## Adult Residential Care Settings Rule Compliance Checklist

**Location: Dakota Pointe, HIT INC.**

**Medicaid Consumers: 9**

**Licensed Beds/Current Census:** 10 /10

**Contact: Darcie Hanson**

**Site Visit Date:** 3/28/2025

**Visit Completed by:** Kathryn Good, Program Admin.; Heather Lindsley, Program Admin.

HCBS Setting Requirements establish an outcome-oriented definition that focuses on the nature and quality of individuals experiences. The requirements maximize opportunities for individuals to have access to the benefits of community living and to receive services in the most integrated setting.

| Requirements | Meets | Does Not Meet | Comments |
|---|---|---|---|
| Facility is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting. | x | | |
| Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. | x | | |
| Is integrated in and supports access to the greater community | x | | |
| Optimizes individual initiative, autonomy, and independence in making life choices | x | | |
| Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint | x | | |
| Facilitates individual choice regarding services and supports and who provides them | x | | |
| Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS | x | | |
| Person-centered service plan (HCBS) | | | |
| The individual has a lease or other legally enforceable agreement providing similar protections | x | | |
| The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit | x | | |
| The individual controls his/her own schedule including access to food at all times | x | | |
| The individual can have visitors at any time | x | | |
| The setting is physically accessible | x | | |
| Must be timely and occur at times/locations convenient to all involved. | x | | |
| Reflects cultural considerations/uses plain language | x | | |
| Discusses individual preference for community integration within and outside the setting. | x | | |
| Includes strategies for solving disagreement | x | | |
| Offers choices to the individual regarding services and supports the individual receives and from whom | x | | |
| Provides method to request updates | x | | |
| Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare | x | | |
| Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes | x | | |
| May include whether and what services are self-directed and includes risks and plan to minimize them | x | | |
| Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others | x | | |

| Requirements | Meets | Does Not Meet | Comments |
|---|---|---|---|
| **Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary** | x | | |