**Heightened Scrutiny Onsite Tool Instructions (Individual)**:

*Note: This onsite tool is for ODP staff to interview the individual(s) who are receiving residential services.*

The onsite visit by the Office of Developmental Programs (ODP) will focus on the experience of each individual receiving services to verify if the home is integrated and supports access of individuals receiving home and community-based services (HCBS) into the broader community, as well as focusing on individual rights and ensuring that regulatory and waiver requirements are complied with. During the visit, a significant amount of time will be spent talking to each willing individual who is receiving residential services and to the provider’s staff who render the services. ODP will also validate the staff’s responses to the questions on the onsite tool through collecting evidence, as applicable.

There are two separate interview tools:

* **Attachment 3** is the interview tool that ODP staff will use when interviewing the individual(s) who are receiving the residential

services in the home.

* **Attachment 2** is the interview tool that ODP staff will use when interviewing the staff who render residential services in the home and community.

It is recommended that ODP staff read over the Heightened Scrutiny Onsite Tool prior to the onsite visit to become familiar with the use of the tool. Best practice for ODP staff completing the onsite tool is to fill it out electronically in Word. If a computer is not accessible, the tool can be completed by hand. Handwriting must be legible.

**ODP and Individual Contact Information**

**Section 1: ODP Information:** This section must be filled out in its entirety and may be filled out prior to the onsite visit.

**Section 2: Individual’s Information:** This section must be filled out in its entirety for the individuals who are willing to have an interview.

* The 9-digit MPI, 4-digit service location (SL), and 9-digit MCI may be filled out prior to the onsite visit.

**Heightened Scrutiny Onsite Tool**

ODP staff is responsible for completing one onsite tool per individual who resides at the service location and must follow each step in sequential order when filling out the tool:

1. Guidance for interviewing the individual
   * Before interviewing the individual, the individual must be asked if he/she is willing to have a conversation about the residential service that is being provided to them through an interview process with the use of the onsite tool. If the individual is willing to be interviewed, the interviewer should further ask if the interview can be conducted in private without staff present. If the individual is willing to be interviewed in private, the interviewer should proceed to a private room. If the individual is uncomfortable with this option, the interviewer can proceed with the interview with staff in the same room.
     + For each individual who is willing to be interviewed, one onsite tool should be completed. These conversations should be held one at time, not in a group.
     + For individuals who communicate in a non-traditional manner, such as through Sign Language (including American Sign Language, Sign Language from other countries, Signed Exact English, or a mixture of American Sign Language and signed English), Lip Reading, Visual Gestural Communication, Touch cues, Objects of Reference, Braille, Print and Symbol Systems, Eye Gaze and Partner-Assisted Scanning, Assistive Technology or Augmentative and Alternative Communication, or behavioral communication, ODP staff will work with the individual and his/her staff to ensure they have the opportunity to communicate with ODP in a language and means of communication he/she can understand and be understood.
   * ODP staff is responsible for asking the individual each question on the tool. The questions are organized based on the corresponding federal regulation. The questions on the tool should not be viewed as a script, but rather guidance on how to have a conversation about the topic being asked about. The individual’s responses to each question must be documented.
   * There are some questions that may not be applicable to the individual(s) at the service location, and if this is the case, the question may be skipped and not asked of the individual. These questions are distinguished from the other mandatory questions by having an *italicized,* ***bold***sentence at the beginning of the question for ODP staff to reference.
2. Documentation
   * After the question is asked of the individual, there is a row in each question that is labeled “Suggestions of Evidence to be Collected”. Since CMS will request evidence packages from ODP on how the initial determination through the Heightened Scrutiny process was made, documentation must be collected per question, as applicable. Most responses can be validated by documenting the individual’s attestation to the question, however, there are a few questions that will ask for specific evidence to be collected. The type of documentation that was collected must also be documented by typing or hand writing the documentation received in the row below labeled “What Evidence was Collected?”.
   * In the event of an individual’s response and/or evidence collected during the interview process with the provider indicating the possibility of a rights violation, ODP staff must collect evidence of the behavior support component that complies with §6100.345 of the individual plan. If there is no behavior support component of the individual plan, document this in the “What Evidence was Collected”.
3. Completion of the Heightened Scrutiny Onsite Tool

* After the individual is asked all the questions on the onsite tool, there are two last questions for ODP to answer which are on the bottom of the onsite tool. These questions are answered with a check box (if you’re using a computer to fill the tool out, double click on the check box and choose “check”)
* As stated above, best practice would be for ODP staff to have completed this tool electronically in Word and submitted to [RA-PWODPHCBSSETTINGS@pa.gov](mailto:RA-PWODPHCBSSETTINGS@pa.gov) . If a computer is not accessible, then the tool can be completed by hand and scanned to the same mailbox.

