

# HCBS Residential Setting Screening Tool

Effective May 2, 2016

Members who receive services through the Adult Mental Health Habilitation (AMHH) and/or Behavioral and Primary Healthcare Coordination (BPHC) programs are required to live in settings that meet federal Medicaid guidelines for home- and community-based services (HCBS). This tool is intended to help members and providers identify the type of setting in which a member lives and whether that setting meets HCBS criteria and to select the appropriate response and provide required information for the "Current Living Situation" section of the AMHH/BPHC application. This tool is required to be completed with **every member** applying for AMHH and/or BPHC during the development process for **every application** (initial, renewal and modification), beginning with applications submitted on or after April 1, 2016. A completed copy of the tool, with the member's signature in Section 1, Section 2, or Section 6, must be kept with the member's clinical record.

Member Name: _____	Date of Screening: _____	
Member's address: _____		
Internal ID Number: _____	IICP Number: _____	Program: AMHH / BPHC (circle one or both)

## Section 1: Attestation for Homelessness

Members who live in settings which meet the definition of homeless are eligible to apply for and may receive home and community-based services like AMHH and BPHC. Homeless is defined as: (1) lacking a fixed, regular, and adequate nighttime residence, and/or (2) the primary nighttime residence is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations for three months or less, or (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

**By my signature, I attest that my living situation meets the criteria for homelessness. My current living situation is:**

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

*Providers: For members whose living situation meets criteria for homelessness, select "Homeless" for the "Current Living Situation" section of the AMHH/BPHC application in DARMHA. No further residential assessment is required until the member's living situation changes. Otherwise, continue to Section 2.*

**STOP HERE IF THE MEMBER'S LIVING SITUATION IS "HOMELESS"**

## Section 2: Attestation for "Private/Independent Home" Setting

Most members live in a house, apartment, or other residence which is owned or leased for the member's private personal use. An individual's private home (owned or leased), or a relative's home where the individual resides (owned or leased), is considered to be a "Private/Independent Home" and is presumed to meet HCBS setting requirements.

**By my signature, I attest that:**

- I live at the residence identified above, which is owned or leased/rented by me (or a member of my family) for my/our personal use, AND**
- I have opportunities for full access to the greater community, AND**
- The residence is not owned or operated by an agency which provides AMHH and/or BPHC services, AND**
- The residence is not located in or on the grounds of a hospital, nursing home, or other facility that provides inpatient institutional care**

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

*Providers: If the member lives in a "Private/Independent Home" setting, select that option under the "Current Living Situation" section of the AMHH or BPHC application in DARMHA and no further residential assessment is required. If any of the four characteristics of a "Private/Independent Home" are not met, continue with Section 3.*

**STOP HERE IF THE MEMBER'S LIVING SITUATION IS "PRIVATE/INDEPENDENT HOME"**

## Section 3: Screening Questions for Qualities of an Institution ("Potential Presumed Institutional"):

- |  |     |    |
|--|-----|----|
| 1. Is the residence located in a publicly or privately owned facility that also provides inpatient institutional care? | YES | NO |
| 2. Is the residence in a building on the grounds of, or immediately adjacent to, a public institution?                 | YES | NO |
| 3. Does the residence have the effect of isolating individuals receiving AMHH/BPHC from the broader community?         | YES | NO |

*An answer of "YES" to any of the three above questions means the residence potentially has the qualities of an institution. Skip Sections 4, 5-A, and 5-B and complete **Section 6: Outcome of Residential Screening**, selecting "Potential Presumed Institutional." If Section 3 has all "NO" responses, continue to Section 4.*

**Section 4: Provider Owned, Controlled or Operated (POCO) Residential Screening Questions**

- 1. Does any provider of AMHH and/or BPHC services own, lease, or co-lease this residential location? YES NO
- 2. Are there CMHC staff assigned to work at this residence? YES NO

If the answer to both of the above questions is "NO," the setting is non-POCO residential, and Section 5-A must be completed. An answer of "YES" to either of these questions means the setting is POCO residential, and Sections 5-A AND 5-B must be completed.

