

## Draft HCBS Validation Tool

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that members receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. For the purposes of the provider self-assessment, settings defined as institutions are: a nursing facility; an institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital; or any location that has qualities of institutional setting.

The provider self-assessment was the first step in the process to measure HCBS residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a member survey, request for documentation, and on-site review.

Your setting has been selected for on-site validation based on a random sample of provider self-assessments received, or if you were a setting that did not complete and submit a provider self-assessment. This process will utilize the tool attached to verify the level of compliance with the CMS Regulatory Requirements. The format of the Validation Instrument is consistent with the areas that were requested to be completed on the provider self-assessment. You may be asked to provide documentation that supports your level of compliance with these regulations as part of this on-site validation process. Additionally, there may be areas where member's responses will be sampled in order to determine level of compliance with the HCBS settings requirements.

## **CMS Regulatory Requirements:**

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)*

## Instructions

The following onsite validation tool contains a set of questions designed to measure this setting's level of compliance with federal HCBS guidelines. The following sections include a series of Yes/No questions.

### Section A – Provider Information

Date: \_\_\_\_\_

On-site Reviewers: \_\_\_\_\_

Provider Agency Name:     (E.g. Aspen Gardens)    

Setting Name:     (E.g. House # 11)    

Setting Address: \_\_\_\_\_

Setting Type (*Please mark one*)

- Assisted Living Facility
- Supported Living
- Residential Habilitation
- Group Home
- Vocational Service
- Supported Employment
- Adult Foster Care
- Therapeutic Group Home

Current Number of Persons Served, regardless of funding source \_\_\_\_\_

Total Maximum census/capacity under this license, if applicable \_\_\_\_\_

Medicaid Enrolled Provider of: AMDD CMHB DDP SLTC (Please circle all that apply)

### Section B – Integrated Setting and Community Access (Heightened Scrutiny)

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
<i>B1. Is _____ located in or attached to a building that is also a nursing home/facility or hospital?</i>	<input type="radio"/>	<input type="radio"/>	(E.g. Facility is single family home located in a neighborhood)		<input type="radio"/>	<input type="radio"/>
<p><b>B1 Comments:</b></p> <p>Intent Statement: This question relates to the physical location of the building in regards to the physical location of nursing home/facility or hospital.</p> <p>How does site show characteristics of a HCBS setting?  <u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Does a nursing home, hospital or other settings exist within the same physical structure as the HCBS setting?</li> <li>• Is there a meaningful distinction between the two types of settings</li> </ul> <p><b>Evaluators can validate by: (1) observation of the setting or (2) interview of staff.</b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B2. Is _____ located in a building on the grounds of, or immediately adjacent to, a public institution?	<input type="radio"/>	<input type="radio"/>	(E.g. Facility is single family home located in a neighborhood)		<input type="radio"/>	<input type="radio"/>
<p>B2 Comments:</p> <p>Intent Statement: This question relates to the physical location of the building in regards to the physical location of a public institution. The definition of a public institution is a government owned/operated facility</p> <p>How does venue show characteristics of a HCBS setting?  <u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Does a public institution exists on the grounds of or within the same physical structure as the HCBS setting?</li> <li>• Does a relationship between the “institution” and the HCBS setting in question exist? If so, to what extent?</li> <li>• Is the setting co-located and/or operationally (governed, directed or controlled) related, i.e., operated and controlled by the same provider?</li> </ul> <p><b><i>Evaluators can validate by (1) observation of the setting or (2) interview of staff and members.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B3. Is _____ in a gated/secured 'community'?	<input type="radio"/>	<input type="radio"/>	(E.g. Facility is single family home located in a neighborhood)		<input type="radio"/>	<input type="radio"/>
<p>B3 Comments:</p> <p>Intent Statement: This question relates to the physical aspect of the setting being gated/secured with the intention of physically restricting people from coming and going from the setting.</p> <p>Are members allowed to interact with the broader community outside of the gated community? How does venue show characteristics of a HCBS setting?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• What services are provided in this setting? Do these services have the effect of isolating the individuals?</li> <li>• Does the setting authorize interventions/restrictions that are used in institutional settings (i.e., seclusion)?</li> <li>• Is the setting such that multiple types of services and activities are on-site—(and resident/member does not have the choice to leave the grounds) including housing, day services, medical, behavioral, therapeutic, social, recreational and religious activities.</li> <li>• Does the setting potentially reduce the member's access to the greater/broader community life? This may constitute "isolation"</li> <li>• Are visitors restricted? Look for evidence of visitors being present at various times of the day.</li> </ul> <p><b><i>Evaluators can validate by (1) observation of the setting, (2) interview of staff and members, and (3) review activity schedule/calendars/sign out sheets (4) review of resident agreements and handbooks for clarification regarding services provided and if there are restrictions on how the services are to be delivered.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B4. Does your agency own or operate multiple settings located on the same street/block as _____ (excluding duplexes and multiplexes, unless there is more than one on the same street)?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>B4 Comments:</p> <p>This question is to determine if there are multiple settings located on the same street or on the same block.</p> <p>How does venue show characteristics of a HCBS setting?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is the setting co-located and operationally related, i.e., is the setting governed, directed or controlled by the same provider?</li> <li>● Is this setting a congregate setting where there is a significant amount of shared programming? Shared staff going from location to another location?</li> <li>● Do members walk back and forth between facilities within their neighborhood? (E.g. Where group homes are co-located on a single site or within close proximity of each other. Continuing Care Communities [which are inclusive communities that consist of independent settings up to and including nursing home settings] where aging couples who have differing levels of need but remain together or nearby are not of the same concern).</li> </ul> <p><b><i>Evaluators can validate by (1) observation of the setting, (2) interview of staff and management of the facility, (3) reviews of licensing records in terms of Governance structure for associated facilities and (4) review of resident agreements and handbooks for clarification regarding services provided and how the services are to be delivered.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B5. Does _____ provide services exclusively for people who have disabilities?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

