

# Non-Residential Autonomy and Independence Checklist

these are exploratory questions to help a provider assess if the setting has HCBS required characteristics  
42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)

**1. The individual chooses and controls a schedule that meets their wishes in accordance with a person-centered plan.**

- ✓ Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals?
- ✓ Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?
- ✓ Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside of the setting with; or are individuals assigned only to be with a certain group of people?

**2. The individual controls their personal resources.**

- ✓ Does the individual have a checking or savings account or other means to control their funds?
- ✓ Does the individual have access to their funds?
- ✓ How is it made clear that the individual is not required to sign over their paychecks or other source (s) of income to the provider?

**3. The individual chooses when and what to eat.**

- ✓ Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age appropriately and not required to wear bibs)?
- ✓ Does the setting provide for an alternative meal and/or private dining if requested by the individual?
- ✓ Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving HCBS supports?
- ✓ Is the individual able to have meals at the time and place of their choosing?

**4. Individual choices are incorporated into the services and supports received.**

- ✓ Does the setting post or provide information on individual rights?

- ✓ Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving HCBS supports?
- ✓ Does the setting afford the opportunity for tasks and activities matched to the individual's skills, abilities and desires?
- ✓ Do Staff ask the individual about their needs and preferences?
- ✓ Are individuals aware of how to make a service request?
- ✓ Does the individual express satisfaction with the services being received?
- ✓ Are requests for services and supports accommodated as opposed to ignored or denied?
- ✓ Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?

**5. The individual has unrestricted access in the setting.**

- ✓ Are there gates, Velcro strips, locked doors, or other barriers preventing individual's entrance to or exit from certain areas of the setting?

