

Alabama Department of Senior Services Medicaid Waiver Programs  
**Foster Home Individual Experience Survey (IEA) Foster Home Recipients Cover Sheet and Instructions**

**HCBS Requirements Guidance:**

In rare instances, non-day program waiver services may be provided to individuals (exclusively minor children) who live in an Alabama Department of Human Resources foster home. If the foster caregiver is not a participant's relative, foster homes shall be considered provider owned or controlled and will require an additional layer of scrutiny to ensure compliance with the HCBS Final Settings Rule, which requires that waiver participants must have the same opportunities for full access to the greater community.

Compliance will be assessed through the administration of an Individual Experience Survey (IEA) completed by the Case Manager at least annually. At each monthly Home Visit, the Case Manager must document that there is a current IEA in place that demonstrates compliance.

It is understood that for minors, especially infants, toddlers, and non-adolescents (ages 5 – 12), many of the IEA questions will not be applicable due to their ages. Therefore, the reviewer *does not* have to provide comments explaining why a finding is "N/A" based on the minor's age.

For adolescents (ages 13-18), reviewers should consider if these minors experience the HCBS tenets, such as community access and integration, to the same degree as their non-HCBS peers. Because these experiences and expectations vary based on age (e.g., a 17-year-old may want to apply for a job, but a 13-year-old cannot apply for a job), the reviewer *should* provide comments for *all* of their findings, including those deemed "N/A".

<b>Alabama Department of Senior Services</b>	<b>Medicaid HCBS Settings Rule Ongoing Monitoring Individual Experience Assessment Survey (IEA) for Foster Homes</b>
--	--

**Section A: General Information - A response to each question is required unless otherwise indicated.**

1. Person's First and Last Name:	Date of Survey:
Age:	
2. Does the person have a legal guardian? <b>If no, skip to question 4. If yes, answer 3a – 3c</b> A guardian is a qualified person appointed by a court to act for an incapacitated person only to the extent necessitated by the incapacitated person's mental and adaptive limitations or other conditions warranting the court-appointment of a guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, is the guardian a paid/corporate guardian (i.e., the guardian is an attorney or works for an agency), or an unpaid family/friend?	<input type="checkbox"/> Paid Guardian <input type="checkbox"/> Unpaid Guardian
a. If Unpaid Guardian, enter the name of the Guardian	
b. If Paid Guardian, Enter the name of the Guardian/ Agency	
c. Does the person live with the legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. In which Waiver is person enrolled (select one): <input type="checkbox"/> ED Waiver <input type="checkbox"/> ACT Waiver <input type="checkbox"/> TA Waiver	
5. Name of Case Manager Conducting IEA:	
Case Manager employed by:	
Number of months Case Manager has supported person:	6. AAA:
7. If the person is not able to answer one or more of the questions independently, is someone other than the person responding? <b>If NO skip to Section B If YES, answer 7a – 7b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If yes, what is the First and Last name of the person assisting with responses?	
7b. What is his/her relationship to the person?	<input type="checkbox"/> Foster Parent <input type="checkbox"/> DHR Worker <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> DSP <input type="checkbox"/> Guardian

**\*\*IMPORTANT: The person should always be asked first and the person's responses should always be used first.\*\***

**Section B: HCBS Setting Experience Overall All participants are required to complete this section**

Question:	Response:	Comments:
<i>Allows person to control personal resources.</i>		
1. Do you have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Do you have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Can you buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Did someone tell you about the services and supports that you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Facilitates personal choice regarding services and supports and who provides them.</i>		
5. Did you choose the services and supports you are receiving from the list of services you are eligible for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

6.If you have services in your person-centered plan that can be self-directed, were you given the option to choose between using self-direction and using a provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. If you chose an agency provider for some of your services, were you given a choice of provider agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8.Did you choose the specific person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9.Do you know how to request a change in your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10.Do you know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Provides opportunities to seek employment and work in a competitive integrated workplace.</i>		
11. Do you have a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Do you think you might want a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Do you have the help you need to look for a job if and when you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Support full access to the broader community.</i>		
15. Does someone regularly tell you about activities and events in your local community that you might be interested in?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. Do you have access to transportation if you want to go somewhere in your community?	<input type="checkbox"/> Every time I want <input type="checkbox"/> Most of the time I want <input type="checkbox"/> Not as much I would like <input type="checkbox"/> N/A	
17. Are you able to get the support you need to do things in the community that you want to do?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want <input type="checkbox"/> Not as much as I would like <input type="checkbox"/> N/A	
18. Do you do things in your community a few times every week? (Examples: go shopping, church, sports, events, see family and friends, volunteer, work, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19. Other than family or paid caregivers, how often each week do you spend time with people who do not have disabilities?	<input type="checkbox"/> Less than 2 times per week <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> More than 5 times/week <input type="checkbox"/> N/A	
20. How long have you lived in your current residence?	Choose one: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
<i>The setting was selected by the person from among setting options, including non-disability specific settings.</i>		
21. Did you choose where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

