

West Virginia Home & Community-Based Services (HCBS) Member Controlled Setting Assessment

This survey is completed for HCBS members who live in a home that is owned or leased/rented by the member or by the member's family. It is to be completed yearly by the member's Case Manager in coordination with the member's annual service planning meeting. An additional assessment may be required if the member moves to a new home or if significant changes are made to the member's existing home. The survey may be completed by interviewing the member or their guardian/legal representative (when applicable) and by observation of the member's home.

Waiver Program: IDDW _____ ADW _____ TBIW _____ CSEDW _____

Member Name:	Date:
Case Mgt Agency:	Record ID:
Name of Respondent (if other than member)	Relationship:
Direct Care Agency:	Member's Age:
Does the member or their family own the setting in which the member lives? Yes No	

Individual private residences are defined as settings owned, leased, or rented by the member or one of their family members in which the member resides in a normative community with neighbors who do not all receive long-term care Medicaid services. These settings are presumed to follow the Home and Community Based Settings Rule.

Regardless of this presumption, the State is required to assess all members annually to assure that they are integrated into their community and have full access to the benefits of community living.

If the member is living in a setting that is owned or leased by an unrelated live-in paid caregiver, then that setting is a provider-controlled setting, and this is not the correct form. – Use the Provider Controlled Settings Assessment instead.

If the member is living in a setting that is owned, leased, or operated by the agency (the agency is providing services for much of the day such as an IDDW ISS home) then this is not the correct form – Use the Provider Controlled Settings Assessment instead as this setting is defined now as a provider-controlled setting.

Any questions answered “No” must be addressed on the member’s service plan.

	Yes	No
1. Do you or a family member own, rent, or lease this home/apartment? <i>(If the answer is no, then don't use this assessment, use the Provider-Controlled Assessment.)</i>		
2. If you rent or lease this home/apartment, does your rental agreement or lease have, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of West Virginia? <i>(Do not answer if the member or their family owns the home.)</i> https://www.wvlegislature.gov/wvcode/code.cfm?chap=37&art=6		
3. If you rent or lease this home/apartment, does your rental agreement or lease provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law? <i>(Do not answer if the member or their family owns the home.)</i>		
4. Were you able to choose this setting from among non-disability specific settings and is this documented on your person-centered plan? <i>(Do not answer if the member or their family owns the home.)</i>		

5. Were you offered a private room in this setting? <i>(Do not answer if the member is under the age of 13.)</i>		
6. If you have a roommate, did you choose to live with that roommate? <i>(Do not answer if the member is under the age of 13.)</i>		
7. Do you get meals and snacks that you choose when you want to eat them?		
8. Are/were you able to decorate and furnish your room the way you chose? <i>(Do not answer if the member is under the age of 13.)</i>		
9. Do you choose what you do during the day including what activities you do, when you want to do them, where you do them and who you do them with?		
10. May you have visitors of your choice in your home any time you want them to come? (It is appropriate to be respectful of others living in the home when having visitors.)		
11. Do you have locks on your bedroom and bathroom doors? <i>(Do not answer if the member is under the age of 13.)</i>		
12. Do you feel safe in your home?		
13. Do you feel your dignity is respected? (i.e., You treated with courtesy and kindness, given choices, and listened to by others.)		
14. Do you feel free from coercion and/or restraint? (i.e., You are not bullied or forced to do things that you do not want to do. You are not prevented from saying things or doing things that you want to do.)		
15. Are you able to receive mail?		
16. Are you able to make phone calls in private? <i>(Do not answer if the member is under the age of 10.)</i>		
17. Are you able to get into and out of your home and into all areas of your home like the kitchen, living room and all common living areas?		
18. If your home is not accessible in any way, is this noted on your Person-Centered Plan so that appropriate modifications can be made?		
19. Do you consider your home to be integrated in the community and does it support full access to the greater community, including opportunities to:		
a. Seek employment <i>(Do not answer if the member is under the age of 14.)</i>		
b. Work in competitive integrated settings; <i>(Do not answer if the member is under the age of 14.)</i>		
c. Engage in community life (Attending community activities, visiting with friends and family, shopping, going to restaurants, etc.)		
d. Control personal resources and possessions <i>(Do not answer if the member is under the age of 13.)</i>		
e. Receive services in the community to the same degree as individuals not receiving Medicaid?		
20. Did you choose what services you are receiving?		
21. Did you choose who provides these services to you?		
22. Have your staff been trained to meet your needs and is there documentation of that training?		
23. If any answer on this survey is no, are there reasons why modifications are needed and are these modifications supported by an assessed need and documented on your person-centered plan?		

Signature and Title of Person That Completed This Assessment