Community Setting Questionnaire

Instructions

Please complete this form annually or during the quarterly home visit if there is a change in residence or living situation such as a new roommate or new rules/regulations in the residence.

Please ensure the setting is not one of the following

The following settings do not meet the definition of Community Setting and are not approved locations for receiving Home and Community-Based Services:

- Nursing Facility
- An institution for mental disease
- An intermediate care facility for individuals with intellectual disabilities
- A hospital providing long term care services
- Any other locations that have qualities of an institutional setting. This includes the following:
  - A setting location in a building that is also a publically or privately operated facility that provides inpatient institutional treatment
  - A setting in a building on the grounds of or immediately adjacent to a public institution
  - Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community

Client Information

Client Name:	Sample Test
Client Identifier:	21190POASKB5100

Please select the option that best describes the current residence:

- ☐ A home owned or leased by the individual or their family member.
- ☐ An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control.
- ☐ Other shared housing, not owned or controlled by a provider, chosen by the individual with a lease or other legally binding agreement.
- ☑ Provider owned or controlled housing.

Residence

Address:	100 main st, baltimore 21212
Home Type:	Congregate
Home Setting:	Assisted Living Facility
Lives with Family?	No
Is Setting Chosen by the Participant?	Yes

Provider Information

Please note that if any of the following answers are **No** then the residence does not meet the definition of a community residence and does not qualify to participate in CFC or CPAS. When completing this questionnaire for a child, please consider the parent/guardian responsibilities.

Questionnaire

1a. Does the participant have the opportunity to seek employment?	No
1b. Is the participant able to engage in community life?	Yes
1c. Does the participant have control over personal resources?	No
2. Did the participant choose the residence?	Yes
3a. Does the participant feel that their rights of privacy, dignity and respect are being met?	Yes
3b. How are the participant's rights of privacy, dignity and respect ensured?	sample text
3c. Does the residential situation appear free of coercion or restraint?	Yes
3d. How is freedom of coercion and restraint ensured?	Sample text
4. Does the participant feel they are independent in making life choices (with or without the assistance of a chosen representative)?	Yes
5. Can the participant choose who provides their services in this setting?	Yes
6. Does the participant have a lease or other legally enforceable agreement?	No
7a. Can the participant lock their door?	No
7b. Did the participant have a choice in their roommate?	No
7c. Does the participant have the freedom to decorate?	Yes
8a. Can the participant control their own schedule?	No
8b. Does the participant have access to food at any time?	Yes
9. Can the participant have visitors at any time?	No
10. Is the setting physically accessible for the participant?	Yes
Please explain how you have verified 1-10	Sample text

If any of the answers above are No, please provide documentation in the Plan of Service that:

- Identifies a specific and individualized assessed need that precludes the setting from meeting one of the above requirements.

- Shows the positive intervention and supports used prior to modifications to the person-centered service plan.
- Identifies less intrusive methods for meeting the need that have been tried but did not work.
- Includes a clear description of the condition that is directly proportionate to the specific assessed need.
- The Plan of Service, filled out by the supports planner, must:
  - Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  - Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - Include the informed consent of the individual.
  - Include an assurance that interventions and supports will cause no harm to the individual.

Explain: Sample text