22. If you are an adult and don't live in your own home/apartment, has anyone asked you if might like to do this (with support services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23. Did you choose the places where you receive all of your services outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>		
24. Do you have access to a phone, computer, or other technology you can use in your home and to communicate with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25. Do you get asked to make some choices for yourself every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Ensures person's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>		
27. Can you be alone if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
28. Can you have a private conversation without others listening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
29. Is your personal information kept secure so others can't see it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30. Do the people who support you treat you the way you want to be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
31. Do the people who support you listen to your questions or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
32. Does anyone ever physically restrain you or limit your freedom to move around?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
33. Do others knock before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### Section C: Residential Services (Foster Home Services)

Name of DHR Caseworker	Contact Information	
Name of Foster Parent(s)	Contact information	
Question:	Response:	Comments:
<i>Choice of non-disability specific setting.</i>		
1. Were you given the option to explore the possibility of living in your own place - a place that is not owned or controlled by a service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	.
<i>Choice of residential setting</i>		
2. Do you know how to request to live someplace else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement.</i>		
3. Do you have a lease that was explained to you and that you signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Do you know your rights as a tenant and how you are protected from eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Unit has lockable entrance door person has key and who else has key is limited to only staff that need to.</i>		
5. Can you lock and unlock your front door yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Are you comfortable with who else has a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<i>Each person has privacy in their sleeping or living unit.</i>		
7. Do others knock before entering your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Can you close and lock your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. Are you comfortable with who else has a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Were you given the option of a private room if you could afford it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Choice of housemate(s) and roommate.</i>		
12. Did you choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Do you like living with your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14. Do you know how to request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15. If you want to share your bedroom, can you choose who to share with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Freedom to furnish and decorate.</i>		
16. Did you decorate or help decorate the place you live (paint colors; wall hangings; furniture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Did you choose how to have your room decorated (paint color; wall hangings; furniture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Can you move the furniture where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19. Can you hang up different things on the wall if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Freedom and support to control schedules and activities.</i>		
20. Do you make your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21. Can you decide when you get up, take a bath, eat, exercise or participate in other activities at home and in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22. Do you receive supports to participate in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23. Can you watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Access to food at any time.</i>		
24. Can you eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25. Can you eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25. Can you eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26. Can you request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Allow visitors at any time.</i>		
28. Can you have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
29. Can you have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30. Can you have privacy with your visitors if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Physically accessible.</i>		
31. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

32. Can you enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
33. Do you have full access to the common areas of your home such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Policies outlining personal rights are available and accessible to the person.</i>		
34. Have you been given written description of your rights? (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
35. Do you understand your right or know who to ask if you have questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
36. Do you have access to a phone, computer or other technology to communicate with others outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

37. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
Revisions to Person Centered Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe areas to be addressed and target date for revisions to be done.		
Signature of Case Manager:	Date forwarded to Lead Case Manager:	
<b><u>TO BE COMPLETED BY LEAD CASE MANAGER</u></b>		
Remediation Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete table below		
<b><u>Remediation Steps Required:</u></b>	<b><u>Who Responsible?</u></b> <i>Name HCBS provider(s) and/or Case Manager as applicable</i>	<b><u>Target Date for Completion of Each Remediation Step:</u></b>
<input type="checkbox"/> Remediation fully completed  DATE CONFIRMED:	<b><u>Signature of Lead Case Manager:</u></b>	

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services and supports in the most integrated setting appropriate. The following assessment is intended to measure each individual's level of awareness of and access to exercising their rights, privacy requirements and life experience expectations, as outlined in the HCBS requirements. Each section describes characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience.

### **Instructions**

Individual Experience Assessment process: Effective May 1, 2019

The Support Coordinator shall assess each individual's experience in receiving Medicaid HCBS using the Individual Experience Assessment (IEA) upon initiation of waiver supports and services, as well as at least annually thereafter. Support Coordinators shall assess Individuals moving into **NEW settings within 5 days before or after day 60 of enrollment in waiver services and/or move into the new setting**. This assessment should be coordinated with the Regional Office's validation Report of 100% compliance with the 2014 HCBS Settings Rule by the assigned Monitor in the same time-frame.

