

# Housing and Environment Module Training Manual

---

COLORADO LONG-TERM SERVICES AND SUPPORTS  
(LTSS) ASSESSMENT TOOL



**COLORADO**

Department of Health Care  
Policy & Financing

Prepared by HCBS Strategies, Inc.  
JUNE 2018 |

## Table of Contents

Purpose.....	3
Overview of Contents.....	3
General Instructions for Completing the Module.....	3
Special Instructions for Children and Age-Specific Items .....	4
Section Instructions .....	4
Section 1: Housing Status .....	4
Section 2: Home Environment .....	5
Section 3: Housing Affordability.....	7
Section 4: Transition and Housing Needs .....	8
Section 5: Housing Supplement.....	14
Section 6: Referrals and Goals.....	19

# Housing and Environment Module – Training

## Purpose

The purpose of the Housing and Environment module of the Assessment Tool is to assess current housing circumstances to determine any environmental and safety concerns; identify opportunities to increase independence through environment modifications or other changes to the living situation; identify needs for individuals transitioning to a new residence or desiring to change residences; and identify referrals and any support/service needs related to housing and environment.

## Overview of Contents

The module is divided into five sections. The sections address housing and environmental needs for individuals in a variety of community settings. As a result, the necessity to complete certain items will depend on the circumstances and needs of the individual participant. For example, participants transitioning to a new residence (e.g., Nursing Facility to community home) will need to complete a set of items that would not apply to someone who lives in stable housing and does not desire to make a change in residence. Thus, this module will contain a “skip pattern” that helps to tailor the assessment to individual situations. A brief explanation of the sections are below.

- 1. Housing Status** – This section identifies the current type of residence in which the participant lives. The categories of types of residences match to the list contained in the Participant Information Module and will automatically fill from the information coded previously in that Participant Information module. The primary purpose for including this list again in the Housing and Environment module is to establish the current residence and utilize skip patterns for completing this module with the individual.
- 2. Home Environment** – This section includes a brief inventory about safety in the home, environmental quality, and concerns for follow-up (e.g. referral or support planning).
- 3. Housing Affordability** – This section is designed to “flag” problems related to the cost of housing. For example, it attempts to assess whether the participant has difficulty in paying for food or other necessities or if there are delinquencies in covering rent and utility costs that might create risks for eviction. Concerns identified in this area are then flagged to be addressed through referrals or other supports.
- 4. Environmental and Housing Needs** – This section includes a variety of items such as accessibility needs, considerations related to the environment and location, and other concerns. This section is critical for identifying what is needed for individuals transitioning or for individuals who need modifications to a current residence in order to remain in their home.
- 5. Referrals and Goals** – This section includes a listing of potential referral options in each of the main areas of transition, employment, volunteering and education/training. Frequently, this would include referrals for help outside of the LTSS system.

## General Instructions for Completing the Module

The Housing and Environment module helps to identify housing and environmental needs that should be addressed as part of developing a comprehensive support plan for the participant. The assessor will be using a variety of approaches and sources to indicate items in the module. For example, the section

on home safety is designed to be done through a combination of observation and discussion with the participant or his/her representative. Some items may be informed through other assessment modules, reports or information from others having interaction with the participant over time, or through a discussion with the participant.

### Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian’s responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

## Section Instructions

### Section 1: Housing Status

This section should prefill from the Participant Information section. If not, the assessor should complete.

Assessment Item	Guidance
<b>Section I: Housing Status</b>	
<b>1. Participant has had previous facility admissions:</b>  <input type="radio"/> No <input type="radio"/> Yes, identify facility and dates: _____	Identify if the participant has previously been admitted to a facility. Facility refers to an institutional setting, such as a nursing facility, residential treatment facility, ICF-IID, or incarceration.
<b>2. Participant’s residence:</b>  <input type="radio"/> Alone, in own home (owned or rented) <input type="radio"/> With both parents/guardians <input type="radio"/> With single parent/guardian and other legally responsible parent/guardian is living elsewhere <input type="radio"/> With single parent/guardian, no other legally responsible parent/guardian <input type="radio"/> With spouse <input type="radio"/> With children <input type="radio"/> With non-spouse relatives <input type="radio"/> With non-relatives <input type="radio"/> Alternative Care Facility [Skip to Section 2, Item 2-Environmental Quality] <input type="radio"/> Foster Care <input type="radio"/> Nursing Facility [Skip to Section 2, Item 2-Environmental Quality] <input type="radio"/> Hospital, discharge date if known: _____ [Skip to Section 4] <input type="radio"/> Host Home	Assessors should code the participant’s setting in 1) the last 3 days (single select) and 2) the past month (multi-select). Select all that apply for the past month.  This section prefills from the Intake Screen, however assessors should verify the information provided

Assessment Item	Guidance
<ul style="list-style-type: none"> <li>○ Group Home</li> <li>○ ICF/IID [Skip to Section 2, Item 2- Environmental Quality]</li> <li>○ Juvenile Correctional Facility [Skip to Section 4]</li> <li>○ Adult Correctional Facility [Skip to Section 4]</li> <li>○ Homeless [Skip to Section 4]</li> <li>○ Residential Treatment Center [Skip to Section 4]</li> <li>○ Other. Specify _____ [If stable arrangement, proceed to Section 2. If temporary arrangement, skip to Section 4.]</li> </ul>	

## Section 2: Home Environment

Section 2 includes a number of items related to safety and environmental quality.

