

New York State Department of Health  
HCBS Final Rule Onsite Assessment Tool –Residential

**Visit Information**

<b>Date of assessment</b>	
<b>Start time of assessment</b>	
<b>Assessor name</b>	

**General Provider Information**

<b>Provider name</b>	
<b>Project-assigned provider ID</b>	
<b>Provider address</b>	
<b>Provider contact</b>	
<b>Number of waiver clients served</b>	
<b>Overall site capacity</b>	
<b>Service Type</b>	

## HCBS Compliance

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-A	The setting is integrated in and supports full access to the greater community	Is the site in a community among other private residences or commercial businesses (retail, residential neighborhood, commercial, industrial, other)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-B	The setting is integrated in and supports full access to the greater community	Is the site surrounded by a high wall, fence, closed gate or locked gate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-C	The setting is integrated in and supports full access to the greater community	Is the setting free from locked doors, gates, or other barriers which inhibit entry to or egress from the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-D	The setting is integrated in and supports full access to the greater community	Is the site located in or adjacent to a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, ICF/IID, IMD, hospital)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-E	The setting is integrated in and supports full access to the greater community	Is the site the only setting operated by the provider in the immediate area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-F	The setting is integrated in and supports full access to the greater community	Is the site the only setting of its type in the immediate area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-G	The setting is integrated in and supports full access to the greater community	Does the site(s) provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-H	The setting is integrated in and supports full access to the greater community	Do the individuals have the opportunity, as they are interested and able, to participate in outings with their housemates/roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-I	The setting is integrated in and supports full access to the greater community	Do the individuals have the opportunity, if they are interested and able, to run errands independent of their housemates/roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-J	The setting is integrated in and supports full access to the greater community	Do the individuals go on outings with family members, friends, or other people important to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-K	The setting is integrated in and supports full access to the greater community	Do the individuals access the community through planned events with their residential providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-L	The setting is integrated in and supports full access to the greater community	Are group and individual activities planned with input from the individuals rather than chosen by staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-M	The setting is integrated in and supports full access to the greater community	Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-N	The setting is integrated in and supports full access to the greater community	Does the setting allow individuals the freedom to move about the setting, including the freedom to go outside as they chose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-O	The setting is integrated in and supports full access to the greater community	Does the setting allow individuals the freedom to move about based on the individuals identified needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-P	The setting is integrated in and supports full access to the greater community	Does the setting assure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-A	The setting is selected by the individual	Does the setting provide individuals with flexibility in their schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-B	The setting is selected by the individual	Are activities adapted to individuals' needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-C	The setting is selected by the individual	Is the individual provided options when choosing the setting, including non-disability specific settings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-D	The setting is selected by the individual	Do the individuals have the option for a private bedroom? If not, were they informed of that at pre-admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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2-E	The setting is selected by the individual	Do the individuals who share bedrooms have a choice of roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-F	The setting is selected by the individual	Can individuals decorate their bedrooms in the manner of their choosing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-A	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure all information about individuals is kept private/confidential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-B	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure health information is only discussed with the individual or those authorized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-C	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are activities such as personal hygiene, blood pressure readings, and medication management, when needed, provided in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-D	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individual schedules (e.g. PT, OT, diet restrictions, medications) kept private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-E	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-F	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting/service provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-G	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure response to each individual's needs and preferences as defined in their person-centered plan of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-H	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure that one person's behavior supports do not impede on the rights of other individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-I	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting offer a secure place for the individual to store personal belongings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-J	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individuals informed of their rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-K	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Is individual rights information posted in an area easily accessible to the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-L	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individuals informed of the process for filing grievances or complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-M	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are individuals able to freely express complaints without fear of staff-imposed consequences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-N	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Is the site free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-O	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the site prohibit the use of unauthorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-A	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting have any of the following barriers preventing individuals' movement? -Gates -Locked doors -Fences -Other (please specify under Evidence for Observation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-B	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting offer any options for the consumers to meet physical environment goals and needs? -indoor gathering space -outdoor gathering space -large group activity space -small group activity space -private space -area for calming activities -area for stimulating activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-C	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting afford the opportunity for tasks and activities that match to the following attributes for individuals? -age -skills -abilities -desires/goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-D	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Is the setting physically accessible, including access to bathrooms and break rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-E	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting provide for an alternative meal and/or private dining if requested by the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-F	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do the individuals have access to food at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-G	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting allow individuals to choose with whom they spend their time while at the setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-H	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting support individuals to do the following? -Make decisions -Move about the community -Associate with others -Practice their religion -Access their money -Make personal decisions -Vote	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-I	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do individuals have the choice to remain at home during the day rather than be required to participate in day programs or employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-J	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Are individuals given the choice to participate in menu planning and cooking activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-K	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Are individuals given the choice to participate in laundry, cleaning, or other household chores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-L	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do individuals have flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-M	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do individuals have a choice in when they go to their rooms or to bed each evening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-A	The setting facilitates individual choice regarding services and supports, and who provides them.	