

# Non-Residential Choice and Supports Checklist

these are exploratory questions to help a provider assess if the setting has HCBS required characteristics

42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)

## 1. The setting was selected by the individual.

- ✓ Was the individual given a choice regarding the services, provider and setting? Were they given an opportunity to visit/understand other service options? How? Is it documented?
- ✓ Does the setting reflect the individual's needs and preferences?

## 2. Individual choices are incorporated into the services and supports received.

- ✓ Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences? How?
- ✓ Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? How is this done?
- ✓ Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences? How is this done?
- ✓ Do staff ask the individual about their needs and preferences? How?
- ✓ Does setting policy ensure the individual is supported in developing plans to support their needs and preferences? How is this done?
- ✓ Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals? How does the provider ensure this?
- ✓ Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS? How?