Item 1, Environmental Safety, is mandatory and is divided into two components, Emergency Preparedness and Home Safety. The assessor should use observation, interview items and other relevant sources of information to determine scoring for the safety items. If the assessment occurs in the participant’s residence, the assessor should observe and document any potential hazards while at the residence. This does not mean the assessor should investigate each room in the house or otherwise invade the participant’s privacy. Additionally, it is not necessary to interview the participant about each item.

These items below will be used to identify any home environment concerns that present a substantial risk and should be addressed as part of the plan for the participant. This may include actions such as referral, service provision, mandatory report, or the development of a risk mitigation plan. Each item should be marked Yes (meaning it is reasonably safe), No (meaning there is a substantial risk), or N/A (meaning the item is not applicable at this time). **For all items marked No, ask the participant to describe the concern in the box at the end of this section.**

Item 2 is voluntary. The assessor will interview the participant about his/her perception of environmental quality. Each item should be marked Yes, No, or N/A (meaning the item is not applicable at this time). For all items marked No, ask participant to describe and document in the box at the end of this section. Similar to Item 1, issues identified in the interview should be addressed as part of the plan for the participant.

Assessment Item	Guidance
<b>Section 2: Home Environment</b>	
<b>1A. Emergency Preparedness</b> <ol style="list-style-type: none"> <li>1. Can get out of the home easily in an emergency</li> <li>2. Emergency exit plan is in place</li> </ol>	Identify any issues related to emergency preparedness, including ensuring that a plan is in place for evacuation in the event of a disaster, such as a wildfire.

Assessment Item	Guidance
<b>Section 2: Home Environment</b>	
<ol style="list-style-type: none"> <li>3. Emergency kit available (flashlight, candle, water, etc.)</li> <li>4. Emergency phone numbers easily available</li> <li>5. Disaster response plan is in place.</li> </ol>	<p>The disaster response plan includes a plan for receiving notification of a disaster and accommodations for transporting the participant to a safe location with all necessary medications and critical information related to support needs.</p>
<p><b>1B. Home Safety</b></p> <ol style="list-style-type: none"> <li>1. Can access areas of the home safely (including stairs)</li> <li>2. Doorways of home sufficiently lit</li> <li>3. Areas of home are sufficiently lit to see</li> <li>4. Home is free of obstacles (papers, cords, furniture)</li> <li>5. Home is free of excessive piles (newspapers, magazines, boxes, or other paper materials)</li> <li>6. Refuse/garbage regularly emptied and removed from the home</li> <li>7. Carpets and small rugs present no danger of tripping (with or without mobility aid/wheelchair) (Skip to 9 for children age &lt;9)</li> <li>8. Stove controls are easy to see and use for the participant</li> <li>9. Participant can reach appropriate items in the home without help</li> <li>10. Smoke detector works on each floor of home</li> <li>11. Fire extinguisher is located near the stove and is in working order</li> <li>12. Adequate heating and cooling</li> <li>13. Stair rails and banisters appear in good repair</li> <li>14. All steps in good repair (not loose, broken, missing or worn in places)</li> <li>15. Water is clean/drinkable</li> <li>16. Refrigerator works and appears cool enough for food</li> <li>17. Home appears insect/rodent free</li> <li>18. Shower/tub has non-skid surface</li> <li>19. Tub/shower has a sturdy grab bar</li> <li>20. If needed, home has been safety-proofed</li> <li>21. No other hazards noted</li> </ol>	<p>Identify any issues that present a safety issue for the participant. Safety issues should be dealt with as part of the risk management portion of the support plan.</p> <p>Note: If a participant is unable to access all parts of the home due to mobility issues (e.g., uses a wheelchair and cannot access the upstairs), this item does not imply that the participant must be able to access all areas. The assessor should note any areas of the home that are not accessible to the participant. If lack of access presents a safety concern, this should be noted. If lack of access presents a concern about maximizing independence, this should be noted in the section of this module dealing with environmental needs.</p>

Assessment Item	Guidance
<b>Section 2: Home Environment</b>	
<b>2. Environmental Quality Interview</b> <ol style="list-style-type: none"> <li>1. Do you feel comfortable living in your home?</li> <li>2. Is your home quiet enough at night that you are not awakened by noise? If no, describe the noise and how often this occurs.</li> <li>3. Does your home have enough room for personal items that are important for you to have near you?</li> <li>4. Do others in your home leave your personal things alone or get your permission before using?</li> </ol>	<p>These items are voluntary. The assessor will record the perception of the participant. If the participant responds no to an item, ask the participant to describe the problem and document in the notes box at the end of the section.</p>
<b>3. Describe any concerns identified above</b>	<p>Record information about issues identified in Item 1 and 2 above. Describe implications for support planning.</p>

### Section 3: Housing Affordability

Section 3 does not evaluate the affordability of the participant’s housing but does review the situations in which housing costs may exceed the current ability of the participant. Identification of concerns could result in a referral to housing agencies that can provide analysis and assistance.

Information to complete this section may be obtained from a variety of sources including a conversation with the participant or family/friend assisting the participant, or through access to other documentation. The participant may be reluctant to share or admit he/she is having difficulty, such as having to go without essentials. The role of the assessor is to look for indicators that housing assistance is needed or inadequate and to identify the need for follow-up.