Are individuals provided a choice regarding the setting they participate in when they sign their person-centered plan of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-B	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting allow individuals to choose which of the setting's employees provide his/her services? Example: An individual requests that all personal care services for her be conducted by female employees. Is that individual's request met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5-C	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting allow prospective individuals the opportunity to tour the setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-D	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting afford individuals the opportunity to regularly and periodically update or change their work/daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-E	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting have person-centered policies to ensure individuals are supported in developing setting-specific plans to support his/her needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-F	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5-G	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the setting provide information to individuals about how to make a request for additional services, or changes to their setting-specific plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-H	The setting facilitates individual choice regarding services and supports, and who provides them.	Do individuals and their representatives participate in their planning meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-I	The setting facilitates individual choice regarding services and supports, and who provides them.	Are individuals given the option of having a case manager for service planning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-A	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the waiver participant, and the waiver participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of New York.	Do individuals have a legally enforceable lease or agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7-A	Each individual has privacy in their sleeping or living unit	Do individuals have keys to their rooms, unless otherwise specified in the individual's plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7-B	Each individual has privacy in their sleeping or living unit	Do individuals have keys to the home/apartment, unless otherwise specified in the individual's plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7-C	Each individual has privacy in their sleeping or living unit	Can individual's lock the bathroom door, unless otherwise specified in the individual's plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-A	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Do individuals have the flexibility to eat meals at the time of their own choosing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-B	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Are individuals able to dine in the location of their choosing (without additional charges or advance notification to staff)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8-C	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Can individuals eat wherever they would like and are not assigned a specific seat for dining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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8-D	Individuals have the freedom and support to control their own scheduled and activities, and have access to food at any time	Do individuals have access to food items throughout the day without requesting these items from staff? If not, is this restriction documented appropriately in the person-centered service plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-A	Individuals are able to have visitors of their choosing at any time.	Are visitors required to sign in or out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-B	Individuals are able to have visitors of their choosing at any time.	Can individuals have visitors over at any time they choose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-C	Individuals are able to have visitors of their choosing at any time.	Are individuals afforded a private place to meet their visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9-D	Individuals are able to have visitors of their choosing at any time.	Does the site have a method to allow guests to enter the location without the assistance of staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10-A	The setting is physically accessible to the individual	Is the setting physically accessible for individuals who have a physical disability (i.e. a ramp is in place if a resident uses a wheelchair)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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10-B	The setting is physically accessible to the individual	Do all individuals have access to all common areas of the house (i.e. there are not stairs in a home that a resident in a wheelchair cannot use thus keeping them out of a portion of the home)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10-C	The setting is physically accessible to the individual	Is the site free from gates, or other barriers preventing waiver participants' entrance to and exit from all areas of the setting? If not, why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10-D	The setting is physically accessible to the individual	Are assistive devices (e.g. sight and hearing impairment devices) available for individuals who require them to move or access the setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you go to community events to do things you like to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you go on errands (drug store, shopping for clothing, etc.) in the community if you are interested and able to do so? Who do you go with? Do you have to do errands with everyone in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Did you choose this home or apartment? Was there another place you wanted to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	Individual participant questions	Did you get to choose to have a private bedroom? If not, was this explained to you during pre-admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	If someone is unkind do you know who to tell? Does someone help you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	If you tell someone that you are unhappy with the staff do you feel safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Has anyone given you a telephone number you can call if you have a problem? Do you know what to do if you have a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Are you able to use the phone? Do you get your own mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Are you able to keep things that are important to you /valuable (such as photos, or mementos) locked up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	Individual participant questions	Do you make decisions about what you want to do, when and where you go and who you see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Are you able to eat what you want to eat? If not, why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you get to eat at the time you want? Are you able to eat where you want and with whom you want (e.g. in a place other than the dining room or kitchen)? Do you always have to sit by the same person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you have to go to bed at a certain time? Wake up at a certain time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Who comes to your service planning meetings? Do you go to the planning meeting? Who else comes to your meeting (family, friends, others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you get to decide on who is invited to your planning meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	Individual participant questions	Do you think you are listened to during the person-centered care planning meeting? Does your service plan include things that are important to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	If you later wanted to change some of your services what would you do? Who would you talk to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you have a key to your individual living space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Can you close and lock your bedroom door? Do you have a key to your bedroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Can you close and lock your bathroom door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	When other people in the home go out to do an activity or to run an errand, do you have to go?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Do you get to help decide what activities you get to do or restaurants you go to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	Individual participant questions	Can you have visitors come to the house whenever you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Individual participant questions	Are you able to let your visitors in the house?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did you observe anything while onsite that should be noted for New York State that could not be captured in the parameters above concerning compliance with the federal Medicaid regulations? These could include, but not limited to, obvious unmet needs of individuals or indications from an individual that they did not receive an option of settings or services.