|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)) | | | |