Assessment Item	Guidance
<b>Section 3: Housing Affordability</b>	
<b>1. Does the participant/parent/guardian pay monthly mortgage or rent for the residence in which the participant lives?</b> <ul style="list-style-type: none"> <li><input type="radio"/> No [Skip to Section 4. Environmental and Housing Needs]</li> <li><input type="radio"/> Yes</li> </ul>	<p>Indicate if the participant pays rent or a mortgage. If no, skip to the next section of the tool.</p>
<b>2. Indicate whether the participant/parent/guardian is delinquent on any of the following. Check all that apply.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Mortgage payment or rent</li> <li><input type="checkbox"/> Utilities</li> <li><input type="checkbox"/> Other, describe below:</li> </ul>	<p>Document whether the participant is delinquent on bills related to housing. If so, check all that apply.</p>

Assessment Item	Guidance
<b>Section 3: Housing Affordability</b>	
<p><b>3. Indicate if the participant had to go without any of the following because of lack of money in the past year.</b></p> <ul style="list-style-type: none"> <li>• Food</li> <li>• Clothing</li> <li>• Home heating/cooling</li> <li>• Other utilities</li> <li>• Medications</li> <li>• Telephone</li> <li>• Essential transportation</li> </ul>	<p>Each of the items should be marked as follows:</p> <ul style="list-style-type: none"> <li>• Yes, ongoing issues: Participant went without and continues to go without the item</li> <li>• Yes, has occurred but is not ongoing: Occurred in the past year but is not currently an issue</li> <li>• No: Participant has not had to go without</li> <li>• N/A: Not applicable, participant does not have this expense/item</li> </ul>
<p><b>4. Does participant/parent/guardian currently receive a housing subsidy?</b></p> <p><input type="radio"/> No, referral to Public Housing Authority needed- Explain why in Item 5</p> <p><input type="radio"/> No, referral to Public Housing Authority not needed- Explain why not in Item 5</p> <p><input type="radio"/> Yes</p>	<p>Document the participant's status with regard to a housing subsidy. If there are issues identified with affordability, consider a referral to have eligibility for a subsidy reviewed.</p>
<p><b>5. Assessor Comments on affordability of housing and need for assistance:</b></p>	<p>This text box provides a place for the assessor to comment on any identified needs.</p>

### Section 4: Transition and Housing Needs

Section 4 focuses on environmental or housing needs. Some of the items in the section include this icon: . This indicates the item is a mandatory item for participants transitioning from one residence to another. This includes transition from a hospital to a new residence, or from an institution, corrections, or a current community residence to a new community residence. Items marked with the icon  are mandatory for all participants, including those who are not transitioning.

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
<p><b>1. Summary of the discussion about where the participant lives: </b></p>	<p>Document the discussion about where the participant lives, including likes (ex: Access to community activities, supports available nearby) and challenges (ex: Difficult to maneuver wheelchair, does not get along with neighbors). Note information that the participant finds important.</p> <p>Example 1: <i>I live in a two-story home by myself and I believe this is the best arrangement for me. My case manager and I explored other options, such as an assisted living facility and I am not interested in moving. I want to live in my home for as long as possible</i></p>

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
	<p>Example 2: <i>I live in a two-story home by myself and I am concerned about being able to get up and down the stairs by myself. I believe I can be independent for a longer period of time if I rearrange my house so that my bedroom is on the first floor and the bathroom on the first floor is made more accessible.</i></p> <p>Example 3: <i>I live in my parents' home, however, I want to be able to live on my own. I would like to get an apartment, but I want it to be nearby my parents because I love them very much and they would worry about me if I was far away</i></p>
<p><b>2. <input type="checkbox"/> Case Manager discussed all the places that are available to the participant to live, including a home or apartment, assisted living facility, or an institution. !</b></p>	<p>Confirm that you have discussed <u>all</u> living options available to the participant. The discussion must include both the benefits and challenges of each location as it pertains to the participant's needs. While it is not necessary to document the reasons why a participant rejected other living situations, if the conversation results in the participant wanting to consider another living arrangement, document this in notes and as part of the follow-up discussion.</p>
<p><b>3. Will the participant be transitioning from where he/she is residing currently to a residence in the community? !</b></p> <p><input type="radio"/> No [Skip to 11]</p> <p><input type="radio"/> Yes</p>	<p>This item is used to determine if transition information needs to be collected. If the participant will be transitioning from an institution or a home in the community to a/another home in the community, mark "Yes"</p>
<p><b>4. Is the participant transitioning from a facility? 🏠</b></p> <p><input type="radio"/> No [Skip to Item 7]</p> <p><input type="radio"/> Yes, indicate the type of facility the individual is transitioning from:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Intermediate Care Facility- Individuals with Intellectual Disabilities (ICF-IID)</li> <li><input type="radio"/> Nursing Facility – Long Term Skilled Nursing Services</li> <li><input type="radio"/> Nursing Facility – Rehabilitation Facility</li> <li><input type="radio"/> Neurobehavioral Hospital</li> <li><input type="radio"/> Acute Care Inpatient Hospital</li> <li><input type="radio"/> Mental Health Institute – Inpatient</li> </ul>	<p>This is a mandatory item for anyone transitioning. If "yes", indicate the type of facility the person is leaving and provide information about the name/location of the facility, contact/contact information, and date of current admission.</p>

