

St. Clair County Community Mental Health Authority  
**HCBS Checklist**

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The Home and Community Final Rule (HCBS) of Medicaid tells SCCCMHA to help you live your life as you would like to live it. This included assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

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Individual: \_\_\_\_\_ Case #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Home: \_\_\_\_\_

You have the right to choose the home you live in from various options.

***Given the choices available to you at this time, is your current home where you choose to live?***

Yes ☐ No ☐

You have the right to choose your service provider from various options.

***Given the choices available to you at this time, are you happy with the services you receive?***

Yes ☐ No ☐

You also have the right to choose your roommate from available options.

***Given the choices available to you at this time, are you happy with your current roommate?***

Yes ☐ No ☐

You also have the right to choose your housemates from available options.

***Given the choices available to you at this time, are you happy with your current housemates?***

Yes ☐ No ☐

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If at any time you are not happy with the home you live in, your service provider, your roommate or housemates, you can notify your worker \_\_\_\_\_ phone: \_\_\_\_\_ to help you to know your choices available.

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If you live in a place that you do not own or rent, and have staff present, then please answer these questions:

1.) The Resident Care Agreement (BCAL-3266) that I (or my guardian) signed, also included a document known as "Summary of Resident Rights: Discharges and Complaints".

Yes ☐ No ☐

2.) My bedroom door is lockable from the inside.

Yes ☐ No ☐ ☐ If No, there are restrictions in my plan of service for my health and safety.

3.) I am able to furnish and decorate my room the way that I want to.

Yes ☐ No ☐

4.) I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).

Yes ☐

No ☐

☐ If No, there are restrictions in my plan of service for my health and safety.

5.) I have access to food at any time.

Yes ☐

No ☐

☐ If No, there are restrictions in my plan of service for my health and safety.

6.) I can have visitors whenever I want to.

Yes ☐

No ☐

☐ If No, there are restrictions in my plan of service for my health and safety.

7.) I have a place to securely lock up my possessions

Yes ☐

No ☐

8.) I receive privacy while doing or receiving personal care.

Yes ☐

No ☐

9.) I have access to my greater community two or more times per week.

Yes ☐

No ☐

10.) I have the opportunity to participate in the interview process to hire the staff who assist me.

Yes ☐

No ☐

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.***

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Signature of Individual Receiving Service or Legal Representative

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Date