

North Carolina CAP I/DD, Innovations, and Personal Assistance Services (PAS)

HCBS Monitoring Tool

For Discussion Purposes Only!

This tool to be used should be combined as part of ongoing network provider screening/enrollment

AGENCY TOOL

Facility Name:	
Reviewer Name:	
Date of Review:	

The following home and community living characteristics must be met by all facilities. **Home and Community Living characteristics must be applied to all individuals in the facility except where such activities or abilities are contraindicated specifically in an individual's person centered plan and applicable due process has been executed to restrict any of the characteristics or rights.** Individuals must be respectful to others in their community and the facility has the authority to restrict activities when those activities are disruptive or in violation of the rights of others living in the community.

A. Telephone Access	Yes	No	N/A
Review of person centered plan to determine if any phone limitations are individualized, based on individual safety and treatment needs and documented in the PCP. Observation of facility phone area for ease of access and privacy, staff and individual interviews to determine if 24/7/365 access and assistance are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Visitors	Yes	No	N/A
Review of person centered plan to determine if any limitations on visitors are individualized, based on individual safety and treatment needs and documented in the PCP. Individual interviews about their ability to have visitors and any restrictions placed on visitation by the facility. Staff interviews to determine their understanding of the facility visitation policy and how it is implemented. Review of facility visitation policy. "Facilities maintain the right to restrict or ban visitors identified to be disruptive or dangerous to the health and safety of other residents."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Living Space	Yes	No	N/A
Review of person centered plan to determine if any limitations on individuals' abilities to lock their rooms, decorate roommate choice and come and go at will are individualized, based on individual safety and treatment needs and documented in the PCP. Review of facility policy. Staff interviews to determine their understanding of the facility policies and how they are implemented in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Service Customization	Yes	No	N/A
Review of the person centered plan to determine individual's involvement is documented. Observation of individual and staff interaction to assure treatment and privacy needs are met. Individual interview to determine individual understanding of their individualized plan and their involvement in development of the plan. Facility staff interview to determine their understanding of the individual's individualized plan and the individual's role in directing service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Food , Meal(s), and Storage of Food Access	Yes	No	N/A
Review of person centered plan to determine if any limitations on individuals' abilities to access the kitchen are individualized, based on individual safety and treatment needs and documented in the PCP. Observation of meal and/or food storage. Interview with individuals regarding their opportunity to have input into the food served, when and with whom they dine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Group Activities	Yes	No	N/A
Review of person centered plan to determine if any limitations on individuals' abilities to participate in recreational choice are individualized, based on individual safety and treatment needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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and documented in the PCP. Observation of recreational activities if possible during survey. Individual and staff interview to determine what choices of recreational activities are offered and individual's input into decisions regarding participation.			
G. Community Activities	Yes	No	N/A
Review of person centered plan to determine if any limitations on individuals' abilities to participate in community activities are individualized, based on individual safety and treatment needs and documented in the PCP. Observation of community activities if possible during survey. Individual and staff interview to determine what choices of community activities are available and individual's input into decisions regarding participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Community Integration	Yes	No	N/A
Review of person centered plan to determine if any limitations on individuals' abilities to participate in community integration are individualized, based on individual treatment needs and safety and documented in the PCP. Individual interview to determine in what ways the individual feels the facility is part of the community and their desired activities to strengthen community involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COMMENTS:</p> <p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>			