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
<input type="radio"/> Mental Health Residential Facility  a) Name of Facility _____ b) Address _____ c) Name of Contact _____ d) Contact Information _____ e) Date of current admission _____	
<b>5. Reason for admission to the hospital or institution: Check all that apply</b> <input type="radio"/> Medical treatment <input type="radio"/> Post-acute care (rehabilitation) <input type="radio"/> Medical/physical need for skilled nursing care other than rehabilitation <input type="radio"/> Treatment for mental illness – acute <input type="radio"/> Treatment/stabilization of serious and persistent mental illness <input type="radio"/> Cognitive need for skilled care – non IDD <input type="radio"/> Functional or cognitive disabilities requiring 24-hour supervision – IDD <input type="radio"/> Other _____	If the participant currently resides in a hospital or institution, indicate the reason for admission.  If “Post acute care (rehabilitation)” was not selected, skip to item 8.
<b>6. Is physician ordered rehabilitation still active?</b>  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	For participants who had a response of “Post acute care (rehabilitation)” in item 5, indicate whether the physician ordered rehabilitation will remain active throughout the transition.
<b>7. Is the participant transitioning from a facility?</b>  <input type="radio"/> No [Skip to Item 7] <input type="radio"/> Yes a) Name of Facility _____ b) Address _____ c) Name of Contact _____ d) Contact Information _____ e) Date of current admission _____	This is a mandatory item for anyone transitioning. If “yes”, indicate the type of facility the person is leaving and provide information about the name/location of the facility, contact/contact information, and date of current admission.
<b>8. How soon must a new living arrangement be found?</b>  <input type="radio"/> Immediate need <input type="radio"/> 24 hours to 3 days <input type="radio"/> 4-7 days <input type="radio"/> 7-14 days <input type="radio"/> 14-30 days <input type="radio"/> More than 30 days	Indicate the timeframe within which a new residence must be found.

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
<p><b>9. Type of HCBS Setting participant will Transition To:</b> </p> <ul style="list-style-type: none"> <li><input type="radio"/> Home owned by the participant</li> <li><input type="radio"/> Home rented by the participant</li> <li><input type="radio"/> Home of parent/guardian</li> <li><input type="radio"/> Home of other family member</li> <li><input type="radio"/> Home of friend</li> <li><input type="radio"/> Host home</li> <li><input type="radio"/> HCBS provider owned/operated home <ul style="list-style-type: none"> <li><input type="radio"/> ID home</li> <li><input type="radio"/> Alternative Care Facility</li> </ul> </li> <li><input type="radio"/> Other, describe: _____</li> <li><input type="radio"/> Unknown (Skip to Item 11)</li> </ul> <p><b>10. If residence is already known, provide location. If Unknown, enter N/A: Address, City, State, Zip code</b></p> <p>_____</p>	<p>This is a mandatory item for anyone transitioning to a community residence with supports. Indicate where the participant will transition to. If the residence is already known, document the address. If unknown, skip to item 11.</p>
<p><b>11. Does the participant want to live somewhere else?</b> </p> <ul style="list-style-type: none"> <li><input type="radio"/> No [Skip to Item 13]</li> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Not applicable (setting unknown)</li> </ul>	<p>Identify if the <i>participant</i> would like to live somewhere else. This item should be asked of all participants, regardless of whether they are transitioning.</p> <p>Mark "Yes" even if the representative or assessor does not believe that another living option would be best for the participant.</p> <p>If the participant does not want to live somewhere else, skip to item 13.</p>
<p><b>12. Type of HCBS setting participant prefers:</b> </p> <ul style="list-style-type: none"> <li><input type="radio"/> Home owned by the participant</li> <li><input type="radio"/> Home rented by the participant</li> <li><input type="radio"/> Home of parent/guardian</li> <li><input type="radio"/> Home of other family member</li> <li><input type="radio"/> Home of friend</li> <li><input type="radio"/> Host home</li> <li><input type="radio"/> HCBS provider owned/operated home <ul style="list-style-type: none"> <li><input type="radio"/> ID home</li> <li><input type="radio"/> Alternative Care Facility</li> </ul> </li> <li><input type="radio"/> Other, describe: _____</li> </ul>	<p>The assessor should talk with the participant about the type of living arrangement he/she prefers. Some considerations include:</p> <ul style="list-style-type: none"> <li>• Location or type of neighborhood</li> <li>• Type of residence (apartment, house, etc.)</li> <li>• Roommate(s) or live alone</li> <li>• Live with specific person</li> <li>• Access to transportation or other public amenities</li> <li>• Other attributes identified by the participant</li> </ul> <p><i>Example: Joan wants a location near her sister and within walking distance to a grocery store. She'd like to live in a small house with a yard so she can have a dog. She is</i></p>

