

HCBS Residential Setting Screening Tool

Effective July 1, 2019

Members who receive services through the AMHH and/or BPHC program are required to live and receive HCBS services in settings that meet federal Medicaid guidelines for home and community-based services (HCBS). This tool is required to be completed (1) with **every member** applying for AMHH and/or BPHC during the development process for **every application** (initial, renewal, and modification), **AND/OR** (2) within 15 calendar days of **any** change in the member's living situation. A completed copy of this screening, with the member's and case manager's signatures in the appropriate section, must be kept with the member's clinical record. In addition, the "Current Living Situation" section on the DARMHA application should reflect the setting identified below.

Member Name: _____	Date of Screening: _____	
Member's address: _____		
DARMHA ID #: _____	Internal ID #: _____	Benefit: AMHH/BPHC (circle one or both)

Please check the box that best described the member's living situation:

- Identification for Homelessness**
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 of 3 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, tent community?).
- Identification for "Private/Independent Home" Setting**
An individual's private home (owned or leased), or a relative's home where the individual resides (owned or leased).
- Identification of a CMHC Provider Owned, Controlled, or Operated (POCO) Residential Setting**
A provider CMHC owned, controlled, or operated (POCO) residential setting is a specific physical place that is owned, co-owned, and/or operated by a CMHC provider of HCBS.
- Identification and Attestation for Non-POCO Residential Setting**
These are most often residential settings that provide some level of daily living support services, such as (*this list is not all-inclusive*):
- Residential Care Facilities County homes
 - Residential Care Assistance Program (RCAP) facilities
 - Room and Board Assistance (RBA) facilities
 - Cluster homes/cluster apartments owned by non-profit agencies
- Identification and Attestation for Non-CMHC POCO Residential Setting**
A provider of HCBS other than a CMHC may operate or be delivering services at that setting. The Indiana FSSA agencies Division of Aging (DA) and Division of Disability and Rehabilitative Services (DDRS) administer four other Medicaid HCBS programs, known as 1915(c) Home and Community-Based Waivers:
- Traumatic Brain Injury (TBI; administered by DA)
 - Aged and Disabled (A&D; administered by DA)
 - Community Integration and Habilitation (CIH; administered by DDRS)
 - Family Supports (FS; administered by DDRS)

Member Signature

Date

Case Manager Signature

Date

Member name (printed)

Case Manager name (printed)

Individuals that reside in a private/independent home, please skip the questions below

RSST Ongoing Monitoring Plan

Member Name: _____	Date of Screening: _____
Member's address: _____	
DARMHA ID #: _____	Internal ID #: _____
Benefit: AMHH/BPHC (<i>circle one or both</i>)	

For ONLY those members that reside in a POCO or non-POCO residential setting, please answer the following questions. If any responses to the following questions are "No," please email this RSST (2nd page) to bphc.services@fssa.in.gov.

1. The setting is integrated in and supports residents full access of to the greater community	
2. The setting is selected by the individual from among setting options	
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	
4. Enhances individual initiative, autonomy, and independence in making life choices	
5. Individuals have a choice regarding services and supports, and who provides them	
6. A lease or residency agreement is in place for each HCBS participant and includes protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law	
7. Each individual has privacy in their sleeping or living unit	
8. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	
9. Individuals are able to have visitors of their choosing at any time	
10. The setting is physically accessible to the individual	

By our signatures, we attest that the member's current living situation is selected correctly and the member answered the exploratory questions (when appropriate).

Member Signature	Date	Case Manager Signature	Date
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Member name (printed)	Case Manager name (printed)
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