



Indiana Family and Social Services Administration
Division of Aging

HCBS Settings Rule: Assisted Living Lease Review

Setting:	
Service:	
Presumed Institutional:	
Review:	
Date:	
Lease Requirement	Division of Aging Comments
1. Written notice is required before terminating the agreement upon expiration of agreement term (IC 32-31-1-5; IC 32-31-1-7)	
2. Ten days' written notice is required before terminating the agreement for failure to pay rent (IC 32-31-1-6)	
3. Reasonable written or oral notice is required before the landlord enters the unit (IC 32-31-5-6(g)(2))	
4. The rental space is in safe, clean and habitable condition (IC 32-31-8-5)	
5. IF it is a MONTH TO MONTH agreement - agreement must contain automatic renewal language and a 45 day written notice if the provider does not plan to renew.	
6. For agreements with a longer duration than month to month, agreement must give the participant at least 60 days to review any renewal agreement and 30 days written notice of a nonrenewal	
7. Agreement is completely separate from the services agreement and does not contain any "institutional" language.	
8. Name, street address, and mailing address of the site.	
9. The name and mailing address of the owner or owners of the site and, if the owner or owners are not natural persons, identification of the type of business entity of the owner or owners.	
10. The name and mailing address of the managing agent, through management agreement or lease arrangement, of the establishment, if different from the owner or owners.	



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<p>11. A statement describing the discloser document and licensure status, if any, of the site and any person providing health related services or supportive services under arrangement with the operator</p>	
<p>12. The term of the contract</p>	
<p>13. A description of the services to be provided to the resident in the base rate to be paid by the resident or on the resident's behalf.</p>	
<p>14. A description of any additional services available for an additional fee from the site directly or through arrangements with the establishment.</p>	
<p>15. The fee schedules outlining the cost of any additional services.</p>	
<p>16. A description of the process through which the contract may be modified, amended, or terminated.</p>	
<p>17. A description of the site's complaint resolution process available to the residents.</p>	
<p>18. The resident's designated representative, if any</p>	
<p>19. The site's referral procedures if the contract is terminated.</p>	
<p>20. The criteria used by the site to determine who may continue to reside in the site. The criteria must address the following (a) when a resident must be transferred because the site and the resident are unable to develop a means for assuring that the resident is able to respond to an emergency in a manner that is consistent with local fire and safety requirements. (b) when the site is unable to assure that the resident's physical, mental, and psychosocial needs can be met.</p>	
<p>21. A description of the process for assuring that the resident's needs are assessed on admission and periodically thereafter in conjunction with the resident and the resident's representative and for assuring that the resident's physical, mental, and psychosocial needs are met within the terms of the contract criteria for residences provided under subdivision (20).</p>	
<p>22. The billing and payment procedures and requirements.</p>	
<p>23. The site's contract must state that:</p>	



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<p>(1) Except as stated in the contract, residency in the site may not be terminated due to a change in a resident's health or care needs;</p> <p>(2) The ability of a resident to engage in activities away from the site regardless of the time, duration, and distance of the activities may not be restricted;</p> <p>(3) Except to protect the rights and activities of other residents, the site may not restrict the ability of the resident to have visitors and to receive family members and guests; and</p> <p>(4) Except as stated in the contract and identified in the disclosure document an operator may not:</p> <p style="padding-left: 40px;">(a) Restrict the ability of a resident to use a home health agency, home health provider, or case management service of the resident's choice; or</p> <p style="padding-left: 40px;">(b) Require a resident to use home health services.</p>	
<p>24. Except where the resident's health or safety or the health and safety of others are endangered, an operator shall provide at least thirty (30) days notice to the resident or the resident's designated representative before terminating the resident's residency.</p>	
<p>25. Resident's right to privacy</p>	
<p>26. Visitors at any time</p>	
<p>27. Freedom to furnish and decorate</p>	

**Indiana Division of Aging
HCBS Final Rule – Participant Interview – Residential Setting**

Interview Information

Date of Interview:
Start Time:
End Time:
Assessor Name:
Participant Name:

General Provider Information

Provider Name:
Provider Address:
Provider Contact:

