

Care Coordinator:

LME/MCO

Site Name:

HCBS MONITORING CHECK SHEET

PROVIDER:	INDIVIDUAL:	DATE:
<p>Minimum responsibility for general monitoring is to be alert for these items, ask individual about items, discuss with provider QP as applicable to confirm that all requirements are met, follow-up further as indicated.</p>		Check/Comments
Does the individual live/receive services in the same areas of setting as an individual not receiving Medicaid HCBS (Individual receiving waiver services is not separated or unable to interact with other individuals in the setting.)		
Does the setting fit in with surrounding neighborhood? (no permanent parking spaces; no signs in yard indicating the home is a group home; another group home or day program is not located on the same property or immediately adjacent.)	Residential Only	
Is the home in location that supports full access to the greater community or is transportation available to access the community?	Residential Only	
Observation indicates that staff communicate with individuals in a respectful manner with individuals in the setting while providing assistance and during the regular daily activities.		
Observation/report indicates individuals are not required to sit at an assigned seat in the dining area and may choose with whom to eat; individuals are not required to wear bibs, clothing protectors, or use disposable cutlery, plates and cups (in their home).		
There is no evidence/report that visitors are restricted to specified visiting hours or restricted to a specific 'visitors' area'.		
Observation/report that individual has privacy in his/her living space.	Residential Only	
Do staff or other residents always knock and receive permission prior to entering an individual's living space?	Residential Only	
Observation that the individual has a key to the home and his/her room.	Residential Only	
Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?	Residential Only	

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Observation at site indicates that schedules of individuals for physical therapy (PT), occupational therapy (OT), medications, restricted diet, etc., are not posted in a general area for all to view.		
Observation/report that furniture arrange as individual prefers in his/her living space and they are allowed to decorate?	Residential Only	
Evidence/Observations of personal preference assessments to identify the kinds of work and activities individual wants to participate in?		
Observation indicates the individual is working in an integrated setting.		
Observation indicates that the individual has unrestricted access in the setting. (there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting (excluding staff office/staff living quarters; individual has unscheduled access to food, phone, internet, etc.)		
Observation/report indicates that tables and chairs are at a convenient height and location so that individuals can access and use the furniture; that appliances are accessible to individuals (e.g., the microwave at the day program or the home washer/dryer are front loading for individuals in wheelchairs).		
Does the individual have telephone or other technology in their own room or in a location that has space around it to ensure privacy?	Residential Only	