Participants in the IEA shall include the individual and his or her family members and/or representative, as appropriate. The individual's input should be obtained first, with input from others involved used when the person is not able to respond to one or more of the questions independently. Service provider staff may participate as requested by the individual and his or her family and/or representative.

In addition, the individual's Support Coordinator, as applicable, shall address any issues regarding compliance with the HCBS Settings Rule or other concerns identified during the IEA. Each **NO** response should be investigated to determine if it is appropriately supported by the PCP or if it is truly **Not in Compliance**. Specific remediation should occur for any response that is determined to be **Not in Compliance**.

Timelines for completion and follow-up actions are as follows:

1. The **Initial IEA** shall be completed within 5 days before or after day 60 of enrollment in waiver services and/or move into the new setting by the Support Coordinator. Results are then submitted to the provider and the Regional Office Monitors and Regional Support Coordination Liaisons upon completion of survey within TEN business days of date of survey.
2. Follow up on any area NOT in Compliance (revisions to PCP/SC or remediation/ROM) shall be completed within TEN business days of date of survey.
3. Initial surveys should be forwarded to Regional Office Support Coordination Liaisons. Thereafter, only surveys reflecting non-compliance should be forwarded to Regional Office Monitors and Regional Support Coordination Liaisons.



<b>Section A: General Information - A response to each question is required unless otherwise indicated.</b>		
1. Person's First and Last Name:		Date of Survey:
2. Does the person have a legal guardian? <b>If no, skip to question 4. If yes, answer 3a – 3b</b> A guardian is a person appointed by the probate court to oversee the personal and/or financial affairs of an adult who is determined to be incapable of managing his or her own affairs or unable to care for himself or herself.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, is the guardian a paid/corporate guardian (i.e., the guardian is an attorney or works for an agency), or an unpaid family/friend?		<input type="checkbox"/> Paid Guardian <input type="checkbox"/> Unpaid Guardian
a. If Unpaid Guardian, enter the name of the Guardian		
b. If Paid Guardian, Enter the name of the Guardian/ Agency		
4. In which Waiver is person enrolled (select one): <input type="checkbox"/> ID Waiver <input type="checkbox"/> LAH Waiver		
Name of Support Coordinator Conducting IEA:		
Support Coordinator employed by:		
5. Number of months SC has supported person:		6. Region (circle one): 1 2 3 4 5
7. Is someone other than the person responding to the survey (if the person is not able to answer one or more of the questions independently)? <b>If NO</b> skip to Section B <b>If YES</b> , answer 7a – 7b		<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If yes, what is the First and Last name of the person assisting with responses?		
7b. What is his/her relationship to the person?	<input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> (Other)Family <input type="checkbox"/> Friend <input type="checkbox"/> DSP <input type="checkbox"/> Guardian	
<b>Section B: HCBS Setting Experience Overall All participants are required to complete this section</b>		
Question:	Response:	HCBS Setting Requirement:
1. Do you have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allows person to control personal resources.</i>
2. Do you have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did someone tell you about the services and supports available to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facilitates personal choice regarding services and supports and who provides them.</i>
5. Did you choose the services and supports you receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Were you given options to choose from when selecting the agency that provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Did you choose the specific person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you know how to request a change in your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does this person participate in Employment or Day Services? If yes, complete Section C; If no, SKIP Section C</b>		
<b>Section C: Employment and Day Services</b>		
10. Select the funding for Employment/Day Service(s) the person is receiving	<input type="checkbox"/> ID Waiver <input type="checkbox"/> LAH Waiver <input type="checkbox"/> ADRS	
11. Name of Service Provider	Address	