**Section 5-A: Global HCBS Requirements (the "Big 5")**

Providers of AMHH and BPHC services must ensure that five qualities (the "Big 5") are present at the residence of members who do not live in a "Private/Independent Home" setting. Please circle YES or NO as to whether the following qualities are present at the member's residence:

- YES NO **1. The residence is integrated in and supports full access to the greater community** (for example, individual has access to shops, restaurants, entertainment, community resources, and other activities/services; individual has access to transportation)
- YES NO **2. The residence is selected by the individual from among residence options** (for example, individual had a choice of places to live and chose to live here; residence reflects individual's needs and preferences)
- YES NO **3. The residence ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint** (for example, individual has own bedroom with a lockable door or shares a bedroom with someone that he/she chose; individual has own bathroom or shares a bathroom that has a lockable door)
- YES NO **4. The residence optimizes individual initiative, autonomy, and independence in making life choices** (for example, individual can come and go at any time or agreed to certain access restrictions [curfew, etc.] when choosing to live here; individual can have visitors at any time or agreed to certain visitation restrictions [visiting hours, etc.] when choosing to live here; individual has access to food at all times)
- YES NO **5. The residence facilitates individual choice regarding services and supports, and who provides them** (for example, individual decides whether he/she wants mental health or addiction services, who provides them, whether services are provided in the home)

If the response to all five of the above statements is "YES", the residence fully complies with global HCBS requirements. If one or more responses are "NO", the residence does not fully comply with global HCBS requirements.

**Section 5-B: POCO Residential Setting HCBS Requirements (the "POCO 5")**

In addition to the five global HCBS requirements from Section 5-A, five additional requirements must be met for POCO residential settings where AMHH and/or BPHC members live. Please circle YES or NO as to whether the following requirements are met at the member's POCO residence, or circle MOD if the requirement is not met but a valid modification (based on a specific assessed need of the member or through the setting's lease or residency agreement) has been documented in the member's clinical record.

- YES NO MOD **1. The member has a legally enforceable lease or residency agreement, with the same tenant protections as other people in the community not receiving HCBS**
- YES NO MOD **2. The member has privacy in his/her sleeping or living unit** (for example, individual's living unit has lockable entrance doors with only appropriate staff having keys; individual had a choice of roommates [if applicable]; individual is free to furnish and decorate their sleeping or living unit within the lease/residency agreement; individual can close and lock bathroom door; individual can make phone calls, meet with service providers, and/or use computer in private)
- YES NO MOD **3. The member has freedom and support to control their own schedule and activities** (for example, individual can come and go at any time or agreed to certain access restrictions [curfew, etc.] when choosing to live here; individual has access to food at any time; individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.)
- YES NO MOD **4. The member is able to have visitors of their choosing at any time or agreed to certain visitation restrictions (visiting hours, etc.) when choosing to live here**
- YES NO MOD **5. The setting is physically accessible to the individual with modifications for mobility and access in place**

If the response to all five of the above statements is "YES" or "MOD," the setting fully complies with POCO residential HCBS requirements. If one or more responses are "NO," the setting does not fully comply with POCO residential HCBS requirements.

**Section 6: Outcome of Residential Screening**

By my signature, I attest that I live at the location identified above and that the HCBS compliance designation of my residence is:

- \_\_\_\_\_ Potential Presumed Institutional
- \_\_\_\_\_ Non-POCO, fully HCBS compliant
- \_\_\_\_\_ POCO, fully HCBS compliant
- \_\_\_\_\_ Non-POCO, NOT fully compliant with global HCBS requirements
- \_\_\_\_\_ POCO, NOT fully compliant with global HCBS and/or "POCO 5" HCBS requirements

Providers: Enter the compliance designation selected above under the "Current Living Situation" section of the member's AMHH and/or BPHC application in DARMHA. Use the responses from Sections 3, 5-A, and 5-B (as applicable) to indicate which qualities prevent the setting from being fully HCBS compliant.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Member

# HCBS Residential Setting Screening Tool

## Information and Definitions

*Effective May 2, 2016*

This companion document for the Home- and Community-Based Services (HCBS) Residential Setting Screening Tool (RSST) provides general instructions, definitions of terms used in the tool, and additional information for members and provider staff completing the tool. Specific instructions and directions are located within each section of the RSST.

### **General Information and Instructions**

The RSST must be completed for every member applying for Adult Mental Health Habilitation (AMHH) or Behavioral and Primary Healthcare Coordination (BPHC), beginning with applications submitted on or after April 1, 2016. Though not yet required, it is strongly recommended that a new RSST be completed, signed by the member, and placed in the clinical record whenever a change occurs in the living situation of a member enrolled in AMHH and/or BPHC. In the future, DMHA anticipates a policy change which will require a new RSST to be completed and submitted within 15 calendar days of a provider agency learning of a change in a member's living situation.

The sections of the RSST are to be completed in order, until the member's living situation has been accurately identified and assessed. The member's identifying information is entered, and the member and referring care coordinator proceed through the sections, beginning with Section 1. Once the member's living situation has been accurately identified and assessed, and the member has signed in the appropriate section (Sections 1, 2, or 6), the tool is complete, and no additional sections of the tool are required to be completed. The outcome from the RSST is transferred to the "Current Living Situation" section of the DARMHA application for AMHH and/or BPHC for the member.

