

## Federal Home and Community Based Services Regulations (HCBS)

Vendor Name: \_\_\_\_\_ Vendor Number: \_\_\_\_\_  
 Provider Name(s): \_\_\_\_\_ Service code: \_\_\_\_\_  
 \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
 KRC Monitoring Team: \_\_\_\_\_ Time: \_\_\_\_\_

### Monitoring Tool

**1. Choices:** *(if applicable)* *Comments*  
 42 CFR § 441.301 (c)(4)(i-iv) Met Was the following criteria modified based on individualized need?

		Met					
	N/A	YES	NO	YES	NO		
a. Optimizing independence and choice in their daily living, life style preferences, activities and transportation [HCBS Fed. Req. #1,4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. When to come and go (unless indicated as a support need in their IPP) [HCBS Fed. Req. #4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. And know what to do if they want to change an activity, meal, service/supports and whom provides them etc. [HCBS Fed. Req. #4, 5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. option to control personal resources such as money or items (or unless indicated as a support need in their IPP) {Fed. Req #1, 3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. In living arrangements or participation a day or employment program including exploring options for nondisability specific services?[HCBS Fed. Req #1, 2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Does the IPP include setting options, including nondisability specific that were considered prior to selecting this service and is based on the individual needs and preferences? [HCBS Fed. Req. #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. In Residential settings, roomates or choice of private accomodations [HCBS Fed. Req. #7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**2. Decisions:** *(if applicable)* *Comments*  
 42 CFR § 441.301 (c)(4)(i-iv) Met Was the following criteria modified based on individualized need?

		Met					
		YES	NO	YES	NO		
a. Included in the decisions that will affect them [HCBS Fed. Req. #4,5]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

b. Does each individual have a written residency/admissions agreement that has the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the state? [HCBS Fed. Req. 6]

c. Invited and invite others to planning meetings and their input is recorded (e.g. summary of planning meetings indicate input from individuals, staff, family and KRC representatives) [HCBS Fed. Req. #5]

d. Asked how they like to spend time, including where to go, what to learn, and food to eat [HCBS Fed. Req. #4, 8]

**3. Plans:**

*(if applicable)*

*Comments*

42 CFR § 441.301 (c)(4)(i-iv)

Was the following criteria modified based on individualized need?

Met

YES NO YES NO

a. Individual took part in their Person centered Plan (e.g. IPP and/or ISP is written with Person Centered Planning approaches). [HCBS Fed. Req. #5]

b. Individuals are informed of their rights and complaint/grievance procedures in their preferred language [HCBS Fed. Req. #3, 5]

c. Settings are to support individuals to have freedom from coercion and restraint, if the setting has a policy for utilizing restraints, is this modification plan documented in IPP? [HCBS Fed. Req. #3]

d. Includes a statement of individual needs, preferences, method of communication, cultural identity, and hopes and dreams (e.g. documentation of likes, dislikes, important to and for the individual) [HCBS Fed. Req. #4]

e. Includes goals and outcomes that are important to and for the individual [HCBS Fed. Req. #4, 5]

f. As a part of their plan for services, do individuals have the opportunity to participate in individual and group outings and activities in the community at the frequency and for the amount of time desired? [HCBS Fed. Req. #1, 4, 5]

g. Does the setting have the current IPP on file for all individuals? [HCBS Fed. Req. #2]

h. Are personnel trained in HCBS and/or related competencies? [HCBS Fed. Req. #3, 4]

#### 4. Culture and Community:

42 CFR § 441.301 (c)(4)(i-iv)	<i>(if applicable)</i>				Comments
	Met		Was the following criteria modified based on individualized need?		
	YES	NO	YES	NO	
a. Knowledge and support for cultural identity through: indication of cultural preferences in the ISP plan, celebrating and honoring cultural traditions (e.g., holidays, food, clothing, spiritual), and supporting participation in activities (e.g., cultural events, organizations) [HCBS Fed. Req. #4,5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Opportunities to shop, run errands, attend events, see friends and family weekly (e.g., documentation in activity log, interviews, and observations) [HCBS Fed. Req. #1, 4, 5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Support for building and maintaining healthy relationships with family, friends, housemates, peers and/or community members [HCBS Fed. Req. #4, 5 and 9]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Support for maintaining employment or attending a day program as needed (e.g., support for attending workplace activities, packing a lunch, ongoing communication, with worksite supervisor, etc.) [HCBS Fed. Req. #1, 2,4, 5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### 5. Physical Environment:

42 CFR § 441.301 (c)(4)(i-iv)	<i>(if applicable)</i>				Comments
	Met		Was the following criteria modified based on individualized need?		
	N/A	YES	NO	YES	NO
a. The home/setting is physically accessible to the current individuals. [HCBS Fed. Req. #10]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the setting impose any restrictions inside and or outside such as delayed egress/secured perimeters, blanket restrictions in house rules/values? [HCBS Fed. #3, 8, 10]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. In a residential home,** Individuals have access to food at any time. [HCBS Fed. Req. #8]

**d. In a residential home,** Individuals have privacy which includes: Ability to lock bedroom doors, privacy in bathrooms, opportunity to have private conversations or use the phone in private, and furnish/decorate their rooms. [HCBS Fed. Req. #7]

**e. In a residential home,** Individuals are able to have visitors of their choosing at any time. [HCBS Fed. Req. #9]

**Comments/Modifications/ Recommendations or Follow up:**

Participants:	Organization/Title	Signature
Name:		
Name:		
Name:		
Name:		