

HCBS-AMH SETTINGS CHECKLIST

Comprehensive Provider:		Date:
Recovery Manager:		Initial ____ Update ____ Annual ____
Address:	Type of Setting:	
_____	Owner Operated ____ Provider Leased ____	
# of Bedrooms: ____ # of Beds: ____	Individual Operated ____	
	SFR <input type="checkbox"/> Y <input type="checkbox"/> N MFR <input type="checkbox"/> Y <input type="checkbox"/> N If ALF, type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Single Family Residence) (Multi Family Residence) (Assisted Living Facility)	

Office/Home Setting Walk-Through

Complete this selection when conducting a walk-through of the office/housing setting. If setting does not meet setting requirements, include explanation in the comments section that will be utilized to provide guidance and feedback to the setting provider.

SETTING INTEGRATION AND COMMUNITY SAFETY		Y	N	N/A
1.	Setting is located among other residential buildings, private businesses, retail businesses, and doctor's offices of physical likeness			
2.	Home Owner's Association has provided a letter of agreement to operate the setting			
3.	Entrance door to housing area is lockable, with only individual or appropriate staff having a key			
4.	Sleeping unit door is lockable, with only individual or appropriate staff having a key			
5.	No obstructions limiting individual's mobility in the setting (i.e. lips in the doorway, narrow hallways)			
6.	Environmental adaptations are made for the individual, if applicable (i.e. chair lift, elevator)			
7.	Setting does not have gates, locked doors, or fences which prohibit the individual from entering or exiting the setting			
8.	The setting has outdoor and indoor gathering spaces			
9.	If Assisted Living or Supervised living is provided, the setting has a designated 24 hour staff area (i.e. policies on 24 hour staff and an area of the setting designated for this staff)			
10.	Setting has a separate dining room or community center/living parlor which can serve as a common eating area (Assisted Living setting must have one of these areas)			
11.	Setting has operational fire and smoke alarms in each bedroom and common area that meet local, state and federal standards.			
12.	Setting has local ordinance approved fire extinguishers.			
13.	Setting wastewater and sewer discharge meets local ordinances.			

14.	All appliances are in good working order. Includes but not limited to: stoves, refrigerators, washers/dryers, HVAC			
15.	All windows and doors are fully operational.			
16.	All bathrooms are operational in accordance with local ordinances			
17.	The Setting is licensed or registered in accordance with local ordinances			
Comments:				

Resident Interview

Complete this section when conducting an interview with a resident of the setting. If setting does not meet setting requirements, include an explanation in the comments section that will be utilized to provide feedback and guidance to the housing provider.

INDIVIDUAL CHOICE		Y	N	N/A
1.	Individual is able to furnish their living environment			
2.	Individual is able to choose their own roommate			
3.	Individual is able to make their own schedule			
4.	Individual is able to choose from whom they receive services			
5.	Individual is able to have visitors, as applicable			
6.	Individual is able to control their own finances, as applicable			
Comments:				

Office/Housing Provider Interview

Complete this section when conducting an interview with the office/housing provider. If office/housing provider does not meet setting requirement, please document issue through an example and additional comments. These will be utilized to provide feedback and guidance to the setting provider.

LEASE AND RESIDENCY AGREEMENT		Y	N	N/A
1.	Provider has an individualized lease or residency agreement for each tenant residing in the housing setting (a copy of lease or residency agreement must be provided)			
2.	The lease or residency agreement ensures housing is not contingent upon services			
3.	The lease or residency agreement provides protections that address eviction processes and appeals			
Comments:				

AUTONOMY AND INDEPENDENCE

		Y	N	N/A
1.	The individual has the opportunity to engage in legal activities (i.e. voting) of likeness to individuals not receiving HCBS-AMH or Medicaid services			
2.	The individual has the opportunity to engage in activities both inside and outside of the setting with other non-HCBS-AMH individuals			
3.	The individual has the freedom and support to control their own schedule			
4.	The individual is able to choose who provides their services and supports			
5.	The setting provides opportunities for group and solitary activities.			
6.	The setting provides opportunities for outdoor and indoor activities.			
7.	The individual is able to control their own appearance and dress as they choose			
Comments:				

CONFIDENTIALITY AND PRIVACY

		Y	N	N/A
1.	Does staff follow confidentiality procedures (review confidentiality procedure)			
2.	Individual's schedules are not publically posted			
3.	The individual is able to obtain a copy of their tenant rights when requested			
4.	Staff does not reference individual's sensitive information in the presence of unauthorized persons			
Comments:				

ACCESS TO RESOURCES

		Y	N	N/A
1.	Individuals have access to meals at times of their choosing			
2.	Individuals with modified diets have assistance with meal preparation if required			
3.	The individual has access to visitors in accordance with their health and safety needs (a copy of the visitors policy must be provided)			
4.	The individual has access to make private phone calls/texts/emails			
5.	If money management is a goal referenced in the IRP, the individual has the ability to have their own checking or savings account			
6.	Individual is provided information on ways to access the broader community (i.e. information on public transportation, taxis, buses)			
7.	The individual is provided information on resources available in the broader community (i.e. information on employment programs, restaurants, shopping centers, religious services, and recreational activities)			
8.	Onsite Transportation is available if public transportation is farther than .5 mile			
Comments:				

Comprehensive Provider Signature:

Date:

Recovery Manager Signature:

Date:

For Internal Use Only

DSHS Comprehensive Provider Liaison Signature:

Date:

DSHS Expansion Liaison Signature:

Date:

DSHS Recovery Manager Liaison Signature:

Date:

Signature(s) as applicable