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
	<i>willing to share housing with one or two other women or a couple. She prefers a neighborhood environment.</i>
<p><b>13. The participant has a roommate(s).</b> </p> <p><input type="radio"/> Yes    <input type="radio"/> No (Skip to item 15)</p>	Document whether the participant currently has a roommate where he/she lives. If the participant does not have a roommate, skip to item 15.
<p><b>14. Participant would like to change roommate(s).</b> </p> <p><input type="radio"/> Yes, describe: _____</p> <p><input type="radio"/> No</p>	Identify if the participant would like to change his/her roommates. If the participant would like to make a change, describe the problems with his/her current roommates and the type of change he/she would like to make.
<p><b>15. Making a change in setting and/or roommates should be one of the participant's goals:</b> </p> <p><input type="radio"/> Yes (Skip to Item 17)    <input type="radio"/> No</p> <p><input type="radio"/> N/A, does not want to change setting or roommate (Skip to Item 17)</p>	If the participant would like to make a change in his/her setting or roommate during the Support Planning process, select "Yes". If the participant would like to make a change however is unable to (e.g., guardian will not agree to change), select "No" and describe in item 16. If the participant will not be transitioning because he/she does not want to and/or does not wish to change his/her roommates, select the final option.
<p><b>16. Reasons why participant cannot live where he/she prefer:</b> </p>	<p>Briefly describe the rationale for why the participant cannot live in his/her preferred setting.</p> <p>Example, Ryann: <i>I would like to live in my own home, however I do not have enough income to afford rent and my guardian does not believe that I would be safe living on my own.</i></p>
<p><b>17. I feel safe and am able to meet my health outcomes where I live.</b> </p> <p><input type="radio"/> Strongly Agree    <input type="radio"/> Agree    <input type="radio"/> Neither Agree nor Disagree    <input type="radio"/> Disagree    <input type="radio"/> Strongly Disagree</p> <p><b>18. My legal representative feels I am safe and able to meet my health outcomes where I live.</b> </p> <p><input type="radio"/> Strongly Agree    <input type="radio"/> Agree    <input type="radio"/> Neither Agree nor Disagree    <input type="radio"/> Disagree    <input type="radio"/> Strongly Disagree</p> <p><input type="radio"/> Not applicable (no legal representative)</p> <p><b>19. I feel that where I live allows me to live a meaningful life.</b> </p> <p><input type="radio"/> Strongly Agree    <input type="radio"/> Agree    <input type="radio"/> Neither Agree nor Disagree    <input type="radio"/> Disagree    <input type="radio"/> Strongly Disagree</p>	<p>Have participants respond directly to items 17 and 19, while legally recognized representatives should respond directly to items 18 and 20. If the participant does not have a legally recognized representative, select "Not applicable".</p> <p>It may be helpful to print out the response choices in large letters.</p>

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
<p><b>20. My legal representative feels that where I live allows me to live a meaningful life.</b> </p> <p> <input type="radio"/> Strongly Agree   <input type="radio"/> Agree   <input type="radio"/> Neither Agree nor Disagree   <input type="radio"/> Disagree   <input type="radio"/> Strongly Disagree  <input type="radio"/> Not applicable (no legal representative) </p>	
<p><b>21. Indicate the need for environmental accommodations related to physical access/use of a residence in the community. This item applies to either a current home OR to a home the participant will be moving to. Check all that apply.</b> </p> <p> <input type="checkbox"/> Widened doors  <input type="checkbox"/> Bathroom handrails  <input type="checkbox"/> Childproofing/making environment safe for children </p> <p> <input type="checkbox"/> Environmental control systems(e.g., activated heating system, cooling systems, humidifiers, air purifiers)  <input type="checkbox"/> Ramp or no-step entrance into the home  <input type="checkbox"/> Modifications to flooring (e.g., related to ease of moving across floors)  <input type="checkbox"/> Modifications of stairs (e.g., treads, coverings, etc.)  <input type="checkbox"/> Modifications to floor, walls or other areas to accommodate equipment or other assistive devices needed  <input type="checkbox"/> Roll-in shower  <input type="checkbox"/> Stand-alone shower (does not have to be roll-in)  <input type="checkbox"/> Room in shower for bench  <input type="checkbox"/> Specialized/customized lighting – interior  <input type="checkbox"/> Specialized/customized lighting – exterior  <input type="checkbox"/> Specialized/customized sleeping area </p>	<p>Indicate any environmental accommodations needed in the participant’s residence. This item applies to either a current home OR to a home the participant will be moving to.</p> <p>Note that the listing includes a variety of different types of accommodations to meet the needs of people with mobility, sensory, sensory integration, medical or other disability related needs.</p> <p>Check all that apply. If an accommodation needed is not listed, check “Other” and briefly describe.</p>

Assessment Item	Guidance
<b>Section 4: Transition and Housing Needs</b>	
<input type="checkbox"/> Specialized/customized living areas (e.g., due to sensory, behavioral or other needs) <input type="checkbox"/> Other <input type="checkbox"/> None  If other, briefly describe below:	
<b>22. Describe the need for environmental accommodations related to behavioral issues and needs within the residence (e.g., fence, plexiglass windows, sound proofing).</b>	Ask the individual what behaviors he or she may have that may cause a concern for his or her safety. Identify the behavior and some recommendations for accommodations to address the behavior or help keep the individual safe.
<b>23. Are there other concerns that may impact the ability of the participant to live safely in the community?</b> <input type="radio"/> No [ <a href="#">Skip to Next Applicable Section</a> ] <input type="radio"/> Yes, indicate any other needs related to a residence in the community's environment. <b>Check all that apply.</b> <input type="checkbox"/> Noise abatement <input type="checkbox"/> Access to area within home for increased privacy <input type="checkbox"/> Improved access to common areas or furnishings within the household <input type="checkbox"/> Ability to keep possessions away from others (e.g., locked drawer, cabinet, etc.) <input type="checkbox"/> Key for access into home/apartment <input type="checkbox"/> Interior home repairs needed for safety _____ <input type="checkbox"/> Exterior repairs needed for safety _____  <input type="checkbox"/> Trash removal <input type="checkbox"/> Housekeeping <input type="checkbox"/> Remediation of fire safety concerns _____  <input type="checkbox"/> Remediation of other home concerns _____ <input type="checkbox"/> Other _____	If the participant is currently living in a community home, check any needs that apply to that current residence.  Note: Some of these items may also have been identified during the review of home safety or the environmental quality interview. It is okay for the assessor to mark these in both this item and in the earlier section.