B5 Comments:

Intent Statement: Does the setting include people living/working there who ALL receive waiver services versus a combination of people living/working in the setting, some who receive services and some who do not?

Evidence would constitute answering such things as:

Evaluators must define 'disability' in context of this tool—does the individual(s) in question have physical, or mental or intellectual disabilities? Do the individuals have diagnosis of traumatic brain injury or other related brain disorders?

- Are all “members” elderly?
- Are there other populations of people receiving services in this setting?
- Do the members know the reasons for their residence in the setting?
- Do members of the community perceive individuals residing in this setting as exclusively disabled? Do they identify the setting as serving a particular disability?

***Evaluators can validate by (1) observation of the setting and individuals, (2) interview of staff and members as well as management of the facility, community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and resident handbooks.***

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B6. Does the setting also offer onsite day services?	○	○			Yes ○	No ○
<p>B6 Comments:</p> <p>Intent Statement: Are day support services and residential services offered in the same setting?</p> <p><u>Evidence would constitute answering such things as:</u>  Delineate whether the setting is a residential setting    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES:</p> <ul style="list-style-type: none"> <li>• What supports are provided to the members who receive services in this setting? How is the support service identified?</li> <li>• Who provides that support/service? Is it agency staff and/or an outside entity?</li> <li>• Was the member given the choice to choose that service? Were they able to choose the service in a place other than at this particular setting?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and resident handbooks.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
B7. Are members at _____ required to receive medical, behavioral or therapy services on-site?*	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>B7 Comments:</p> <p>Intent Statement: To determine if members are required to see physicians, therapists, etc. who come to their home versus choosing to see a provider at their office in the community.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● What services (behavioral, medical or therapy) are provided to the member in this setting?</li> <li>● Who provides that service, an internal facility staff or an outside provider?</li> <li>● Did the member have a choice of locations to receive these services?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and resident handbooks</i></b></p> <p>*This does not include in-home nursing services provided by an RN or LPN.</p>						

