

Mississippi Department of Mental Health
HCBS Final Rule Onsite Assessment Tool –Residential

Visit Information

Date of assessment	
Start time of assessment	
End time of assessment	
Assessor name	

General Provider Information

Provider name	
Project-assigned provider ID	
Provider address	
Provider contact	
Number of people served	
Overall site capacity	
Service Type (Supervised, Shared Supported Living, Supported Living - Provider Owned or Controlled)	

HCBS Compliance

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-A Community Integration	The setting is integrated in and supports full access to the greater community	Is the site located in the community among other private residences or commercial businesses (retail, residential neighborhood, commercial, industrial, other)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe the setting location.
1-B	The setting is integrated in and supports full access to the greater community	Is the home surrounded by a high wall, fence, closed gate or locked gate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe the fence/wall, etc. Is there a gate that prevents egress?
1-C	The setting is integrated in and supports full access to the greater community	Is the home free from locked doors, gates, or other barriers which inhibit entry to or egress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-D	The setting is integrated in and supports full access to the greater community	Is the home located in or adjacent to a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment (NF, ICF/IID, IMD, hospital)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-E	The setting is integrated in and supports full access to the greater community	Is there another site operated by the provider in the immediate area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-F	The setting is integrated in and supports full access to the greater community	Is the home the only one in the immediate area where people with disabilities live together?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-G	The setting is integrated in and supports full access to the greater community	Does the site provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-H	The setting is integrated in and supports full access to the greater community	Do people have the opportunity, if they are interested, to participate in outings with their housemates/roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-I	The setting is integrated in and supports full access to the greater community	Do the individuals have the opportunity, if interested, to run errands independent of their housemates/roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-J	The setting is integrated in and supports full access to the greater community	Do people go on outings with family members, friends, or other people important to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-K	The setting is integrated in and supports full access to the greater community	Do people have access to community events only when planned by staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-L	The setting is integrated in and supports full access to the greater community	Are group and individual activities planned with input from the residents of the home rather than chosen by staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-M	The setting is integrated in and supports full access to the greater community	Does the setting afford opportunities for individual schedules that focus on the needs and desires of a person and an opportunity for individual growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-N	The setting is integrated in and supports full access to the greater community	Does the setting allow people the freedom to move about the setting, including the freedom to go outside as they chose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-O	The setting is integrated in and supports full access to the greater community	Is the environment barrier free for people who have mobility issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-P	The setting is integrated in and supports full access to the greater community	Does the setting assure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-Q	The setting is integrated in and supports full access to the greater community	Do people have access to their money at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-A Choice of setting	The setting is selected by the individual from among setting options	Does the setting provide individuals with flexibility in their schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-B	The setting is selected by the individual from among setting options	Are activities adapted to individuals' needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-C	The setting is selected by the individual from among setting options	Is the individual provided options when choosing the setting, including non-disability specific settings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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2-D	The setting is selected by the individual from among setting options	Do the people have the option for a private bedroom? If not, were they informed of that before moving into the home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-E	The setting is selected by the individual from among setting options	Do the people who share bedrooms have a choice of roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-F	The setting is selected by the individual from among setting options	Does a person know who to talk to if they want to change roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-G	The setting is selected by the individual from among setting options	Do people have a choice of housemates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-H	The setting is selected by the individual from among setting options	Can people decorate their bedrooms in the manner of their choosing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-A Individual Rights	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Can individuals choose to decorate common living areas of the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-B	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are furnishings clean, in good repair and up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-C	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the home ensure all information about the people living there is kept private/confidential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-D	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure health information is only discussed with the person or those authorized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-E	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are activities such as personal hygiene, blood pressure readings, and medication management, when needed, provided in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-F	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individual schedules (e.g. PT, OT, diet restrictions, medications) kept private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-G	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-H	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting/service provide the opportunity for all people to have the space in order to speak on the telephone, open and read mail, and visit with others in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-I	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure response to each person's needs and preferences as defined in their person-centered Plan of Services and Supports/Activity Support Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-J	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure that one person's behavior supports do not impede on the