



# Housing and Environment Module

**Commented [SL1]:** The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

Key	
<b>Bold Blue Highlight:</b>	<b>Module narrative and directions- assessment level instructions and/or help</b>
<b>Orange:</b>	<b>Items, responses, and other language specifically for participants 0-17 unless otherwise indicated</b>
<b>Green:</b>	<b>Skip patterns</b>
<b>Red:</b>	<b>Additional instructions for assessors – item level help</b>
<b>Purple:</b>	<b>Section level help</b>
<b>Light Blue:</b>	<b>Notes for automation and/or configuration</b>
<b>S</b>	<b>Denotes a shared question with another module (one way only unless otherwise directed)</b>
<b>Gray Highlight:</b>	<b>Responses/Text Boxes to pull forward to Assessment Output</b>
<b>Yellow Highlight:</b>	<b>Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself</b>
<b>Green Highlight:</b>	<b>Populate and/or pull forward from the member record to an assessment or from an assessment to the member record</b>
<b>!</b>	<b>Denotes mandatory item</b>
<b>↗</b>	<b>Item populates forward for Reassessment</b>
<b>Teal Highlight:</b>	<b>Items for Revision and CSR- Support Plan only</b>
<i>Italics:</i>	<i>Items from FASI (CARE)- Department use only</i>

The purpose of the Housing and Environment module of the Assessment process 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 participants transitioning to a new residence or desiring to change residences; and identify referrals and any support/service needs related to housing and environment.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review



**I. HOUSING STATUS**

**Commented [SL2]:** Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.

**1. Participant's residence:** ⓘ

**A. Last 3 Days:**

**B. Past Month:**

**(1A is single select and 1B is a multi-select with the same response options)**

- Alone, in own home (owned or rented)
- With both parents/guardians
- With single parent/guardian and other legally responsible parent/guardian is living elsewhere
- With single parent/guardian, no other legally responsible parent/guardian
- With spouse
- With children
- With non-spouse relatives
- With non-relatives
- Alternative Care Facility
- Foster Care Home
- Kinship Foster Care Home
- Specialized Group Facility
- Residential Child Care Facility
- Nursing Facility
- Hospital
- Individual Residential Service and Supports (Host Home)
- Individual Residential Service and Supports (Non Host Home)
- Group Residential Service and Supports (Group Home)
- ICF/IID
- Juvenile Correctional Facility
- Adult Correctional Facility
- Homeless
- Residential Treatment Center
- Other- Stable Arrangement  
Specify other stable arrangement \_\_\_\_\_
- Other- Temporary Arrangement  
Specify other temporary arrangement \_\_\_\_\_

**2. Summary of the discussion about where the participant lives:** ⓘ

**3. 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.** ⓘ

- No
- Yes

**4. Does participant want to live somewhere else?** ⓘ

- No [Skip to Item 7- Participant has roommates]
- Yes



Not applicable (setting unknown)

**5. Type of community setting participant prefers:** ⓘ

- Home owned by participant
- Home rented by participant
- Home of parent/guardian
- Home of other family member
- Home of friend
- Host home
- HCBS provider owned/operated home-Group home
- HCBS provider owned/operated home-Alternative Care Facility
- Other

Describe other preferred community setting: \_\_\_\_\_

**6. Reasons why participant cannot live where he/she prefers:** ⓘ

Only show items 7-9 for ages 16 and older UNLESS Item 1.1A in this module (Residence in Past 3 Days) is "Foster Care".

**7. The participant has a roommate(s).** ⓘ

- No (Skip to item 9- Change in setting/roommates included in goals)
- Yes

**8. Participant would like to change roommate(s).**

- No
- Yes

Describe why participant would like to change roommate(s): \_\_\_\_\_

**9. Making a change in setting and/or roommates should be one of the participant's goals:** ⓘ

- No
- Yes
- N/A, does not want to change setting or roommate

**10. I feel safe and am able to meet my health outcomes where I live.** ⓘ Only show for ages 8 and older

- Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree

**11. My legal representative feels I am safe and able to meet my health outcomes where I live.** ⓘ

- Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree



Not applicable (no legal representative)

**12. I feel that where I live allows me to live a meaningful life.** ! **Only show for ages 8 and older**

Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree

**13. My legal representative feels that where I live allows me to live a meaningful life.**



Strongly Agree  Agree  Neither Agree nor Disagree  Disagree  Strongly Disagree  
 Not applicable (no legal representative)

**14. Indicate the need for environmental accommodations related to physical access/use, behavioral issues, or other needs for current home OR to a home the participant will be moving to.** !

