

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
**Individual Integrated Settings Checklist
for Residential Providers (Optional)**

CLIENT'S NAME		SUPPORT LEVEL
ADDRESS		COMPLETED BY:
Housing and Home Environment		
<input type="checkbox"/>	Individual has a signed lease or other legally enforceable agreement.	<i>Written agreement with the responsibilities and protections from eviction afforded tenants under the landlord / tenant laws.</i>
<input type="checkbox"/>	Individuals' bedroom has a locking door.	<i>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.</i>
<input type="checkbox"/>	Individual assisted with decorating home.	<i>Personal items such as pictures, books, and memorabilia present and arranged as the individual desires.</i>
<input type="checkbox"/>	Individual met and chose to live with housemates.	<i>Individual met and/or interviewed potential housemates, and selected housemates.</i>
<input type="checkbox"/>	Individual has free access to food at any time.	<i>No locks on cabinets / refrigerators, client involved in meal planning and/or shopping, any dietary restrictions documented and signed by physician.</i>
<input type="checkbox"/>	Individual controls their personal resources or has a Representative Payee.	<i>Cash, checks, property, including specific documentation on who assists with resources and ledger or accounts balanced regularly.</i>
<input type="checkbox"/>	Home is located in a neighborhood with other members of the community.	<i>Not clustered housing, segregated, or isolated, and has access to community resources and transportation.</i>
<input type="checkbox"/>	Home is physically accessible to individual.	<i>Ramps, handrails, doorways, hallways, appliances, furniture, etc.</i>
Community and Personal Autonomy		
<input type="checkbox"/>	Individual is employed, seeking employment, or chooses not to pursue employment.	<i>Working in an integrated setting with competitive pay, actively working with vocational vendor to obtain employment, or chooses not to work.</i>
<input type="checkbox"/>	Individual is supported to maintain calendar of community events and leisure activities.	<i>Has access to current and accurate information about recreation, education, and employment opportunities in their community.</i>
<input type="checkbox"/>	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.	<i>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.</i>
<input type="checkbox"/>	Individual participates in IISP and Person-Centered Service Planning meetings.	<i>Documented participation and goal planning led by individual and meaningful to them.</i>
<input type="checkbox"/>	Individual has the freedom and support to control their own schedules and daily routines, including meal, snack, and sleep schedules.	<i>Optimizes individual initiative, autonomy, and independence in making choices, shows variety of activities inside and outside the home.</i>
Modifications to Rights		
<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified a specific and individualized assessed need. <input type="checkbox"/> Documented the positive interventions and supports used prior to modification of PCSP. <input type="checkbox"/> Documented less intrusive methods of meeting the need that have been tried but did not work. <input type="checkbox"/> Included a clear description of the condition that is directly proportionate to the specific assessed need. <input type="checkbox"/> Has a method of including regular collection and review of data to measure the ongoing effectiveness of the modification. <input type="checkbox"/> Establish time limits for periodic reviews to determine if the modification is still necessary or can be terminated. <input type="checkbox"/> Documented informed consent from the individual or legal decision maker. <input type="checkbox"/> 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](#)

[§ 441.301 Contents of request for a waiver](#)