rights of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-K	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting offer a secure place for each person to store their belongings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-L	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individuals informed of their rights upon admission and annually thereafter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-M	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are people informed of the process for filing grievances or complaints upon admission and annually thereafter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-N	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are people able to freely express complaints without fear of staff-imposed consequences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-O	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Is the site free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-P	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the site prohibit the use of unauthorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-A Autonomy and Independence	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.	Does the setting have any of the following barriers preventing people's movement around the home? -Gates -Locked doors -Fences -Other (please specify under Evidence for Observation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-B	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.	Does the setting offer any options for the people to meet physical environment goals and needs? -indoor gathering space -outdoor gathering space -large group activity space -small group activity space -private space -area for calming activities -area for stimulating activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-C	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.	Does the setting afford the opportunity for tasks and activities that match to the following attributes for people in the home? -age -skills -abilities -desires/goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-D	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.	Is the setting physically accessible, including access to bathrooms and common areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-E	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.	Does the setting provide for an alternative meal and/or private dining if requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-F	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.	Do people have access to food at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-G	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.	Does the setting allow people to choose with whom they spend their time while at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-H	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.	Does the setting support people to do the following? -Make decisions -Move about the community -Associate with others -Practice their religion -Access their money -Make personal decisions -Vote	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-I	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.	Do people have the choice to remain at home during the day rather than be required to participate in day programs or employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-J		Do people have the choice to stay home when housemates want to go out? Is staff available to support that choice?			
4-K	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.	Are people in the home given the choice to participate in menu planning and cooking activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-L	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.	Are people given the choice to participate in laundry, cleaning, or other household chores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-M	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.	Do people have flexibility with wake-up times when they do not have a scheduled activity such as work? (ex: weekends, do not want to go to day program, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-N	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.	Do people have a choice in when they go to their rooms or to bed each evening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-A Choice of Services	The setting facilitates individual choice regarding services and supports, and who provides them.	Can a person choose which of the setting's employees provide his/her services? Example: A person requests that all personal care services for her be conducted by female employees. Is that request met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-B	The setting facilitates individual choice regarding services and supports, and who provides them.	Can someone who is interested in living in the home tour the setting before moving in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5-C	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting afford people the opportunity to regularly and periodically update or change their work/daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-D	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site have person-centered policies and practices to ensure people are supported in developing plans to support their needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-E	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the provider ensure all staff is knowledgeable about the capabilities, interests, preferences, and needs of all people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-F	The setting facilitates individual choice regarding services and supports, and who provides them.	Do staff at the home provide information about how to make a request for additional services or changes to their Activity Support Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5-G	The setting facilitates individual choice regarding services and supports, and who provides them.	Do people receiving services and their representatives participate in their planning meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-A Landlord Tenant Rights	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the waiver participant, and the waiver participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of New York.	Does everyone have a legally enforceable lease or agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7-A Privacy	Each individual has privacy in their sleeping or living unit	Do people have keys to their rooms, unless otherwise specified in their plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7-B	Each individual has privacy in their sleeping or living unit	Do people have keys to the home/apartment, unless otherwise specified in their plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7-C	Each individual has privacy in their sleeping or living unit	Can people lock the bathroom door, unless otherwise specified in their plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-A Self Determination	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Do people have the flexibility to eat meals at the time of their own choosing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-B	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Are individuals able to eat out the location of their choosing, if their resources allow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-C	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Can people eat wherever they would like? Not assigned a specific seat for dining? In their rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-D	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Do people have access to food items throughout the day without requesting these items from staff? If not, is this restriction documented appropriately in the person-centered service plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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9-A Visitors	Individuals are able to have visitors of their choosing at any time.	