

Home and Community-Based Services – Adult Mental Health (HCBS-AMH)  
**Recovery Manager Settings Check**

Provider Agency			
Recovery Management Entity		Recovery Manager	
Street Address	City	State	ZIP Code

This document is intended for use by recovery managers (RMs) to advocate for HCBS-AMH participants by ensuring all program requirements are followed. The RM completes one form per household in which HCBS-AMH participants assigned to the RM reside. If the RM identifies an issue that threatens the safety or well-being of a participant, the RM immediately notifies HHSC by email at [HCBS-AMH.CIR@hhs.texas.gov](mailto:HCBS-AMH.CIR@hhs.texas.gov).

1. The setting is integrated with, and supports, full access to the greater community as evidenced by opportunities to seek employment and work in competitive integrated settings, engage in community life, retain control of personal resources and receive services in the community similar to people not receiving Medicaid-funded services and supports.  Yes  No

If no, explain:

Indicators: The setting is not in a public or privately-owned facility that provides inpatient treatment; is not on the grounds of, or immediately adjacent to, a public institution; is not located in a gated or secured community for people with disabilities; and is located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitate integration with the greater community. The setting allows the freedom to move about inside and outside of the setting; affords opportunities for participant schedules; does not restrict access to information regarding activities in the community outside of the setting; provides transportation as necessary under housing type service description; provides contact information, access to and training on the use of public transportation, such as buses and taxis, and has public transportation schedules and telephone numbers available in a convenient location; and where public transportation is limited, provides information about resources to access the broader community, including wheelchair accessible transportation.

If personal budget assistance is provided, the setting facilitates the opportunity for the participants to have a checking or savings account or other means to access and control personal funds.

Participants can come and go at any time and are informed they are not required to sign over their paychecks or other state or federal assistance to the provider.

2. The setting is selected by the participant from among setting options, including non-disability specific settings and an option  Yes  No for a private unit in a residential setting. The setting options are identified and documented in the Individual Recovery Plan (IRP) and are based on the participant's needs, preferences and for residential settings, resources available for room and board.

If no, explain:

Indicators: The setting reflects individual needs and preferences and ensures informed choice based on participant resources; does not restrict access to non-disability-specific settings; and provides the option of a private room to the resident(s), as appropriate.

### 3. Right to Privacy

A. The setting ensures a participant's right to privacy, dignity and respect; and freedom from coercion and restraint.  Yes  No

If no, explain:

Indicators: The setting assures staff interact and communicate respectfully and in a manner in which the participant(s) would like to be addressed; keeps all information about the participant(s) private; ensures that participant supports and IRP to address behavioral needs are specific to the participant and not the same as everyone else in the setting (if applicable); ensures that participant supports and IRP to address behavioral needs are not restrictive to the rights of participants living in the setting; offers a secure place to store personal belongings; ensures information about filing a complaint is made readily available and informs the participant(s) of how to make a complaint; provides assistance with personal appearance, dress and grooming to appear as the participant desires, and provides personal assistance in private, as appropriate; assures that staff do not talk to other staff about the participant(s) in the presence of others or in the presence of a participant as if they were not present; and affords dignity to the participants. Informal communication (written and oral) is conducted in a language that the participant(s) understand.

The participant(s) can have a private cell phone, computer or other personal communication device, or the setting provides access to a telephone or other technology to use for personal communication in private at any time; and can file an anonymous complaint.

B) The setting optimizes, but does not regiment, participant initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact.  Yes  No

If no, explain:

C) The setting facilitates participant choice regarding services and supports, and who provides them.  Yes  No

If no, explain:

Indicators: The setting posts and provides information on participant rights; allows the participant(s) to engage in legal activities (e.g., vote if age 18 or older, consume alcohol if age 21 or older) in a manner consistent with people in the same or similar setting who are not receiving Medicaid-funded services and supports; affords the opportunity for tasks and activities matched to participant skills, abilities and desires; and affords opportunities for participant(s) to choose with whom to do activities, both within and outside the setting, and participation is voluntary. The physical environment supports a variety of participant goals and needs (for example, indoor and outdoor gathering spaces, larger group activities, as well as solitary activities).

The setting does not restrict the services, providers or supports made available; affords the opportunity to update/change participant preferences at any time; ensures participant(s) receive support to develop plans supporting their needs and preferences; and staff is knowledgeable about the participant's IRP and Safety and Crisis Plan, rights, interests, preferences and needs of the participant(s).

D) The unit or dwelling is owned, rented or occupied under a legally enforceable agreement (lease) by the participant, and they have, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other designated entity.  Yes  No

If no, explain:

Indicators: The setting does not restrict the services, providers or supports made available; affords the opportunity to update/change participant preferences at any time; ensures participant(s) receive support to develop plans supporting their needs and preferences; and staff is knowledgeable about interests, preferences and needs of the participant(s).

4. 1915(i) Settings – Participant Rights

- A) Each participant has privacy in their sleeping or living unit.  Yes  No
- B) Rooms have entrance doors lockable by the participant, with only appropriate staff having keys to doors.  Yes  No
- C) Participants sharing units have a choice of roommates.  Yes  No
- D) Participants have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.  Yes  No
- E) Participants have the freedom and support to control their own schedules and activities and have access to food at any time.  Yes  No
- F) Participants can have visitors of their choosing at any time.  Yes  No
- G) The setting is physically accessible to the participant.  Yes  No

If no, explain:

Indicators: The setting does not have cameras present without written informed consent approving their use completed by all HCBS-AMH participants; provides the participant(s) with the choice of a roommate; and informs the participant(s) of how to request a roommate change.

Participant(s) can close and lock the bedroom and bathroom doors, and can have furniture, linens, and other household items which reflect preferences, interests and hobbies as desired.

Staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the participant(s), or along with other residents, always knock and receive permission prior to entering a bedroom, bathroom or private living space.

Setting assures snacks are accessible and available anytime; does not require a set schedule for waking, bathing, eating, exercising, activities, smoking, etc.; provides access to such things as a television, radio and leisure activities that interest the participant(s); and permits the scheduling of these activities at the participant's convenience. The participant(s) can have a meal at the time of their choosing.

Participant(s) can have visitors at any time; can have private visits with family and friends; are not restricted in visitors' meeting areas. Visitors are welcomed and encouraged.

Setting ensures there are no gates, Velcro strips, locked doors, or other barriers preventing entrance to, or exit from, certain areas of the setting or the setting itself; is physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting mobility in the setting; or if they are present, there are environmental adaptations to ameliorate the obstruction; provides full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry and comfortable seating in the shared areas; and provides supports for those who need it to move about the setting as they choose, such as grab bars, seats in the bathroom, ramps, viable exits for emergencies, etc.

Name(s) of participant(s) interviewed (if applicable):

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**Signature**

<b>Printed Name of Recovery Manager Completing Form</b>	<b>Signature of Recovery Manager</b>	<b>Date</b>