

Physical Characteristics

1. Describe the specific location in the community and how it is physically located among other private residences and/or retail businesses.
2. Describe the physical/environmental design of setting. (Include how the design may offer a homelike atmosphere; areas do not resemble an institution; same physical characteristics as a setting of those not receiving services; physical arrangements of the setting, etc.).
3. Describe how the setting design provides for full access to common areas and there are no predetermined restrictions/physical barriers (e.g. access to kitchen, laundry room, community areas, break rooms; people will be able to move freely around all areas of the setting; setting is accommodating; rooms are not set up with barriers or locked doors; setting is not surrounded by high walls/fence, have closed/locked areas, etc.).
4. Describe how the setting design provides for individual's rights of privacy, dignity, and respect (do people share or have own bedroom; are telephone jacks throughout the home; are cameras present; break areas; private space for personal cares/medications, etc.).

Physical Location and Integration	Yes/No	If <u>Yes</u> , provide further information or evidence for consideration to support compliance with the HCBS requirements.
5. Is the setting located in a building that is also a public or privately operated facility that provides inpatient institutional treatment?		
6. Is the setting in a building on the grounds of, or immediately adjacent to, a public institution (which is typically owned/operated by state, county, etc.)?		
7. Is the setting located on the same street as other homes or buildings that are owned or operated by the provider or another provider?		<i>If yes, address if/how staff and programing will be shared among the locations.</i>
8. Will the setting offer several onsite services (e.g. day supports, residential supports, congregational services, professional therapies, medical services, etc., which are all brought into the setting in a manner that prevents people from receiving these services that are typically in the community)?		
9. Is the setting primarily for people with disabilities?		<i>If yes,-provide information the setting does not prohibit people from being integrated and participating in the community (e.g. frequent community interaction).</i>

Answer for Provider-owned or Controlled Residential Setting Only		
Tenancy	Yes/No	If <u>No</u>, provide further information.
10. Will the individual(s) have a lease that, at a minimum, has the same responsibilities and protections from eviction that tenants have under North Dakota landlord tenant laws?		
11. Will there be lockable bedroom doors available (unless otherwise identified by the team and documented in the plan)?		

Do not write below, for completion by the Medical Service's Division.	
Reviewer Name:	Date:
Comments:	