### Section 5: Housing Supplement

Section 5 collects additional transition information. It should **only** be used with participants who indicated that they will be transitioning in Section 4 (i.e. responded "Yes" to items 3, 4, or 7)

**Items 1, 2, and 3** evaluate whether the participant's support network is supportive of him/her transitioning to/within the community and if they are available to assist within transitioning. It will be important to understand the support network and how support will be provided to inform the discussion within the transition supplement. If individuals do not support the participant's transition to/across (if transitioning from one residence in the community to another) the community, it is important to discuss why they do not support this and what, if any, support they are willing to provide.

**Item 1** is divided into 4 columns. We will use the following example to describe how the table should be complete:

*Bill has a development disability and will be transitioning from a group home to his own apartment in the community with the help and support of his mother, Deborah. He will live in the same apartment complex as Deborah, and Deborah is available to stop by if Bill needs help cooking a meal or doing laundry. She will do so as Bill requests and respect his privacy.*

- **Support Name-** The name of each support will automatically populate from the Caregiver module if it has been completed prior to this module.
- **Lives Close By-** This item is intended to measure those individuals who live close to the participant and would be able to assist him/her if an immediate event occurred that required assistance. For the purpose of this item "Close By" is approximately 10-15 minutes away from the participant. In the example, Deborah lives in the same apartment complex as Bill and is able to provide support in an emergency, so the assessor would check this column.
- **Supportive of Transition-** Identify if the individual is supportive of the participant's transition to/across the community. Situations may arise where the support does not believe that the transition is in the best interest of the participant. It will be important to note and discuss these concerns so that they can be appropriately addressed in Support Planning if the participant/guardian desires. In the example, we see the Deborah is helping Bill with the transition and is supportive.
- **Available to Assist in Transition and Continued Community Living-** Identify whether the individual is willing and able to support the participant with the transition to/across the community. Assistance may include support with ADLs/IADLs such as cooking or money management; responding to questions about safely living in the community; and providing regular check-ins with the person. This will be further discussed in the section and within Support Planning. In the example, we see that Deborah is available to support Bill with IADLs and other areas Bill may request.

**Item 2** collects contact information about the individuals providing support with the transition. If the individual and his/her contact information was previously documented in the Caregiver module, it will autopopulate here.

**Item 3** allows the case manager to identify other individuals who may not be involved with the assessment process who are supportive of the transition. Assessors do not need to consult if the information is not readily available with these individuals, however should work with the participant and family members to establish others who support the transition. This information should be used to inform the support needs moving forward and other individuals who are able to provide support when the transition plan is further solidified during Support Planning

Assessment Item	Guidance
<b>Section 5: Housing Supplement</b>	
<p><b>4. Financial Information</b> </p> <p>a. My income and financial information b. Spousal Financial Information</p>	<p>Identify all current sources of income and location of savings, such as checking and savings accounts and trusts, for both the individual and his/her spouse.</p> <p>Assessors should discuss that this information will be used to identify areas in which the participant may be able to receive financial support while transitioning.</p>
<p><b>5. Finances and anticipated relocation expenses:</b> </p> <p><input type="checkbox"/> HUD Section 8/ Housing Voucher  <input type="checkbox"/> First month's rent  <input type="checkbox"/> Rent deposit  <input type="checkbox"/> Utility payments  <input type="checkbox"/> Utility deposit  <input type="checkbox"/> Rental assistance  <input type="checkbox"/> Moving costs  <input type="checkbox"/> Other: _____</p>	<p>Work with the participant and representative to identify financial components that have been addressed and those areas that the participant needs financial support. For example, the participant may have planned to save for monthly rent but needs support affording utility payments. Assessors should establish a rough dollar value for each item marked "Has" or "Needs" and include the frequency of the payment (e.g., one-time, monthly, weekly, etc.).</p>
<p><b>6. Unpaid or ongoing debts:</b> </p> <p><input type="checkbox"/> Landlord: _____  <input type="checkbox"/> Child support: _____  <input type="checkbox"/> Housing authority: _____  <input type="checkbox"/> Mortgage: _____  <input type="checkbox"/> Utility bills: _____  <input type="checkbox"/> Credit cards: _____  <input type="checkbox"/> None</p>	<p>Identify debts that currently exist (e.g., unpaid credit card bills) and how much outstanding debt exists for each area. Discuss with the participant that financial support and/or counseling may be available to assist with addressing these debts.</p>
<p><b>7. If housing has not yet been identified, document any location considerations when selecting housing:</b> </p> <p><input type="checkbox"/> Distance from family, school or work  <input type="checkbox"/> Distance from medical or therapy services  <input type="checkbox"/> Transportation access (public or privately arranged)  <input type="checkbox"/> Pet friendly  <input type="checkbox"/> Service animal  <input type="checkbox"/> Housing must qualify for housing assistance program  <input type="checkbox"/> Number of bedrooms  <input type="checkbox"/> Accessibility of personal, non-HCBS supports (e.g., support groups, mentors, etc.)</p>	<p>This is a mandatory item for anyone transitioning to a community home <u>IF the housing has not yet been located.</u></p> <p>Indicate any location considerations in selecting a new residence. Check all that apply and briefly describe the consideration.</p>