<b>Does the person have more than one Employment/Day services provider? If yes, enter the 2<sup>nd</sup> provider name; If no, skip to question 1</b>		
12. Name of 2 <sup>nd</sup> Service Provider	Address	
Question:	Response:	HCBS Setting Requirement:
1. Do you have a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provides opportunities to seek employment and work in a competitive environment.</i>
2. Could you have a job if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you have the help you need to look for a job if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Can you be alone if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures person's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
5. Can you have a private conversation without others listening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is your personal information kept secure so others can't see it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do the people who support you treat you the way you want to be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do the people who support you listen to your questions or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated, and supports, access to the broader community.</i>
9. If you want to, can you go out in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the person participate in Residential Services? If YES, complete Section D; If NO, SKIP Section D</b>		(circle YES or NO)
<b>Section D: Residential Services</b>		
Select the waiver funding source for the residential services the person is receiving	ID Waiver	LAH Waiver
Name of Service Provider	Address	
How long have you lived in your current residence?	Weeks/Months/Years	
Question:	Response:	HCBS Setting Requirement:
1. Did you choose where you live and receive services/supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The setting was selected by the person from among setting options, including non-disability specific settings.</i>
2. Did you visit other places before choosing this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you know how to relocate and request new housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you own your home or have a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement.</i>
5. Do you know your rights as a tenant and protections from eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Can you close and lock your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
Question:	Response:	HCBS Setting Requirement:
7. Do you have a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
8. Does anyone else have a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do others knock before entering your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can you close and lock your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each person has privacy in their sleeping or living unit.</i>
11. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Did you get to decide who has a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do others knock before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Were you given the option of a private room if you could afford it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Option for a private unit.</i>
15. Can you choose who you share your room with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of roommates.</i>
16. Did you choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Do you like living with your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do you know how to request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Did you decorate your room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom to furnish and decorate.</i>
20. Can you move the furniture where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Can you hang or put up pictures if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Can you change the decorations in your room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Do you participate in activities like shopping, going to church or having lunch with family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated in and supports full access to the greater community.</i>
24. Do you know how to find out about upcoming events or activities that you might have an interest in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Do you have the help you need to participate in the activities you want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Are you able to get to the activities you would like to participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Do you make your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom and support to control schedules and activities.</i>
28. Can you decide when you get up, take a bath, eat, exercise or participate in other activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Can you watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Can you eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
31. Can you eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Can you eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Can you request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Question:</b>	<b>Response:</b>	<b>HCBS Setting Requirement:</b>
35. Can you have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allow visitors at any time.</i>
36. Can you have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Can you have private visits with family & friends if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physically accessible.</i>
39. Can you enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Do you have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Do you have a resident handbook or know how to get one? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Policies outlining personal rights are available and accessible to the person.</i>
42. Do you understand the handbook or know who to ask if you have questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Do you have access to a phone, computer or other technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
44. Do you have access to transportation to go the places you want to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the person participate in Personal Care Services? If yes, complete Section E; if no, SKIP Section E</b>		(circle YES or NO)

<b>Section E: Personal Care Services</b>		
Select the waiver funding source for Personal Care services the person is receiving	ID Waiver	LAH Waiver
Name of Service Provider	Address	
<b>Question:</b>	<b>Response:</b>	<b>HCBS Setting Requirement:</b>
1. Do you live with family in a family member's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice in living arrangement.</i>
2. Do you live in your own home or apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you live in your own home or apartment if you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you have the help you need to participate in the activities you want to do? <i>For example, are you able to get to the activities you want to participate in and the support you need to participate in those activities?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated and supports access to the greater community.</i>
5. If you want to, can you go out in the community during the day? <i>For example, do you participate in activities like shopping, going to church or having lunch out with family and friends?</i> If Yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	<i>Integrated and supports access to the greater community.</i>
<b>Question:</b>	<b>Response:</b>	<b>HCBS Setting Requirement:</b>
6. Other than family or paid caregivers, do you spend time with people who do not have disabilities? If yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	<i>Integrated and supports access to the greater community.</i>
7. Do you know how to find out about upcoming events or activities in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If you want to, can you have a job or volunteer? <i>For example, do you have the support you need to look for a job or volunteer somewhere if you want?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provides opportunities to seek employment or volunteer opportunities.</i>
9. Can you change how and where you receive personal care supports if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The service facilitates personal choice regarding services and supports and who provides them.</i>
10. Can you be alone if you want/need to be while receiving personal care services? <i>For example, can you have a private conversation without others listening?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures person's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
11. Do the staff who support you treat you the way you want to be treated? <i>For example, do staff listen and respond to your questions or concerns?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you have adequate privacy in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Can you close and lock your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
14. Do you have a key to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are you comfortable with the other people who have keys to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do others knock before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each person has privacy in their sleeping or living unit.</i>
17. Can you close and lock your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

19. Are you comfortable with the other people who have a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Question:</b>	<b>Response:</b>	<b>HCBS Setting Requirement:</b>
20. Can you eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
21. Can you eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Can you eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physical accessibility.</i>
25. Can you enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Do you have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Do you have access to a phone, computer, or other technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes personal initiative, autonomy, and independence in making life choices.</i>
28. Do you have access to transportation to go to places you want to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revisions to Person Centered Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe areas to be addressed:</i>		
Remediation Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe areas to be addressed:</i>		
Signature of Support Coordinator:	Date forwarded to Provider/Monitor:	