## Section C – Community Integration

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
C1. In addition to onsite activities, does _____ provide opportunities for members to participate in community events, activities and services?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>C1 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Determine whether the member participates regularly in typical community life outside of the setting to the extent the member desires.</li> <li>• Are individuals restricted from participating in activities outside of the setting?</li> <li>• Does the member get to participate in the selection of the activities or events they participate in?</li> <li>• If the member would like to work is there activity that ensures this option is pursued? <i>This prompt is only applicable in work or day settings.</i></li> <li>• Do the members have the opportunity to participate regularly in non-work activities in an integrated community setting for the time they desire?</li> <li>• Do the members have the opportunity to have relationships with people outside of the setting?</li> <li>• Do members have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the member chooses? Can the member participate in these activities at the time and in the manner they desire?</li> <li>• Do the members in the setting have to rely primarily on transportation provided by the setting, or are there other means of the member getting to and from outside activities?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
C2. Does _____ share information with members about community events and activities?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>C2 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Within the setting, is information posted that announces community events or activities outside of the setting?</li> <li>● Do staff talk with members about events and activities that are occurring outside of the setting?</li> <li>● Does the schedule of activities show events and activities that occur outside of the setting?</li> <li>● Do members participate in the selection of the activities they are interested in outside of the setting?</li> <li>● Do the members know how to make arrangements for attendance at these activities?</li> <li>● Are members required to sign in/sign out for attendance to outings within the community?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
C3. Can the member attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>C3 Comments:</p> <p><u>Evidence would constitute answering such things as</u></p> <ul style="list-style-type: none"> <li>● Does the evaluator witness members coming and going without restrictions?</li> <li>● Are there flyers/calendars posted within the setting that announce community events?</li> <li>● Do staff talk with members about events and activities that are occurring outside of the setting? Do they know who to ask about scheduling these activities?</li> <li>● Are materials available to individuals to promote activities outside of the setting—such as pamphlets, schedules of church services/community events?</li> <li>● Does the schedule of activities show events and activities that occur outside of the setting? Are there phone numbers, apps, or websites available so members can find out more information if so desired?</li> <li>● Do the members in the setting have to rely primarily on transportation provided by the setting, or are there other means of the member getting to and getting back from outside activities?</li> <li>● Is public transportation available in the community?</li> <li>● If public transportation is available, are bus and other transportation schedules and telephone numbers posted in a convenient location?</li> <li>● Do members talk about activities occurring outside of the setting? Do they know how to go about attending these activities?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
C4a. Are there restrictions around when members can come and go?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>C4a Comments:</p> <p><u>Evidence would constitute answering such things as</u></p> <ul style="list-style-type: none"> <li>● Do members choose and control their own schedule in accordance with a person-centered plan?</li> <li>● How are individuals made aware that they are not required to follow a set schedule which is not part of their agreed upon plan?</li> <li>● Can the member come and go at reasonable times?</li> <li>● Are there visitors present? Are visiting hours posted?</li> <li>● Are there restricted visitor meeting areas and restricted visiting hours?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to members and where those services are provided (2) interviewing staff, members, family members/friends and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
C4b. If yes, were the restrictions developed with and agreed upon by members?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>C4b Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Does the setting have a council/group or other such body that includes members living in the setting? Does this group make decisions/recommendations for the entire residence?</li> <li>● Does the facility have policies and procedures on how members participate in such decisions?</li> <li>● Does the admission agreement or other similar document provide direction for how the member can participate in such decisions?</li> <li>● What is the process for determining the restriction on visiting hours/when residents can come and go? Do members engage in the process?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the facility program handbook/manual (for specific policies and procedures)/document which describes the involvement of members in the decision making process; (2) interviewing staff, members, family members/friends and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements. (4) review staff logs and any documents with respect to a resident council or other similar decision making body within the setting.</i></b></p>						