Assessment Item	Guidance
<b>Section 5: Housing Supplement</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Availability of and access to communities related to ethnic or religious practices or traditions</li> <li><input type="checkbox"/> Neighborhood location or type (e.g., related to noise, traffic, or other factors potentially affecting safety, behavior, or other known risk factors)</li> <li><input type="checkbox"/> Distance to services such as grocery store, post office, etc.</li> <li><input type="checkbox"/> Legal constraints on ability to locate (e.g., probationary or parole limitations, restraint orders, etc.)</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not applicable</li> </ul> <p>Briefly describe considerations indicated:</p>	
<p><b>8. Are there household set-up needs required for transition to a new residence?</b> </p> <ul style="list-style-type: none"> <li><input type="radio"/> No <span style="color: green;">[Skip to Item 9]</span></li> <li><input type="radio"/> Yes <span style="color: red;">[Check all that apply]</span> <ul style="list-style-type: none"> <li><input type="checkbox"/> Furniture</li> <li><input type="checkbox"/> Appliances – large (e.g., refrigerator/stove)</li> <li><input type="checkbox"/> Appliances – small (e.g. microwave enabling person to make simple meals)</li> <li><input type="checkbox"/> Linens</li> <li><input type="checkbox"/> Houseware items</li> <li><input type="checkbox"/> Basic household set-up items</li> <li><input type="checkbox"/> Electric Service set up and deposit</li> <li><input type="checkbox"/> Telephone service set up and deposit</li> <li><input type="checkbox"/> Gas service set up and deposit</li> <li><input type="checkbox"/> Water service set-up and deposit</li> <li><input type="checkbox"/> Security deposit required for lease on residence</li> <li><input type="checkbox"/> P.O. Box</li> <li><input type="checkbox"/> Moving expenses</li> <li><input type="checkbox"/> Packing/unpacking assistance</li> <li><input type="checkbox"/> Pre-move cleaning of home</li> <li><input type="checkbox"/> Yard clean-up</li> </ul> </li> </ul>	<p>This is a mandatory item for anyone transitioning to a community home.</p> <p>Indicate if there are any set-up needs required. If “yes” check all that apply.</p>

Assessment Item	Guidance
<b>Section 5: Housing Supplement</b>	
<input type="checkbox"/> Pest eradication <input type="checkbox"/> Initial food supplies <input type="checkbox"/> Other _____  Assessor comments or notes on household set-up needs. _____	
<b>9.</b> Transportation requirements or preferences:  <input type="checkbox"/> None <input type="checkbox"/> Fixed route bus <input type="checkbox"/> Personal vehicle <input type="checkbox"/> Family or friends <input type="checkbox"/> Paratransit/demand response eligibility <input type="checkbox"/> Non-medical transportation to day program <input type="checkbox"/> Door-to-door attendant <input type="checkbox"/> Taxi <input type="checkbox"/> Medical transportation <input type="checkbox"/> Other: _____	Identify if the participant has any requirements or preferences around transportation has around accessing and utilizing transportation in his/her new residence in the community. This may, but does have to be, related to a disability.
<b>10.</b> Transportation assistance needed:  <input type="checkbox"/> None <input type="checkbox"/> Travel training <input type="checkbox"/> Para transit scheduling <input type="checkbox"/> Vehicle transfer <input type="checkbox"/> Eligibility establishment for paratransit/demand response use <input type="checkbox"/> Orientation and mobility instruction <input type="checkbox"/> Non-medical transportation <input type="checkbox"/> Training for fixed-route bus <input type="checkbox"/> Escort <input type="checkbox"/> Medical transportation	Identify if the participant needs any support with accessing transportation in his/her new residence in the community.
<b>11.</b> Indicate any additional assistance needed with finances requiring a referral or other action prior to transition.  <input type="checkbox"/> Representative payee needed <input type="checkbox"/> Power of attorney for finances <input type="checkbox"/> Guardianship over financial matters <input type="checkbox"/> Financial counseling <input type="checkbox"/> Debt remediation <input type="checkbox"/> Application for financial assistance <input type="checkbox"/> Application for food assistance <input type="checkbox"/> Support with money management (e.g., creating household budget,	This is a mandatory item for anyone transitioning to a community home. These items deal with financially related assistance.  Check all that apply.