Are visitors required to sign in or out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-B	Individuals are able to have visitors of their choosing at any time.	Can people have visitors over at any time they choose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-C	Individuals are able to have visitors of their choosing at any time.	Are people afforded a private place to meet their visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-D	Individuals are able to have visitors of their choosing at any time.	Does the site have a method to allow guests to enter the location without the assistance of staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10-A Physical Accessibility	The setting is physically accessible to the individual	Is the setting physically accessible for people who have a physical disability (e.g. a ramp is in place if a resident uses a wheelchair, roll-in shower)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10-B	The setting is physically accessible to the individual	Do all people have access to all common areas of the house (i.e. there are not stairs in a home that a resident in a wheelchair cannot use thus keeping them out of a portion of the home)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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10-C	The setting is physically accessible to the individual	Are assistive devices (e.g. sight and hearing impairment devices) available for people who require them to move or access the setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual Questions 11A	Individual participant questions	Do you go to community events to do things you like to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11B	Individual participant questions	Do you go on errands (drug store, shopping for clothing, etc.) in the community if you are want to? Who do you go with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11C	Individual participant questions	Do you have to do errands with everyone in the home when you don't want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11D	Individual participant questions	Did you choose this home or apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11E	Individual participant questions	Was there another place you wanted to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11F	Individual participant questions	Did you get to choose to have a private bedroom? If not, was this explained to you before you moved in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11G	Individual participant questions	If you are unhappy with staff, do you feel safe enough to tell someone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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11H	Individual participant questions	Do you know what to do if you have a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11I	Individual participant questions	Has anyone given you a telephone number you can call if you have a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11J	Individual participant questions	Are you able to use the phone in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11K	Individual participant questions	Are you able to get your own mail if you choose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11L	Individual participant questions	Are you able to keep things that are important to you /valuable (such as photos, or mementos) locked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11M	Individual participant questions	Do you make decisions about what you want to do, when and where you go and who you see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11N	Individual participant questions	Are you able to eat what you want to eat? If not, why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11O	Individual participant questions	Do you get to eat at the time you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11P	Individual participant questions	Are you able to eat where you want and with whom you want (e.g. in a place other than the dining room or kitchen)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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11Q	Individual participant questions	Do you always have to sit by the same person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11R	Individual participant questions	Do you have to go to bed at a certain time? Wake up at a certain time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11S	Individual participant questions	Do you go to the planning meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11T	Individual participant questions	Do you get to decide on who is invited to your planning meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11U	Individual participant questions	Does anyone else come to your meeting (family, friends, others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11V	Individual participant questions	Do you think you are listened to during the person-centered care planning meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11W	Individual participant questions	Does your service plan include things that are important to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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11X	Individual participant questions	If you later wanted to change some of your services, do you know who to talk to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11Y	Individual participant questions	Do you have a key to where you live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11Z	Individual participant questions	If you do not have a key, do you want one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12A	Individual participant questions	Can you close and lock your bedroom door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12B	Individual participant questions	Do you have a key to your bedroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12C	Individual participant questions	Can you close and lock your bathroom door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12D	Individual participant questions	When other people in the home go out to do an activity or to run an errand, do you have to go if you don't want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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12E	Individual participant questions	Do you get to help decide what activities you get to do or restaurants you go to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12F	Individual participant questions	Can you have visitors come to the house whenever you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12G	Individual participant questions	Are you able to let your visitors in the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12H	Individual participant questions	Are you able to get your hair cut when you want and in the style you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12I	Individual participant questions	Do you get to control/keep you own money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12J	Individual participant questions	If no to question above: Do you know how to ask for your money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12K	Individual participant questions	Can you get money when you ask for it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did you observe anything while onsite that should be noted for that could not be captured in the parameters above concerning compliance with the federal Medicaid regulations? These could include, but not limited to, obvious unmet needs of individuals or indications from an individual that they did not receive an option of settings or services.

SUMMARY OF FINDINGS: