

CO HCBS Final Rule Settings Site Visit Checklist

Goal of the HCBS Final Rule Site Visit Checklist

This site visit checklist is designed to help guide the site visit team's assessment of each provider's compliance with the final rule. The checklist below is divided into three sections: rights and autonomy, informed choice, and community integration and institutional characteristics. These sections correspond to several tabs in the PTP where the site visit team will record its findings and recommendations.

Instructions for Use:

Site visit teams should assess the accuracy of each of the statements in the checklist based on in-person observation of the setting, a review of provider organization documentation, and discussions with providers, their staff, and individuals residing or receiving benefits within a particular setting. Criteria to be assessed (and validated) during the site visit are listed in the far left-hand column. The second column requires the site visit team to verify the statement by checking one of three boxes – True; False; or N/A to this setting.

- The “True” option should be checked if the site visit team believes, based on a preponderance of the evidence, that the setting meets the criterion.
- The “False” option should be checked if the site visit team believes, based on a preponderance of the evidence, that the setting does not meet the criterion. If you find that the evidence is in equipoise, select “False.”
- The “N/A to this setting” option should be used only when the criterion does not apply to the provider setting type (for example, the criterion relates only to residential settings and the site visit is occurring at a nonresidential setting).

Site visit teams are encouraged to provide justifications for their assessments in the column on the right-hand side of the table.

For possible additional questions to ask during site visits, please refer to the questions in the *Individual and Family Survey* (Appendix D in the *User Manual*) and the Exploratory Questions in Appendix C of the *Colorado HCBS Final Rule Provider Validation Process*.

Rights and Autonomy: This section of the checklist assesses whether the setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. It also assesses whether the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. If the setting is residential and provider-owned or –controlled, this section of the checklist assesses whether it meets the additional criteria for such settings.

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The individual is free from unnecessary restrictions and rights modifications and coercion.		
<p>If setting is residential and provider-owned or controlled, it does not have “house rules” that broadly restrict the rights that are protected in such settings. Rather, interventions are individualized, and when interventions restrict and/or modify rights</p> <ul style="list-style-type: none"> - The individual’s person-centered plan includes a description of the assessed need and/or behavior as well as positive and less intrusive approaches that have been tried; - The individual is subjected to restrictions only with informed consent; and - There is evidence the modification is periodically reviewed for effectiveness and necessity. 	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
Setting promotes privacy, dignity, and respect for all individuals.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting prevents coercion and restraint.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual is aware of his/her rights and is supported in addressing needs, concerns, and preferences.		
The individual is provided with information about his/her rights in plain language and accessible format.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual knows how to file a complaint.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The individual feels comfortable discussing concerns and seeking changes in services and supports.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual has privacy in the setting.		
If setting is residential and provider-owned or controlled, the individual has privacy in his/her sleeping and/or living unit including the right to lock his/her bedroom or unit door.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
If setting is residential and provider-owned or controlled, the individual has a sense of security of their personal belongings.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual can make private phone calls and other communications.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting optimizes, but does not regiment, individual initiative, autonomy, and independence.		
The individual has freedom within the setting and access to all parts of the setting.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual is able to make choices about participation in daily activities, scheduling, physical environment, and with whom to interact.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
If setting is residential and provider-owned or controlled, the individual has freedom to meet personal preferences in furnishings and décor.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
If setting is residential and provider-owned or controlled, the individual has access to food 24-7 and is supported to purchase and store food/snack choices for use at any time.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual has a key to the doors and can come/go as s/he chooses.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The setting reflects the physical accessibility needs of individuals.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting ensures flexibility to dress and groom based on personal preferences and to wear clothes that fit, are clean, and are appropriate for the time of day and weather.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
Staff in the setting are trained in Person Centered Service and Supports.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
For residential and provider-owned or controlled settings, the setting provides protections to address eviction processes and appeals.		
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable written agreement, and the individual has at least the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the jurisdiction.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
For settings in which landlord tenant laws do not apply, a written lease or residency agreement is in place for each individual, and it provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual has access to a copy of, and understands, their lease or other written residential agreement.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Informed Choice: This section of the checklist assesses whether the setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting and whether the setting facilitates individual choice regarding services and supports, and who provides them.

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The individual is satisfied with his/her choice of setting and has a choice of roommate (when applicable)		
(If setting is residential) The individual is satisfied with his/her roommate and housemates and if unsatisfied, there is evidence the agency is proactively working to find an alternative based on individual's needs and preferences in a timely manner.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting reflects the needs, preferences, and resources of the individual.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting was selected by the individual from among an array of setting options including non-disability specific settings and an option for a private unit in a residential setting.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The choice of setting is identified and documented in the person-centered plan.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting facilitates individual choice regarding services and supports		
The setting facilitates individual choice regarding services and supports, and who provides them.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting accommodates requests for services and supports as opposed to ignoring or denying them.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Community Integration and Institutional Characteristics: This section of the checklist assesses whether the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community. This section also assesses whether the setting has characteristics that may cause CMS to presume that it is institutional.

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The setting is not in, on, or adjacent to certain institutions.		
The setting is not located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting is not located in a building on the grounds of a public institution.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting is not immediately adjacent to a public institution.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting is integrated in the community and does not have the effect of isolating people receiving Medicaid HCBS from the broader community.		
The setting is not part of a group of multiple settings co-located and/or clustered and operationally related.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting is located in the community among private residences, retail businesses, banks, etc. to the same degree as other homes in the community.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The setting is not labeled or identifiable in a way that sets it apart from the surrounding private residences. (For example, is the setting the only setting in the neighborhood with a fence? Does the setting have a driveway full of vans visible to the public as atypical for a home setting?)	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
There is sufficient transportation to support choice in community activities and schedules.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
The setting where the individual resides supports full access to the greater community.		
The individual is encouraged and supported to have full access to the community based on his/her interests/preferences/priorities for meaningful activities to the same degree as others in the community.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
Individuals are encouraged to seek and some are employed and work in competitive integrated settings.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual is supported in receiving services in the community (e.g., attending public school).	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual regularly participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual is satisfied with his/her level of access to the broader community as well as the support provided to pursue activities that are meaningful to him/her for the period of time desired.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual is encouraged to move independently within the setting or outside the setting.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual controls his or her personal resources.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
Staff facilitate and support the individual to pursue and maintain relationships that are important and meaningful to him/her.		
The individual is encouraged and supported to foster and/or maintain relationships that are important and meaningful to him/her.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	

Criteria to be Assessed (and Validated)	Verify the Statement	Justification for Assessment
If setting is residential and provider-owned or controlled, the individual is supported to have visitors of his/her choosing at any time.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	
The individual regularly interacts with people who are important to him/her (who are not paid staff) and he/she is satisfied with the type and frequency of these interactions.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A to this setting	