## Section D – Housing Protection and Due Process (This section applies only to residential settings)

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
D1a. Does the landlord tenant law apply at _____?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>D1a Comments:</p> <p>Intent Statement: This question is to determine if the member has a lease.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is there a legally enforceable agreement for the unit or dwelling where the member resides?</li> <li>● Does the member have a lease or, a written residency agreement?</li> <li>● Do the members know his/her rights regarding housing and when he/she could be required to relocate?</li> <li>● Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?</li> <li>● If required to relocate does the member know the process and who will assist them in the relocation process?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes the applicable tenant law, agreement, provision; (2) interviewing staff, members, family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement (3) record reviews to include specific resident agreements.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
D1b. If there is no lease in the setting, is there a written agreement that offers responsibilities/protections from eviction for members?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>D1b Comments:</p> <p>Intent Statement: This question is to determine if there is not a lease, that the member has a written agreement that offers the same protection as a lease.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Does the individual have a written residency agreement?</li> <li>● Does that document contain protections from eviction and afforded appeal rights?</li> <li>● Is there evidence that the member /or his/her legal representative was advised of this information and understood it accordingly?</li> <li>● Do the members know his/her rights regarding housing and when he/she could be required to relocate?</li> <li>● If required to relocate does the member know the process and who will assist them in the relocation process?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes the applicable tenant law, residency agreement, provision; (2) interviewing staff, members, family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement (3) record reviews to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.</i></b></p>						

## Section E – Living Arrangements (This section applies only to residential settings)

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E1. Does _____ have a door accessible only by key and/or locking device (key card)?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E1 Comments:</p> <p>Intent Statement: This question is to determine if the physical building has a front door that is or can be locked.</p> <p><u>Evidence would constitute answering such things as:</u></p> <p>Door to the facility:</p> <ul style="list-style-type: none"> <li>● How does a member gain entry into the setting?</li> <li>● Does entry require any special tool, or other device beyond simply turning a knob, pushing a bar, or pushing the door itself?</li> <li>● Are there hours where the setting is unlocked and accessible by the general public and hours when the setting is locked?</li> <li>● Is there ability for the resident or building staff to “buzz in” or admit visitors? If yes, do they do so promptly?</li> </ul> <p>Individual room doors:</p> <ul style="list-style-type: none"> <li>● Can these rooms be locked, or are these rooms locked? How does one unlock them? Is the lock functional?</li> <li>● Who has the option to lock the doors? Staff or resident? Or Both?</li> <li>● Are individuals free to come and go from their rooms as they choose?</li> </ul> <p><b><i>Evaluators can validate by (1) self-entry into the setting, or observation of others entry into the setting (2) interviewing staff, members, family members and others.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E2. Does anyone, besides the member(s) and appropriate staff, have a key or a way to be “buzzed in” for entering _____?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E2 Comments:</p> <p>Intent Statement: Can anyone besides the member and staff can open the front door when it is locked.</p> <p><b><i>Evaluators can validate by (1) observation of others entry into the setting (2) interviewing staff, members, family members and others.</i></b></p>						