HCBS Compliance

CMS HCBS Standard	Interview Question	Observation (circle one)	Evidence for Observation
The individual chooses when and what to eat and with whom to eat or to eat alone.	Do you get to have meals when you would like to?	Yes No	
	Are there snacks available anytime?	Yes No	
	Do you talk with others during meal times if you want to?	Yes No	
	If you want to eat alone, can you?	Yes No	
The individual has access to make private telephone calls/text/email at the individual's preference and convenience.	Are you able to make a call, text someone, or email someone in private if you want to?	Yes No	
Individuals are free from coercion.	Do you know how and to whom to make a complaint if you have one?	Yes No	
	Are you comfortable discussing your concerns with the staff or with a third party?	Yes No	
	Do you know how to file an anonymous complaint?	Yes No	
The setting does not isolate individuals from individuals not receiving Medicaid HCBS in the broader community.	Are you allowed to have visitors whenever you want?	Yes No	

The setting is an environment that supports individual comfort, independence, and preference.	Do you have access to everything you would have in a home (kitchen, bathroom, dining area, laundry)?	Yes	No	
	If you need help, can you get that in private if you desire?	Yes	No	
Staff communicates with individuals in a dignified manner.	Do you chat with the staff?	Yes	No	
	Does the staff address you with the name you like to be called?	Yes	No	
	Does the staff treat you with respect and dignity?	Yes	No	
The setting was selected by the individual.	Did you have a choice in where you would live? Not necessarily geography, but the type of environment.	Yes	No	
	Did you visit other places when deciding where to live?	Yes	No	
The individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.	Are you able to go out into the community? Can you describe how you make that happen?	Yes	No	
	Do you know what kinds of activities are happening both in the facility and in the community?	Yes	No	
	Do you get to shop, attend religious services, schedule appointments, have lunch with friends and family as you choose to?	Yes	No	
The individual chooses and controls a schedule that meets their wishes in accordance with a person-centered plan.	Do you get to set your own schedule of work, activities, dining, etc.?	Yes	No	
	Would you be able to work at a job if you wanted to?	Yes	No	
	Can you do things like read, watch TV, and talk to friends when you want to?	Yes	No	
Individual choices are incorporated into the services and supports received.	Does the staff ask you about your personal needs and preferences?	Yes	No	
	Do you know how to make a service request?	Yes	No	
	Are you happy with the services you receive here?	Yes	No	
	Did you have a choice of roommate?	Yes	No	

The individual has their own bedroom or shares a room with a roommate of choice.	Do you want to stay in your room with your roommate?	Yes	No	
	Do you know how to request a roommate change?	Yes	No	
The individual controls their personal resources.	Do you have a checking or savings account that you manage and control?	Yes	No	
	Do you have access to your money?	Yes	No	
	If you work, are you required to sign over your paychecks to the provider?	Yes	No	
The individual chooses from whom they receive services and supports.	Are you allowed to have any service providers you want (doctors, physical therapists, etc.)	Yes	No	
	Are you happy with the people who provide your services?	Yes	No	
	Do you know how you would request getting someone new to provide services?	Yes	No	
The individual, or a person chosen by the individual, has an active role in the development and update of the individual's person-centered plan.	Do you know how to schedule a meeting to talk about your service plan?	Yes	No	
	Do you know how your service plan is updated?	Yes	No	
	Did you go to the last meeting where your service plan was discussed? Was that a convenient time and place for you to attend?	Yes	No	

**Indiana Division of Aging
HCBS Final Rule Onsite Assessment Tool – Residential Settings**

Visit Information

Date of Assessment:
Start Time:
End Time:
Assessor Name:

General Provider Information

Provider Name:
Provider Address:
Provider Contact:
Number of Waiver Clients Served:
Does the setting include a memory care unit?
If yes, is it secured?

