		
Services Received:		
HCBS Service Providers:		
Assessment Completed By:		Date:
DHS/MCO/IHH Unit:		
Please check: <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Annual Assessment		
Number of Waiver or Habilitation members living in the setting:		
<p>Member's residential setting (part 1). Please check all that apply. The member:</p> <ul style="list-style-type: none"><input type="checkbox"/> Lives with their family or legal representative<input type="checkbox"/> Owns their home, or<input type="checkbox"/> Rents a living unit from a community landlord that is not owned or operated by a HCBS service provider <p>These settings are presumed to be integrated community settings. Members that meet one of these three settings and do not meet any criteria in part 2 below are required to only complete section I. <i>Member information</i> of this assessment.</p>		
<p>Member's residential setting (part 2). The following residential settings require additional review to determine compliance with the HCBS setting rules. Please check all that apply. The member lives in a setting that is:</p> <ul style="list-style-type: none"><input type="checkbox"/> Located on the grounds of or directly adjacent to a public or private institution.<input type="checkbox"/> A licensed facility (residential care, assisted living, other).<input type="checkbox"/> Where two or more members receiving Medicaid funded services live together to receive waiver/habilitation service.<input type="checkbox"/> Where multiple HCBS/habilitation living units are co-located in close proximity to each other within the community.<input type="checkbox"/> Owned or operated by the provider of service. <p>Members that meet any part 2 criteria shall have Section III. <i>Member Outcomes</i> of the HCBS Residential Setting Member Assessment completed by the assigned case coordinator (CBCM, CM or IHH). Assessments shall be conducted in person and in the home where the member lives. Initial assessments shall be conducted by December 31, 2017, and annually thereafter.</p>		
Please submit completed electronic assessments to:		

II. Instructions to Complete the Residential Assessment

Below are nine personal outcomes expected to be present in a member's life. Each outcome is listed separately and has a series of questions to be answered by the interviewer to assist with determining whether or not the outcome is present in the life of the member. The presence of these outcomes identifies characteristics of living in integrated community settings. There is no right or wrong answer to the outcome questions as the outcome defines the experience of the member in their residential setting.

The list of questions is not inclusive and the interviewer may ask additional questions based on the response from the member. The interview must include the member and may include others (parents, guardians, provider staff, etc.) as needed. By asking the questions, the interviewer must have enough information to answer either yes or no on the final outcome question at the end of each section. If the interviewer cannot make a final determination, additional guidance questions are needed. For each Yes or No response, the interviewer must provide evidence that supports the final response.

III. Member Outcomes

1. Members Choose where and with whom they live.

Guidance questions:

- 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 the member can 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? (Yes or No) Yes No

If YES, describe evidence/supporting documentation used to determine the response.

If NO, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

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?

Does the member make choices about day-to-day activities and routines?
(Yes or No)

Yes No

If YES, please describe evidence/supporting documentation.

If NO, identify how this is addressed in the member's person-centered plan.

3. Members choose where they work or receive day services.

Guidance questions:

- Does the member work in an integrated community setting?
- Was the member given a choice of available options regarding where to work?
- 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?
- 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?
- 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)?

<ul style="list-style-type: none"> 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? (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES to either question, describe the evidence/supporting documentation used to determine the response.</p> <p>If NO to either, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.</p>	
4. Members manage personal resources.	
<p>Guidance questions:</p> <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? Is the member required to sign over his/her paychecks to the provider? 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? (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, describe evidence/supporting documentation used to determine the response.
If NO, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

5. Members are treated with dignity and respect.

Guidance questions:

- Does staff ask the member about her/his needs and preferences?
- Are members aware of how to make a service request?
- Does the member express satisfaction with the services received?
- Are requests for services and supports accommodated as opposed to ignored or denied?
- Is member's choice facilitated in a manner that leaves the member feeling empowered to make decisions?
- Is health information about members kept private?
- Are schedules of members for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?
- Are members, who need assistance with grooming, groomed as they desire?
- Are monitoring cameras present in the setting?
- Do staff or other residents always knock and receive permission before entering an individual's living space?
- Do members greet and chat with staff?
- Do staff converse with members in the setting while providing assistance and during the regular course of daily activities?
- 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?
- 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'?