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Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E3. May the member lock the bathroom door for privacy?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E3 Comments:</p> <p>Intent Statement: Is there is physically a usable lock on the bathroom door.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is there a lock on the bathroom door? Is the lock functioning?</li> <li>● If there is no door or lock what is the mechanism to ensure member privacy when using the bathroom?</li> <li>● Do members know that they can lock the door? How are they informed of this?</li> <li>● What would happen if the door locked and the member could not open from the inside? Is there a mechanism for opening from the outside?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes privacy rights, (2) interviewing staff, members, family members to assess their understanding of the resident privacy rights (3) record reviews to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E4. Does the member have the option of locking his/her bedroom door for privacy when they choose?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E4 Comments:</p> <p>Intent Statement: The intent of this question is to determine if there is physically a usable lock on the member’s bedroom door.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Can the member rooms be locked? Is the lock functioning? How does one unlock them?</li> <li>● Who is allowed to lock them? Staff or resident? Or both?</li> <li>● What is the locking mechanism? Are members free to come and go from their rooms as they choose?</li> <li>● If in a shared living arrangement do both members have access to a key or the ability to lock bedroom when they choose?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes privacy rights, (2) interviewing staff, members, family members to assess their understanding of the resident privacy rights (3) record reviews to include specific resident person-centered agreements, and whether those agreements address the individual’s abilities, or restrictions.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E5. Does staff knock on the door and/or ring a doorbell for access to the member's private room(s)?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E5 Comments:</p> <p>The intent of this question is does the resident have control of providing permission for who enters their private space.</p> <p><b><i>Evaluators can validate by (1) observation of others entry into the setting (2) interviewing staff, members, family members and others(3) written policy's addressing privacy in member's rooms.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E6. Is _____ arranged to ensure privacy during personal care?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E6 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Is privacy available during hygiene care?</li> <li>• Do members receive hygiene individually?</li> <li>• Is hygiene care provided in resident room or in another room with door for privacy?</li> </ul> <p><b><i>Evaluators can validate by (1) observation of others entry into the setting (2) interviewing staff, members, family members and others.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E7. Does _____ offer privacy to members while using telephone, internet or other personal communication devices?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E7 Comments:</p> <p>Intent Statement: Does member have ability to communicate privately with others?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Do members have the option of bringing phones, internet or other personal communication devices to use at their own discretion which is located in their personal rooms/apts., etc.?</li> <li>● If member does not have their own phone, internet, or their own personal communication devices where can these devices be accessed for resident use. Are they easily accessible to the member?</li> <li>● What privacy practices or arrangements are in place so that member has privacy while using these devices?</li> <li>● Does the facility have a policy in place that discusses the use, and privacy considerations if these devices are located in a space other than the member's room/apt/residence? How is this communicated to members and resident's families?</li> <li>● If adaptive equipment is necessary, do members have as much privacy as possible?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes privacy rights, (2) interviewing staff, members, family members to assess their understanding of the resident privacy rights (3) record reviews to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E8. Does _____ have single occupancy bedrooms?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E8 Comments:</p> <p>The intent of this question is to determine if there is one member living in a bedroom.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is there one person living in a bedroom?</li> <li>● Does the setting only offer single occupancy rooms?</li> <li>● Is there a policy on how to request a single occupancy bedroom, if requested by the member?</li> </ul> <p><b><i>Evaluators can validate by (1) observation of individual bedrooms (2) interviewing staff, members, family members and others.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E9. Does _____ have double occupancy bedrooms?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E9 Comments:</p> <p>The intent of this question is if physically there are two members living in a bedroom.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Are there 2 members living in a bedroom?</li> <li>• Does the facility only offer double occupancy bedrooms?</li> <li>• Was the member given a choice of other living arrangements/settings that had single occupancy bedrooms?</li> <li>• If not, are they interested in a different setting that offers single occupancy rooms?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes resident rooms and conditions upon when roommates are permissible. (2) Interviewing staff, members, and family members to assess their understanding of the resident privacy rights—is this spelled out in the admission agreement and are staff oriented to the concept/responsibility? (3) Observation of the facility rooms to verify numbers of residents/beds in each room. (4) Record reviews to include specific resident person- centered agreements, and whether those agreements address the individual’s abilities, or restrictions.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E10. Does this _____ have larger than double occupancy bedrooms?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E10 Comments:</p> <p>The intent of this question is to determine if there are three or more members living in a bedroom.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Are there more than 2 members living a bedroom?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes resident rooms and conditions upon when roommates are permissible. (2) Interviewing staff, members, and family members to assess their understanding of the resident privacy rights—is this spelled out in the admission agreement and are staff oriented to the concept/responsibility? (3) Observation of the facility rooms to verify numbers of residents/beds in each room. (4) Record reviews to include specific resident person- centered agreements, and whether those agreements address the individual’s abilities, or restrictions.</i></b></p>						