- Bathroom handrails
- Childproofing/making environment safe for children
- Environmental control systems (e.g., activated heating system, cooling systems, humidifiers, air purifiers)
- Fence
- Modifications to flooring (e.g., related to ease of moving across floors)
- Modifications of stairs (e.g., treads, coverings, etc.)
- Modifications to floor, walls or other areas to accommodate equipment or other assistive devices needed
- Plexiglass windows
- Ramp or no-step entrance into the home
- Roll-in shower
- Room in shower for bench
- Stand-alone shower (does not have to be roll-in)
- Sound proofing
- Specialized/customized lighting – interior
- Specialized/customized lighting – exterior
- Specialized/customized sleeping area
- Specialized/customized living areas (e.g., due to sensory, behavioral or other needs)
- Other  
Describe other need for environmental accommodations: \_\_\_\_\_
- Widened doors
- None

**15. Are there other concerns that may impact the ability of the participant to live safely in the community?** !

- No [[Skip to Section 2-Home Environment](#)]
- Yes, indicate any other needs related to a residence in the community's environment.
  - Noise abatement/sensitivity



- Access to area within home for increased privacy
- Improved access to common areas or furnishings within the household
- Ability to keep possessions away from others (e.g., locked drawer, cabinet, etc.)
- Key for access into home/apartment/bedroom/bathroom
- Interior home repairs needed for safety  
Describe interior home repairs needed for safety: \_\_\_\_\_
- Exterior home repairs needed for safety  
Describe exterior home repairs needed for safety: \_\_\_\_\_
- Trash removal
- Housekeeping
- Fire safety concerns  
Describe fire safety concerns: \_\_\_\_\_
- Other  
Describe concerns that may impact ability of participant to live safely in the community  
\_\_\_\_\_

**16. Notes/Comments: Housing Status**

**2. HOME ENVIRONMENT**

The assessor should use observation, interview items and other relevant sources of information to determine coding of the safety items. It is not necessary to interview the participant about each item.

Show Section if response to Section 1, Item 1a- Last 3 days is NOT: Hospital, Juvenile Correctional Facility, Adult Correctional Facility, Homeless, Residential Treatment Center, or Other- Temporary Arrangement

**1. Environmental Safety-** Identify all of the concerns the participant, proxy, and assessor regarding the participant’s home environment. For all areas checked, describe in **Item 2.**

These items should 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, or the development of a risk mitigation plan.

- Cannot access areas of the home safely (including stairs)
- Doorways of home are not sufficiently lit
- Areas of home are not sufficiently lit to see
- Home has obstacles/piles throughout (papers, cords, furniture newspapers, magazines, boxes, or other paper materials)
- Issues with refuse/garbage being regularly emptied and removed from the home
- Carpets and small rugs present danger of tripping (with or without mobility aid/wheelchair)
- Stove controls are not easy for the participant to use (Hide for children age <9)
- Cannot reach appropriate items in the home without help
- Smoke detectors do not work on each floor of home



- Fire extinguisher is not located near the stove and is not in working order
- Does not have adequate heating and cooling
- Stair rails and banisters do not appear to be in good repair
- Steps are loose, broken, missing or worn in places
- Water is not clean/drinkable
- Refrigerator does not work
- Shower/tub needs to have a non-skid surface, does not currently have
- Tub/shower needs to have a sturdy grab bar, does not currently have
- Home has not been safety-proofed to the extent necessary
- Insects/rodents present in the home
- Other \_\_\_\_\_  
Describe other environmental safety concerns: \_\_\_\_\_
- None (Skip to Section 3- Housing Affordability)

**2. Notes/Comments: Home Environment**

**3. HOUSING AFFORDABILITY**

Show Section if response to Section 1, Item 1a- Last 3 days is NOT: Hospital, Juvenile Correctional Facility, Adult Correctional Facility, Homeless, Residential Treatment Center, or Other- Temporary Arrangement

This section assesses whether housing costs may exceed the current ability of the participant or guardian.

**1. Who pays monthly mortgage or rent for the residence in which the participant lives?**

- Participant
- Parent/Guardian
- Parent/Non-Guardian
- Guardian Non-Parental
- Payee
- Other \_\_\_\_\_  
Identify person who pays monthly mortgage or rent: \_\_\_\_\_
- Not Applicable, no monthly mortgage or rent [Skip to Item 3- Go without because lack of money]

**2. Indicate whether the participant/parent/guardian has past due or missed payments on any of the following for the residence in which the participant lives.**

- Mortgage payment or rent
- Utilities



Other

Describe other area of past due or missed payments: \_\_\_\_\_

Not applicable

**3. Indicate if the participant had to go without any of the following because of lack of money in the past year.**

- Food
- Clothing
- Home heating/cooling
- Other utilities
- Telephone
- Essential transportation
- Not applicable