Assessment Item	Guidance
<b>Section 5: Housing Supplement</b>	
<p>writing checks, balancing accounts, etc.)</p> <p><input type="checkbox"/> Set up bank account</p> <p><input type="checkbox"/> Arrange for direct deposit or bill pay service through bank</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None</p>	
<p><b>12.</b> Are there any referrals or action steps related to housing and not already mentioned that must be completed prior to transition? </p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes. List below.</p>	<p>This is a mandatory item for anyone transitioning to a community home.</p> <p>Indicate if there are any other actions to be taken prior to referral. If yes, list those actions.</p>
<p><b>13.</b> I have the following challenges or support needs that I and my supports will need to address if I am to stay in my new home: </p>	<p>Across each of the domains, identify if support needs or barriers to transitioning exist. These areas will be utilized during Support Planning to identify available or needed supports to allow the participant to transition.</p>
<p><b>14.</b> Systemic barriers or other issues to accessing housing:</p>	<p>Assessors should work with the participant and representative to identify any systemic barriers or other issues that prevent the participant from living in the setting he/she would like. For example, there may not be adequate funding to allow the participant to live in his/her own home, or there may not be any providers providing the desired type of residence.</p> <p>This information will be used by the Department to learn about gaps in the service delivery system.</p>

## Section 6: Referrals and Goals

Section 6 includes items to identify participant goals for his/her living arrangement and needs related to his/her living arrangement that should be addressed in the support plan or as a follow-up item.

Assessment Item	Guidance
<b>Section 6: Referrals and Goals</b>	
<p><b>1. What does the participant want to see happen?</b> </p>	<p>This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance.</p> <p>The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed.</p>

Assessment Item	Guidance
<b>Section 6: Referrals and Goals</b>	
	<p><i>Example: Theresa, you mentioned earlier that you sometimes feel overwhelmed with keeping up your home. What would you like to see happen and are there things we could do to help you?</i></p> <p><i>Example: Don, you are turning 22 next month and will start a job at Walgreens. You also mentioned you'd like to move out of your parent's home and be more independent. What would you like to see happen?</i></p>
<p><b>2. Referrals</b> </p> <p>Home modifications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Environmental accessibility consultation</li> <li><input type="checkbox"/> Home repair assistance</li> <li><input type="checkbox"/> Occupational Therapy evaluation of the person in his/her environment</li> </ul> <p>Other referrals:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> County Department of Human Services</li> <li><input type="checkbox"/> County Public Health Department</li> <li><input type="checkbox"/> County Offices of Emergency Management (e.g., Training on emergency preparedness, fire safety services)</li> <li><input type="checkbox"/> Advocacy services</li> <li><input type="checkbox"/> Housing agency</li> <li><input type="checkbox"/> Pest control</li> <li><input type="checkbox"/> Legal assistance for financial management (e.g., payee, guardian, trustee, etc.)</li> <li><input type="checkbox"/> Personal budget counseling or assistance</li> <li><input type="checkbox"/> Public housing authority</li> <li><input type="checkbox"/> Transitional Housing</li> <li><input type="checkbox"/> Early intervention services</li> <li><input type="checkbox"/> State supported living services</li> <li><input type="checkbox"/> Family support services program</li> </ul>	<p>The assessor should summarize any referral needs identified in the assessment. Check all that apply.</p> <p>If a referral is not listed, use the "other" category at the end of the list and describe the referral.</p>
<p><b>3. Implications related to transition and safety to address in Support Plan:</b> </p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Address environmental safety concerns identified in Section 2</li> </ul>	<p>The assessor should check any items (for both persons transitioning and persons remaining in their community home) that require follow-up during support planning.</p>

Assessment Item	Guidance
<b>Section 6: Referrals and Goals</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Address environmental quality concerns identified in Section 2</li> <li><input type="checkbox"/> Wants/needs change in residence meeting needs in Section 3</li> <li><input type="checkbox"/> Wants/needs environmental modifications to current residence</li> <li><input type="checkbox"/> Address limited finances which place current housing at risk</li> <li><input type="checkbox"/> Wants/needs assistance to set up budget for housing and household expenses </li> <li><input type="checkbox"/> Wants/needs to set up plan or arrangements for bill pay of housing related costs </li> <li><input type="checkbox"/> Will transition and needs home set-up </li> <li><input type="checkbox"/> Wants/needs roommate to share housing costs </li> <li><input type="checkbox"/> Wants/needs plan for care of property - <b>interior</b> (e.g., cleanliness, care of refuse, identifies and takes appropriate action on unsafe conditions such as loose carpeting, closes windows when storming, etc.) </li> <li><input type="checkbox"/> Wants/needs plan for care of property – <b>exterior</b> (e.g., ice/snow at entrances, etc.) </li> <li><input type="checkbox"/> Plan to address environmental awareness (e.g., aware of neighborhood and home environment for personal safety, puts out cigarettes, locks door to home) </li> <li><input type="checkbox"/> Plan for safe use of home systems (e.g., stove, keeps food at appropriate temperature, heating, cooling, fireplace, etc.) </li> <li><input type="checkbox"/> Plan for addressing previous issues leading to eviction </li> <li><input type="checkbox"/> Other </li> <li><input type="checkbox"/> None Apply </li> </ul>	<p>Some of the sub-items have been designated for a required review if the person is transitioning. However, the assessor should still only check if applicable.</p> <p>For those items checked in the list (or other), the assessor should write a brief description of what is needed in the support plan. For example:</p> <p><i>Theo wants a plan to help take care of snow and ice on the exterior of his home. He also needs a doorbell installed because he no longer able to hear someone knocking at his door. This has caused him to miss his in-home appointments for rehab physical therapy since his surgery.</i></p>
<p>Assessor description of items for Support Plan: _____</p>	

Assessment Item	Guidance
<b>Section 6: Referrals and Goals</b>	
<b>4. Assessed Needs and Support Plan Implications</b>	The assessor should indicate all potential supports needed for housing and transition. These areas of need should be reviewed and discussed during the Support Plan meeting.
<b>5. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.</b>	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.