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| Text  Description automatically generated |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Individual Integrated Settings Checklist** **for Residential Providers (Optional)** |
| CLIENT’S NAME | SUPPORT LEVEL |
| ADDRESS | COMPLETED BY: |
| **Housing and Home Environment** |
| [ ]  | Individual has a signed lease or other legally enforceable agreement. | *Written agreement with the responsibilities and protections from eviction afforded tenants under the landlord / tenant laws.* |
| [ ]  | Individuals’ bedroom has a locking door. | *Provides for privacy in sleeping unit, staff or other residents knock and receive permission prior to entering, a documented plan for, if, and when staff have keys.* |
| [ ]  | Individual assisted with decorating home. | *Personal items such as pictures, books, and memorabilia present and arranged as the individual desires.* |
| [ ]  | Individual met and chose to live with housemates. | *Individual met and/or interviewed potential housemates, and selected housemates.* |
| [ ]  | Individual has free access to food at any time. | *No locks on cabinets / refrigerators, client involved in meal planning and/or shopping, any dietary restrictions documented and signed by physician.* |
| [ ]  | Individual controls their personal resources or has a Representative Payee. | *Cash, checks, property, including specific documentation on who assists with resources and ledger or accounts balanced regularly.* |
| [ ]  | Home is located in a neighborhood with other members of the community. | *Not clustered housing, segregated, or isolated, and has access to community resources and transportation.* |
| [ ]  | Home is physically accessible to individual. | *Ramps, handrails, doorways, hallways, appliances, furniture, etc.* |
| **Community and Personal Autonomy** |
| [ ]  | Individual is employed, seeking employment, or chooses not to pursue employment. | *Working in an integrated setting with competitive pay, actively working with vocational vendor to obtain employment, or chooses not to work.* |
| [ ]  | Individual is supported to maintain calendar of community events and leisure activities. | *Has access to current and accurate information about recreation, education, and employment opportunities in their community.* |
| [ ]  | Individual has family, friends, or advocates in their life and can have visitors at any time. Individual can communicate privately with people in their lives. | *Able to invite chosen people to planning meetings, has a comfortable place for visitors in their home, access to private communication methods like phone, text, video calls, mail, etc.* |
| [ ]  | Individual participates in IISP and Person-Centered Service Planning meetings. | *Documented participation and goal planning led by individual and meaningful to them.* |
| [ ]  | Individual has the freedom and support to control their own schedules and daily routines, including meal, snack, and sleep schedules. | *Optimizes individual initiative, autonomy, and independence in making choices, shows variety of activities inside and outside the home.* |
| **Modifications to Rights** |
| [ ]  | There are modifications to the rights above. The following conditions have been met and are documented in the Person-Centered Service Plan (PCSP). Must check all boxes prior to implementing modifications.[ ]  Identified a specific and individualized assessed need.[ ]  Documented the positive interventions and supports used prior to modification of PCSP.[ ]  Documented less intrusive methods of meeting the need that have been tried but did not work.[ ]  Included a clear description of the condition that is directly proportionate to the specific assessed need.[ ]  Has a method of including regular collection and review of data to measure the ongoing effectiveness of the modification.[ ]  Establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated.[ ]  Documented informed consent from the individual or legal decision maker.[ ]  Plan includes an assurance that interventions and supports will cause no harm to the individual. |
| [ ]  | There are restrictions in place (sharps, chemicals, media, visitors, food, etc.).[ ]  Restrictions documented in all applicable plans (PCSP, PBSP, SOTP Treatment Plan, IISP, CSCRP, NCP). |
| NOTES FOR FOLLOW-UP |
| Applicable Code of Federal Regulations:[§ 441.530 Home and Community-Based Setting](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-K/section-441.530)[§ 441.301 Contents of request for a waiver](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301#p-441.301(c)(4)) |