Validation Question	Yes	No	NA	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E11. When sharing a bedroom, do the members have the ability to choose their roommate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E11 Comments:</p> <p>Intent Statement: The intent of this question is if the person had a choice in selecting their roommate if sharing a bedroom.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Was the decision to share bedroom space made by the member through a planning process that included the member. Is this documented in the person centered plan?</li> <li>● Did the member agree to shared living?</li> <li>● If yes, how do the members participate in roommate selection when shared living is the option available?</li> <li>● How is individual privacy ensured in shared living?</li> </ul> <p>NA = No double occupancy.</p> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual (for specific policies and procedures)/document which describes resident rooms and conditions upon when roommates are permissible. (2) Interviewing staff, members, and family members to assess their understanding of the resident privacy rights—is this spelled out in the admission agreement and are staff oriented to the concept/responsibility? (3) Record reviews to include specific resident person-centered agreements, and whether those agreements address the individual’s abilities, or restrictions.</i></b></p>							

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E12. Are bedroom decorations and furniture arranged at the discretion of the member?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E12 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Are personal items visible in member's rooms?</li> <li>• Are rooms individualized to the members residing in them?</li> </ul> <p><b><i>Evaluators can validate by (1) observation of individual bedrooms (2) interviewing staff, members, family members and others (3) review policies regarding ability of residents to bring in own furnishings or own items.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E13. Do members set their own daily routines for things such as hygiene, care delivery, recreation and meals?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E13 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Do members choose and control their own routine in accordance with a person-centered plan?</li> <li>● How are members made aware of choices in scheduling or in setting a schedule as part of their agreed upon plan?</li> <li>● Can the members come and go freely at reasonable times of the day?</li> <li>● Is there a posted schedule of routines showing when particular events occur throughout the day? Per member per household?</li> <li>● Can members select an activity that they want to participate in that is not on the schedule? If a member wants an activity added to the schedule, do they know how to work with the setting to have it considered?</li> <li>● If members need assistance do they have a choice in their daily routines, for example take their bath in the morning or at night?</li> <li>● Are times posted on calendar or bulletin board, with no variation in schedule, for things such as meals or activities?</li> <li>● If a member chooses to skip a meal, are there options such as a mid-morning snack or accessible snacks to choose from?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address an individual's right to choose his/her schedule? (2) Interviewing staff, members, family members/friends and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
					Yes	No
E14a. Do members have full access to the home, including the kitchen?  If no, do members have access to a separate meal prep area in the setting or options to cook if they desire in the setting?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
E14b. Do members have full access to the home, including the dining area?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
E14c. Do members have full access to the home, including the laundry?  Can members choose to do their own laundry in this setting?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
E14d. Do members have full access to the home, including the common area?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
E14e. Do members have full access to the snack area, including microwave and refrigerator?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E14 Comments:</p> <p><b>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address an individual's right to access the above? (2) Observing the environment (3) Interviewing staff, members, family members, and (4) record reviews to include individual <i>person-centered plans, service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.</i></b></p>						

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Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E15. Do the members have choice of when AND what to eat?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>E15 Comments:</p> <p><u>Evidence would constitute answering such things as</u></p> <ul style="list-style-type: none"> <li>● Is there a posted menu of food to be offered and served per meal/per day/per week?</li> <li>● What happens if a member does not like what is on the scheduled menu? Is an alternative available upon request?</li> <li>● What happens if the resident becomes hungry in between meal times?</li> <li>● Is the member able to access a snack if they do not want to eat the meals provided, or at the time of the meal?</li> <li>● Are arrangements made for special or medical diets? Or to address food allergies?</li> <li>● Are times posted on calendar or bulletin board with no variation in schedule?</li> <li>● If meal times are set, are they discussed with members and are members allowed to request alternative times to eat? If able to request alternative times is there a process that is communicated to the members on how to make this request?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address freedom of meals and mealtimes? (2) Observing the environment, in particular meal times and (3) Interviewing staff, members, family members, and (4) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
E16. Do members have a choice to eat alone or with others?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>E16 Comments:</p> <p><b><u>Evidence would constitute answering such things as:</u></b></p> <ul style="list-style-type: none"> <li>● Do members eat in a common dining area with others?</li> <li>● Are they given a choice of sitting alone or with people of their mutual choosing.</li> <li>●</li> <li>● Can member's families eat with member if requested in advance? Is there a separate area for this activity to occur?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address freedom of meals and mealtimes? (2) Observing the environment, in particular meal times and (3) Interviewing staff, members, family members, and (4) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.</i></b></p>						