**3a. Status: (Only show if response other than "Not applicable" is selected in item 3)**

- Yes, ongoing issue
- Yes, has occurred but not ongoing

**4. Is a housing subsidy received for the residence?**

- No, referral to Public Housing Authority needed- Explain why in Item 5
- No, referral to Public Housing Authority not needed- Explain why not in Item 5
- Yes
- Unknown

**5. Notes/Comments: Housing Affordability**

**4. HOUSING SUPPLEMENT**

**1. Will the participant be transitioning from where he/she is residing currently to a new or different residence in the community?** ⓘ

- No **[End of Module]**
- Yes

**2. Type of setting participant will transition to:** ⓘ

- Community Setting-Home owned by participant
- Community Setting-Home rented by participant
- Community Setting-Home of parent/guardian
- Community Setting-Home of other family member
- Community Setting-Home of friend
- Community Setting-Host home
- Community Setting-HCBS provider owned/operated home



- Community Setting-Group home
- Community Setting-Alternative Care Facility
- Facility Setting-Hospital
- Facility Setting-Intermediate Care Facility- Individuals with Intellectual Disabilities (ICF-IID)
- Facility Setting-Nursing Facility – Long Term Skilled Nursing Services
- Facility Setting-Nursing Facility – Rehabilitation Facility
- Facility Setting-Neurobehavioral Hospital
- Facility Setting-Acute Care Inpatient Hospital
- Facility Setting-Mental Health Institute – Inpatient
- Facility Setting-Mental Health Residential Facility
- Other

Describe other type of setting participant will transition to: \_\_\_\_\_

- Unknown **(Skip to Item 6- How soon must a new living arrangement be found)**

**3. If residence is already known, provide location. If Unknown, enter N/A:**

**Address, City, State, Zip code** \_\_\_\_\_

**4. Is the participant transitioning from a facility?**

- No **[End of Module]**
- Yes, indicate the type of facility the participant is transitioning from:
  - Hospital
  - Intermediate Care Facility- Individuals with Intellectual Disabilities (ICF-IID)
  - Nursing Facility – Long Term Skilled Nursing Services
  - Nursing Facility – Rehabilitation Facility
  - Neurobehavioral Hospital
  - Acute Care Inpatient Hospital
  - Mental Health Institute – Inpatient
  - Mental Health Residential Facility
  - Correctional Facility

- a) Name of Facility \_\_\_\_\_
- b) Address \_\_\_\_\_
- c) Name of Contact \_\_\_\_\_
- d) Contact Information \_\_\_\_\_
- e) Date of current admission \_\_\_\_\_

**5. Reason for admission to the hospital or institution:**

- Medical treatment
- Post-acute care (rehabilitation)
- Medical/physical need for skilled nursing care other than rehabilitation
- Treatment for mental illness – acute
- Treatment/stabilization of serious and persistent mental illness
- Cognitive need for skilled care – non IDD



- Functional or cognitive disabilities requiring 24-hour supervision – IDD
- Other

Describe reason for admission to hospital or institution: \_\_\_\_\_

**5a. Is physician ordered rehabilitation still active? ! (Only show if response is "Post-acute care" in item 5 is selected.)**

- No
- Yes
- Unknown

**6. How soon must a new living arrangement be found? !**

- Arrangement already found
- Immediate need
- 24 hours to 3 days
- 4-7 days
- 7-14 days
- 14-30 days
- More than 30 days

**7. Are there other needs required for successful transition to a new residence? !**

- No (End of module)
- Yes

**7a. Household Setup Needs**

- Furniture
- Appliances – large (e.g., refrigerator/stove)
- Appliances – small (e.g. microwave enabling participant to make simple meals)
- Linens
- Houseware items
- Toiletries
- Clothing
- Basic household set-up items
- Electric Service set up and deposit
- Telephone service set up and deposit
- Gas service set up and deposit
- Water service set-up and deposit
- Security deposit required for lease on residence
- P.O. Box
- Moving expenses
- Packing/unpacking assistance
- Pre-move cleaning of home
- Yard clean-up
- Pest eradication
- Initial food supplies
- Other,

Describe other household setup needs: \_\_\_\_\_

**7b. Other Transition Needs**

- Prepared meals
- Skills training to become more independent
- Working with a peer to learn how to successfully transition
- Other

Describe other transition needs: \_\_\_\_\_

For each of the needs identified above, provide a description of the need to be met for successful transition and identify whether the need is ongoing or only needed during the transition period.

**Notes/Comments: Housing Supplement**

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