

Site Op Cert:	
----------------------	--



DIVISION OF QUALITY IMPROVEMENT
 Home and Community Based Services (HCBS) Settings
PART II – Site Review

Use this form to complete the attached HCBS Settings Assessment and to provide the information requested below.

Survey Information

Site Op Cert:					
Agency Name:					
Site Address:					
City:		State:		Zip:	
Agency ID:		Setting Type:	<input type="checkbox"/> Supervised <input type="checkbox"/> Supportive	Site Capacity:	
Survey Start Date:		Survey End Date:		Survey Team # :	

Survey Team Members:	Surveyor ID:

Interviewees

Name:	Title (If applicable):	Contact Information: (Telephone and/or Email)	Contact Type: (Select one)	
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian

Site Op Cert:	
----------------------	--

Name:	Title (If applicable):	Contact Information: (Telephone and/or Email)	Contact Type: (Select one)	
			<input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:

Section 1: The Home is Not On/Adjacent to an Institutional Setting (Heightened Scrutiny)

Standard 1: The setting is not on or adjacent to an institution.

Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
1a. The home and/or site is not located in a building on the grounds of a public institution.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		59
1b. The home and/or site is not located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		59
1c. The home/site is not immediately adjacent to a public institution.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		59

Section 2: The Home is Integrated into the Community

Standard 2: The home is not isolated from the community and does not have the effect of isolating people from the community

Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
2a. The home is not part of a group of multiple settings co-located and/or clustered and operationally related.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		60

2b. The home 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		61
2c. The home is not labeled or identified in a way that sets it apart from the surrounding private residences.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		61
2d. There is sufficient transportation capacity to support peoples' choice of activities and schedules; and/or staff facilitates the use of public transportation to support peoples' choice of activities and schedules.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		62
2e. The home's staffing schedules and operations (and their use of natural/peer supports) is sufficient to support peoples' choice/participation in meaningful community activities according to the preferences/priorities in their Plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		63

Section 3: Policies/Procedures and Practices Promote HCBS Rights and are Not Institutional in Nature

Standard 3: Setting policies/procedures and practices promote rights and integration.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
3a. There are no blanket house rules (or polices/procedures) or practices that limit individual rights, independence, choices, or autonomy, including but not limited to: the right to choose one's own schedule, to come and go from their home at any time(e.g., no curfew), the right to have visitors at any time; the right to have access to food 24 hrs/day, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		64

<p>3b. The home is an environment that supports individual comfort, independence, and preferences and is not institutional in appearance or operation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		65
<p>3c. People have full access to the typical facilities in a home.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		66
<p>3d. The home has a mechanism to assess roommate/living arrangement choice and satisfaction and takes timely action if a person is dissatisfied.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		67
<p>3e. The home has a mechanism to offer and provide keys to peoples' bedrooms/front doors if desired.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		68
<p>3f. There are no "house schedules" that require all residents to follow a particular schedule for waking up, going to bed, eating, leisure activities, community activities, etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		69
<p>3g. There is evidence that the schedules of people in the home vary based on individual preferences and needs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		70

<p>3h. People are not prohibited from engaging in any legal activities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		71
<p>3i. Peoples' health and other applicable information, such as diet restrictions, is kept private (i.e., not posted publically in the home).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		72
<p>3j. There is evidence that the home optimizes community/natural resources including public transportation (if applicable) to ensure that individuals have full access to the community according to their preferences.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		72
<p>3k. Surveillance cameras are not present anywhere inside the home.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		73

Section 4: Staff Competencies, Training, and Interactions

Standard 4: Staff competencies, training, and interactions promote rights, choice, autonomy, and community engagement.

Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
4a. Staff receives training in HCBS Settings requirements including individual rights and how to support individuals to exercise control and choice in their own lives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		74
4b. Staff respects the cultural/religious/other backgrounds of its residents and is culturally competent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		74
4c. Staff interacts and communicates with residents in a respectful and dignified manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		75
4d. There is evidence that site and/or provider staff actively promote and support individual input, choice, autonomy and decision making including choice of activities for meaningful community inclusion, relationships, freedom of association, religious/spiritual preferences, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		76

Site Op Cert:	
---------------	--

General Observations:
Comments:

After you have entered the necessary information to complete this questionnaire, print and distribute it to collect the signatures and dates that you need for approval.

Signatures for Approval

Assessment Completed:	_____	Date:	___ / ___ / ___
Assessment Reviewed:	_____	Date:	___ / ___ / ___
Assessment Received:	_____	Date:	___ / ___ / ___
Data Entry:	_____	Date:	___ / ___ / ___
Additional Assessment Review:	_____	Date:	___ / ___ / ___