## Section F – Rights

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
F1. Do you provide staff and volunteers training and continuing education related to members' rights?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>F1 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Are staff and volunteers required to have specific training before they begin work that includes resident rights? If so, what is included in the training?</li> <li>● What is the delivery mechanism (i.e., training from the administrator, community level training, etc.)?</li> <li>● Is training documented in the personnel file or some other type of document?</li> <li>● Do staffs know they are required to have such training? How is this communicated to the staff and/or volunteers?</li> <li>● Can staff and volunteers tell the evaluator what things constitute resident rights?</li> <li>● Does the setting post house rules or residents rights for all to read?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the training handbook/manual/document which describes the resident rights training that is provided to staff and volunteers. . Does the admission agreement address resident rights? (2) Observing the environment, and (3) Interviewing staff, members, family members, and (4) record reviews of employee/volunteer personnel records to see if there is documentation of training.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
F2. Do you provide members with information about his/her rights in plain language?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>F2 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● How are the member rights communicated to the individual, the individual's family or guardian?</li> <li>● What other methods are used, to assist individuals who cannot utilize the written word, such as verbal/interpreter?</li> <li>● Are these rights contained in an admission document of some sort? Does the resident or the resident's representative have to sign that they have received this information and understand it?</li> <li>● Is information written in such a way that the language is understandable? Or is it written very technically and difficult to understand?</li> <li>● Are house rules or resident rights posted in a place that can be easily seen and read by members, visitors and others who enter the setting?</li> <li>● Is the contact information for the state ombudsman or licensure staff posted/visible for members to see. Is the contact information included in the admission documents?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address resident rights? (2) Observing the environment for posted information, and (3) Interviewing staff, members, family members, to determine whether they know of, and understand the resident rights.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
F3. Do you provide members with a process to file a grievance if they believe their rights have been violated?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>F3 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● What is the facility grievance procedure policy?</li> <li>● How does the facility administrator/staff make members, resident’s family or representatives aware of the internal grievance process or of their formal appeal rights?</li> <li>● How are employees made aware of the processes for internal grievances or for requesting a formal appeal?</li> <li>● Does the facility post anything with regard to grievance/appeal procedures? If so, where?</li> <li>● Is the contact information for the state ombudsman or licensure staff posted/visible for members to see. Is the contact information included in the admission documents for purposes of requesting an appeal or filing a grievance?</li> </ul> <p><b><i>Evaluators can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to members. Does the admission agreement address resident rights and grievance procedures? (2) Observing the environment, and (3) Interviewing staff, members, family members, to determine whether they know of, and understand the grievance procedure.</i></b></p>						

## Section G – Accessible Environment

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
G1. Is _____ physically accessible to the members?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>G1 Comments:</p> <p>Intent Statement: The intent of this question is to determine if members are able to freely access their home with available adaptations if needed.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Are members able to freely move about the setting?</li> <li>● Are there areas where members cannot go because of accessibility restrictions? For example, stairs or no curb cuts?</li> </ul> <p><b><i>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the physical accessibility of the setting and (3) Interviewing staff, members, family members, to determine ease of access and whether restrictions exist.</i></b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
G2. For those members who need supports to move about _____ as they choose, are accommodations such as grab bars, seats in the bathroom, ramps for wheel chairs available in the setting?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>G2 Comments:</p> <p><i>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the physical accessibility of the setting and (3) Interviewing staff, members, family members, to determine ease of access and whether restrictions exist.</i></p>						