### **Section 1: Homelessness and Homeless Members**

Members who live in settings which meet the definition of homeless are eligible to apply for and may receive home and community-based services like AMHH and BPHC. Homeless is defined as:

1. Lacking a fixed, regular, and adequate nighttime residence, and/or
2. The primary nighttime residence is:
  - (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation for three or less months, or
  - (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Note that this includes members who temporarily reside in homeless shelters. The most recent guidance from CMS is that homeless shelters are exempt from HCBS setting requirements, and do not need to be assessed for compliance.

Members whose living situation meets the definition of homeless should provide a brief description of their living situation (for example, transient among family/friends, homeless shelter, on the street, etc.) and sign in Section 1. No additional sections of the RSST need to be completed.

### **Section 2: "Private/Independent Home" Setting**

Most members live in a house, apartment, or other residence which is owned or leased for the member's private personal use. An individual's private home (owned or leased), or a relative's home where the individual resides (owned or leased), is considered to be a "Private/Independent Home". Per CMS, a state may presume that an individual's private home or a relative's home where an individual resides meets the home and community-based settings requirements; however, it is still the state's responsibility to ensure that individuals living in a private home or a relative's home have opportunities for full access to the greater community.

Four characteristics must be present at a "Private/Independent Home:"

1. The residence is owned or leased/rented by the member or someone in the member's family for their personal use
2. The residence affords opportunities for full access to the greater community
3. The residence is not owned or operated by an agency which provides AMHH and/or BPHC services
4. The residence is not located in or on the grounds of a hospital, nursing home or other facility that provides inpatient institutional care

If any of the four characteristics are not met, the setting does not meet the definition of a "Private/Independent Home." Members whose living situation meets the definition of a "Private/Independent Home" should sign in Section 2. No additional sections of the RSST need to be completed.

### **Section 3: “Potential Presumed Institutional” Setting**

AMHH and BPHC services may not be provided in an institutional setting, defined by CMS as: a nursing facility, an Institution for Mental Disease (IMD), an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or a hospital. In addition, some residential settings are presumed to have qualities of an institution, based on the following characteristics:

1. The residence is located in a publicly or privately owned facility that also provides inpatient institutional care
2. The residence is in a building on the grounds of, or immediately adjacent to, a public institution
3. The residence has the effect of isolating individuals receiving AMHH/BPHC from the broader community.

Members whose living situation meets any of the criteria for “Potential Presumed Institutional” should check that option and sign in Section 6. No additional sections of the RSST need to be completed.

### **Section 4: Provider Owned, Controlled, or Operated (POCO) Residential Setting**

Per CMS, a provider owned, controlled, or operated residential setting is a physical place where a member lives that is owned, leased, or co-leased by a provider of HCBS. This applies to any provider, not just the agency owning or controlling the residential setting. DMHA defines “staff assigned to work at a residence” to mean that staff have an office at that setting or work specific hours at that setting, versus staff visiting members in the setting to provide services.

POCO residential settings must meet all of the “POCO 5” HCBS setting requirements (unless a modification is documented) as well as the “Big 5” HCBS setting requirements (*Note: modifications are **not** permitted for any of the “Big 5” requirements*).

### **Section 5-A: Global HCBS Requirements (the “Big 5”)**

1. The residence is integrated in and supports full access to the greater community
2. The residence is selected by the individual from among residence options
3. The residence ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint
4. The residence optimizes individual initiative, autonomy, and independence in making life choices
5. The residence facilitates individual choice regarding services and supports, and who provides them

### **Section 5-B: POCO Residential Setting HCBS Requirements (“the POCO 5”)**

1. The member has a legally enforceable lease or residency agreement
2. The member has privacy in his/her sleeping or living unit
3. The member has freedom and support to control their own scheduled and activities
4. The member is able to have visitors of their choosing at any time
5. The setting is physically accessible to the individual

In rare cases, one or more of the “POCO 5” requirements will not be met for a member living in a POCO residential setting. A modification to any of the “POCO 5” requirements must be:

1. Supported by a specific assessed need of the individual member and justified in the person-centered service plan, or
2. Reflected in the member’s lease or residency agreement, along with evidence that:
  - a. The member was provided with a choice of living options and chose to live at the setting
  - b. The member was made aware of and fully understood the restrictions at the setting before agreeing to live there
  - c. The restrictions apply equally to all residents at the setting

For purposes of completing the RSST, any of the “POCO 5” requirements which are not met **but for which a valid modification has been established and documented** should be marked “MOD” when completing Section 5-B.