

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.

<b>A. Telephone Access</b> <i>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.</i>	Yes	No	N/A
Individuals must be afforded 24/7/365 access, privacy and assistance if required. Individuals are permitted to have and maintain a personal phone in their room if desired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Visitors</b> <i>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."</i>	Yes	No	N/A
Visitors may be allowed 24/7/365, does not require facility approval, no specific conduct requirements other than respectful behavior toward other individuals. Visitors may be required to sign in or notify facility staff upon entering and exiting the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Living Space</b> <i>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.</i>	Yes	No	N/A
No more than two individuals per room and choice of roommate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals must have the ability to decorate and maintain personal items in their room. (Must adhere to state building safety codes and licensure rules.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals must have the ability to lock their room. Access to personal lockable space and the ability to come and go at any hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals must also be afforded the opportunity to have personal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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appliances in their room. (Must adhere to state building safety codes and licensure rules)			
Individuals must be able to file anonymous complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Service Customization</b> <i>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.</i>	Yes	No	N/A
The person-centered plan must reflect the services that are important for the individual to meet individual services and support needs as assessed through a person-centered functional assessment as well as what is important to the person with regard to preferences for the delivery of such supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition to being self directed, the individual receiving services, the person centered planning process: <ul style="list-style-type: none"> <li>o Includes people chosen by the individual.</li> <li>o Provides necessary support to ensure that the individual has a meaningful role in directing the process.</li> <li>o Occurs at times and locations of convenience to the individual.</li> <li>o Reflects cultural considerations of the individual.</li> <li>o Includes strategies for solving conflict or disagreement within the process, including any conflict of interest concerns.</li> <li>o Offers choices to the individual regarding the services and supports they receive and from whom.</li> <li>o Includes a method for the individual to request updates to the plan as needed.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commensurate with the level of need of the individual, the plan must: <ul style="list-style-type: none"> <li>o Reflect the individual's strengths and preferences.</li> <li>o Reflect clinical and support needs as identified through a person-centered functional assessment.</li> <li>o Include individually identified goals, which may include, as desired by the individual, items related to relationships, community living, community participation, employment, income and savings, health care and wellness, education, and others.</li> <li>o Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals and the providers of those services and supports.</li> <li>o Reflect risk factors and measures in place to minimize them, including back-up strategies when needed.</li> <li>o Be signed by all individuals and providers responsible for its implementation.</li> <li>o Be understandable to the individual receiving services and the individuals important in supporting him or her.</li> <li>o Include a timeline for review.</li> <li>o Identify the individual and/or entity responsible for monitoring the plan.</li> <li>o Be distributed to everyone involved (including the participant) in the plan.</li> <li>o Be directly integrated into self direction where individual budgets are used.</li> <li>o Prevent the provision of unnecessary or inappropriate care.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p><b>E. Food , Meal(s), and Storage of Food Access</b>  <i>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.</i></p>	Yes	No	N/A
<p>Individuals must have access to Food, Meals, and Storage of Food 24/7/365</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must have input on food options provided</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must be allowed to choose when and who to eat meals with including the ability to eat alone if desired</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>F. Group Activities</b>  <i>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 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.</i></p>	Yes	No	N/A
<p>Individuals must be given the choice of participating in facility's recreational activities and pursuing other individual activities of interest</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must be encouraged and supported to remain active in their community</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must be allowed to choose who to participate in recreational activities and with whom to engage in recreational activities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>G. Community Activities</b>  <i>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.</i></p>	Yes	No	N/A
<p>Individuals must be given the opportunity to take part in community activities of their choosing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must be encouraged and supported to remain active in their community.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Individuals must be supported in pursuing activities of interest and not be restricted from participating in community activities of their choosing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>H. Community Integration</b>  <i>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.</i></p>	Yes	No	N/A
<p>Only in settings that are home and community based, integrated in the community, provide meaningful access to the community and community activities, and choice about providers, individuals with whom to interact, and daily life activities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

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DRAFT