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Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
G3. Does _____ include barriers which limit access such as Velcro strips, locked doors or locked cupboards or refrigerators?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>G3 Comments:</p> <p><i>Intent Statement: Are cabinets locked/inaccessible for access to harmful things like cleaning chemicals and medications, but unlocked/accessible for items that would be used routinely such as food, toilet paper etc.?</i></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>Prompt—can authorized members unlock and access secured cabinets?</li> </ul> <p><i>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the level of compliance with applicable regulations and (3) Interviewing staff, members, family members, to determine whether these barriers exist.</i></p>						

**If setting provides only residential services—END OF VALIDATION SURVEY. If setting provides non-residential services, proceed to Section H**

## Section H – Non-Residential Services (This section applies only to non-residential settings.)

Response shaded  equals normative (compliance) response

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
Is this a work setting?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
H1. If Yes, when working, may members participate in deciding their work schedule?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>H1 Comments:</p> <p><u>The evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>How is work schedule determined?</li> <li>How are days off requested?</li> <li>Do members participate in scheduling to the same extent as non-waiver employees/members of the same organization?</li> </ul> <p><i>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the level of compliance with applicable regulations and (3) Interviewing staff, members, family members</i></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
H2. When not doing paid work, may members participate in deciding their activity schedule?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>H2 Comments:</p> <p>The evidence would constitute answering such things as:</p> <ul style="list-style-type: none"> <li>● Do members choose and control their own routine in accordance with a person-centered plan?</li> <li>● How are members made aware of activity choices?</li> <li>● If there is a schedule of activities, can members choose what activities to participate in?</li> <li>● Can members select an activity that they want to participate in that is not on the schedule of activities?</li> <li>● If member wants to have an activity added to the schedule do they know the process for working with the employer to have this considered?</li> </ul> <p><b>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the level of compliance with applicable regulations and (3) Interviewing staff, members, family members</b></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
					Yes	No
H3. Does _____ have a space for members to secure personal belongings?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>H3 Comments:</p> <p>The evidence would constitute answering such things as:</p> <ul style="list-style-type: none"> <li>• Is there a locker available for storage?</li> <li>• Is there a specific place for all employees to store belongings including the member?</li> <li>• Is there access to a lock if desired by employees to secure their items?</li> </ul> <p><i>Evaluators can validate by (1) Observing the environment, (2) confer with authorities having jurisdiction re: the level of compliance with applicable regulations and (3) Interviewing staff, members, family members</i></p>						

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Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
H4. Is _____ arranged to ensure privacy during personal care?	<input type="radio"/>	<input type="radio"/>			Yes <input type="radio"/>	No <input type="radio"/>
<p>H4 Comments:</p> <p>The evidence would constitute answering such things as:</p> <ul style="list-style-type: none"> <li>• Is there privacy available during hygiene care?</li> <li>• Do members receive hygiene individually?</li> <li>• Is there a separate room or bathroom with door for privacy during personal care?</li> </ul> <p><i>Evaluators can validate by (1) observation of others entry into the setting (2) interviewing staff, members, family members and others.</i></p>						

Validation Question	Yes	No	Notes/Evidence of Compliance	Notes/Evidence of Non-compliance	Remediation Required?	
H5. Do members have the opportunity to participate in tasks and activities matched to their skills and abilities?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<p>H5 Comments:</p> <p>The evidence would constitute answering such things as:</p> <ul style="list-style-type: none"> <li>• What documentation is available to determine member's skills and abilities?</li> <li>• Does the person centered plan address skills and abilities of the member?</li> <li>• How are activities developed? Do members participate in development of tasks or activities?</li> </ul> <p><i>Evaluators can validate by (1) observation of others entry into the setting (2) interviewing staff, members, family members and others.</i></p>						

END OF VALIDATION SURVEY