Is the member treated with respect? (Yes or No) Yes No

Does the setting assure member privacy? (Yes or No) Yes No

If YES to either, describe evidence/supporting documentation used to determine the response.
If NO to either, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

6. Members use community resources.

Guidance questions:

- Does the member have the opportunity to regularly access community resources?
- Is the member able to describe how the member accesses the community, who assists in facilitating the activity and where the member goes?
- Is the member aware of or have access to materials to become aware of activities occurring outside of the setting?
- Does the member shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the member chooses?
- Do members come and go at will?
- Are members moving about inside and outside the setting as opposed to sitting by the front door?
- Is there a curfew or other requirement for a scheduled return to the setting?
- Do members in the setting have access to public transportation?
- Where public transportation is limited, are other resources provided for the member to access the broader community?
- Are there bus stops nearby or are taxis available in the area?
- Is an accessible van available to transport members to appointments, shopping, etc.?
- Are bus and other public transportation schedules and telephone numbers available to the member?
- Is training in the use of public transportation facilitated?

Does the member have opportunity to use the resources of the community? Yes No
(Yes or No)

Does the member participate in community activities of interest to the degree desired by the member? Yes No
(Yes or No)

If YES to either, describe evidence/supporting documentation used to determine the response.
If NO to either, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

7. Members have access to their home and community.

- Guidance questions:
- Are there gates, Velcro strips, locked doors, or other barriers preventing members' entrance to or exit from certain areas of the setting?
 - Are members receiving Medicaid Home- and Community-Based services facilitated in accessing community-based amenities such as a pool or gym used by others?
 - 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?
 - 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.?
 - 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?

Is the member's home and community accessible to meet the individual needs of the member? Yes No
(Yes or No)

If YES, describe evidence/supporting documentation used to determine the response.
If NO, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

8. Member exercise their rights and responsibilities.

Guidance questions:

- Are all limitations of individual rights clearly identified in the member's person-centered plan?
- Is the member supported in voting in local, state, and national elections?
- Is information about filing a complaint given to a member and in an understandable format?
- Is the member comfortable discussing concerns?
- Can the member file an anonymous complaint?
- Does the member know the person to contact or the process to make an anonymous complaint?
- Does staff impose arbitrary limits on a member?
- 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?
- 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? Yes No
(Yes or No)

If YES, describe evidence/supporting documentation used to determine the response.
If NO, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

9. Services are individualized to the needs of the member.

Guidance questions:

- Does the member, or a person chosen by the member, have an active role in the development and update of the person-centered plan?
- Are individual wants, needs, and preferences incorporated into the member's person-centered service plan?
- If needed, does the member know how and to whom to make a request for a new provider?
- Is the member or a person chosen by the member, aware of how to schedule person-centered planning meetings?
- Can the member explain the process to develop and update a service plan?
- Was the member present during the last planning meeting?
- Did/does the planning meeting occur at a time and place convenient for the member to attend?
- Can the member identify other providers who render the services they receive?
- Does the member express satisfaction with the provider selected or has the member asked for a meeting to discuss a change?

Are services provided to the member based on a person-centered plan developed Yes No to meet individual needs? (Yes or No)

If YES, describe evidence/supporting documentation used to determine the response.
If NO, describe evidence/supporting documentation used to determine the response and identify how this is addressed in the member's person-centered plan.

IV. The Bottom Line

Based on the finding of the nine member outcomes above, answer yes or no to the following statements:

The member has access and opportunity to use the community resources to meet Yes No individual needs and preferences.

The residential setting supports the member to live, work, and recreate in the Yes No community to the degree desired by the member.

All rights limitations that limit access to the greater community are documented in Yes No the member's person-centered plan