HCBS Compliance

CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation (circle one)	Evidence for Observation
The individual chooses when and what to eat and with whom to eat or to eat alone.	Do individuals have a meal at the time and place of their choosing?	Yes No	
	Can individuals request an alternative meal if desired?	Yes No	
	Are snacks accessible and available anytime?	Yes No	
	Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates, and cups?	Yes No	
	Are individuals required to sit at an assigned seat in a dining area?	Yes No	
	Do individuals converse with others during meal times?	Yes No	
	If individuals desire to eat privately, can they do so?	Yes No	
The individual has access to make private telephone calls/text/email at the individual's preference and convenience.	Do individuals have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?	Yes No	
	Is the telephone or other technology device in a location that has space around it to ensure privacy?	Yes No	

	Do individuals' rooms have a telephone jack, WI-FI, or ethernet jack?	Yes	No	
Individuals are free from coercion.	Is information about filing a complaint posted in an obvious location and in an understandable format?	Yes	No	
	Are individuals comfortable discussing concerns?	Yes	No	
	Do individuals know the person to contact or the process to make an anonymous complaint?	Yes	No	
	Can individuals file an anonymous complaint?	Yes	No	
	Do the individuals in the setting have different haircut/hairstyles and hair colors?	Yes	No	
The setting does not isolate individuals from individuals not receiving Medicaid HCBS in the broader community.	Do individuals receiving HCBS live/receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS?	Yes	No	
	Is the setting in the community among other private residences, retail businesses?	Yes	No	
	Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?	Yes	No	
	Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?	Yes	No	
	Are visitors present?	Yes	No	
	Are visitors restricted to specified visiting hours?	Yes	No	
	Are visiting hours posted?	Yes	No	
	Is there evidence that visitors have been present at regular frequencies?	Yes	No	
	Are there restricted visitor's meeting areas?	Yes	No	
	Is the furniture arranged to support small group conversations?	Yes	No	
The setting is an environment that supports individual comfort,	Do individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?	Yes	No	

independence, and preferences.	Is information (written and oral) communication conducted in a language that the individual understands?	Yes	No	
	Is assistance provided in private, as appropriate, when needed?	Yes	No	
The individual has unrestricted access in the setting.	Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	Yes	No	
	Are individuals receiving Medicaid HCBS facilitated in accessing amenities such as a pool or gym used by others on site?	Yes	No	
	Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc. limiting individuals' mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?	Yes	No	
The physical environment meets the needs of those individuals who require supports.	For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?	Yes	No	
	Are appliances accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs)?	Yes	No	
	Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?	Yes	No	
Individuals have full access to the community.	Do individuals come and go at will?	Yes	No	
	Are individuals moving about inside and outside the setting as opposed to sitting by the front door?	Yes	No	
	Is there a curfew or other requirement for a scheduled return to the setting?	Yes	No	
	Do individuals in the setting have access to public transportation?	Yes	No	

	Are there bus stops nearby or are taxis available in the area?	Yes	No	
	Is an accessible van available to transport individuals to appointments, shopping, etc.?	Yes	No	
	Are bus and other public transportation schedules and telephone numbers posted in a convenient location?	Yes	No	
	Is training in the use of public transportation facilitated?	Yes	No	
	Where public transportation is limited, are other resources provided for the individual to access the broader community?	Yes	No	
The individual's right to dignity and privacy is respected.	Is health information about individuals kept private?	Yes	No	
	Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?	Yes	No	
	Are individuals, who need assistance with grooming, groomed as they desire?	Yes	No	
	Are individuals' nails trimmed and clean?	Yes	No	
Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.	Are individuals wearing bathrobes all day long?	Yes	No	
	Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?	Yes	No	
Staff communicates with individuals in a dignified manner.	Do individuals greet and chat with staff?	Yes	No	
	Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?	Yes	No	
	Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?	Yes	No	
	Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as "hon" or "sweetie"?	Yes	No	

Individuals have privacy in their sleeping space and toileting facility	Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?	Yes	No	
	Can the individual close and lock the bedroom door?	Yes	No	
	Can the individual close and lock the bathroom door?	Yes	No	
	Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?	Yes	No	
The individual has privacy in their living space.	Are cameras present in the setting?	Yes	No	
	Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?	Yes	No	
Individuals furnish and decorate their sleeping and/or living units in the way that suits them.	Are individuals' personal items, such as pictures, books, and memorabilia present and arranged as the individual desires?	Yes	No	
	Do the furniture, linens, and other household items reflect the individual's personal choice?	Yes	No	
	Do individuals' living areas reflect their interests and hobbies?	Yes	No	