**ODP and Individual Contact Information**

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| Section 1: ODP Information |
| Name of the Person(s) Completing the Onsite Tool: |
| Title of the Person Completing the Onsite Tool: |
| Phone Number: |
| Email Address: |

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| Section 2: Individual’s Information |
| Agency’s Name: |
| 9-digit MPI: |
| 4-digit SL: |
| 9-digit MCI: |
| Address of the SL: |
| The Name(s) of the Individuals who are Participating in Onsite Visit: |
| Phone Number to Contact if ODP has any Questions: |

**Heightened Scrutiny Tool**

| ***Federal Citation §441.301(c)(4)(i)***  ***“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”*** | | |
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| Q1. | * Do you get to spend time with family or friends outside of your home?   + If not, do you know why not?   + If yes, what do you do when you are out with your family or friends?     - Do you spend as much time with them as you would like? If not, do you know why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |
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| Q2. | * Can you spend your money the way you want?   + If not, why not?   + If yes, what do you like to spend your money on? * Does anyone help you with your money?   + Has anyone offered to help you with your money?   + If no, do you want help? * Has anyone ever told you that you could not spend your money on something?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.350 Access to or the use of an individual’s personal property | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| What Evidence was Collected? |  |
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| Q3. | * Can you go anywhere inside your home that you want to? * What about your property of your home (like the backyard, front yard, etc.)? * If not, do you know why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.341 Definition of restrictive procedures | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Observation of any barriers at the service location such as gates, locked doors, fences, etc.) * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |

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| Q4. | ***If the individual has a competitive integrated job, SKIP this question***   * Have you been asked if you’d like to work in the community, outside of your day program? * Would you like to work in the community? * Are there things you would like to do that you are not doing now? * If you had a job in the past, what happened that led you to not working now? * Is there anything preventing you from working now?   ODP Citation(s): §6100.182 Rights of the individual, §6100.262 Employment | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Documentation of job supports in the individual’s individual plan |
| What Evidence was Collected? |  |

| ***Federal Citation §441.301(c)(4)(ii)***  ***“The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.”*** | | |
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| Q5. | * Do you like living here?   + If not, why not?   + If yes, why? * Do you ever think about living somewhere else?   + If so, why? * Would you like to live in a home or apartment that you own or rent?   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| What Evidence was Collected? |  |

| ***Federal Citation §441.301(c)(4)(iii)***  ***“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”*** | | |
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| Q6. | * Are staff respectful to you, such as:   + Are they nice to you?   + Do they ever yell at you?   + Do they help you with things?   + Do they tell you that you can’t do something? * Do you feel that your staff understand you when you communicate with them?   ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |
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| Q7. | * Are you happy with the people you live with? * If not, why not? * Do you feel respected by the people you live with? * If not, why not?   ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |
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| Q8. | * Are you ever afraid or scared when you are at home?   + If so, why? * Are you ever afraid or scared when you are out in your neighborhood?   + If so, why? * Are you ever afraid or scared when you are at your day program, work, or other community activities?   + If so, why?   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |
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| Q9. | * When staff help you with personal care, do they ask permission before assisting you? * In general, are you asked permission before you are touched? Such as if someone guides or escorts you somewhere or if someone gives you a hug? * Have you ever been restricted from doing something you wanted to do? Such as being restricted to move or from eating something you wanted? * Have you ever felt embarrassed or humiliated because of staff?   ODP Citation(s): §6100.348 Physical Restraint, §6100.347 Prohibited Procedures, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |
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| Q10. | * Who opens your mail? Do you or does your staff?   + If you don’t open your mail, why not?   + Do you want to open your own mail? * When you communicate with others (such as your family, friends, or roommates), can you do so in private? If not, why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |

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| Q11. | * Do you have a secure place to put your personal items? If not, why not?   + A secure place can be a locked bedroom door or a drawer, closet, or cabinet within the bedroom or home. Staff and other people living in the home have to ask you if they can open the door, drawer, closet, or cabinet.   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |

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| Q12. | * If you have an issue or concern such as about your home, staff, services, etc., do you know how to file a complaint? * Do you know that you can file a complaint without fear of retaliation or threat of intimidation? This means that your provider can’t be mad at you, treat you poorly, frighten you, or punish you.   ODP Citation(s): §6100.51 Complaints, 6100.185 Informing of Rights | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan and individual’s signed attestation of being informed for their rights * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |

| ***Federal Citation §441.301(c)(4)(iv)***  ***“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”*** | | |
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| Q13. | * Who chooses the activities that you participate in? * Who chooses the places that you visit? * What kinds of things do you participate in during the week outside of your home?   + Do you enjoy those activities? If not, why not? * Can you choose not to participate in activities when you don’t want to? If not, why not? * Do you get to choose when you go to bed and wake up? If not, why not? * Do you get to choose what to watch on television or the music you listen to? If not, why not? * If you go out with family or friends, do you have to return home by a certain time? Do you have a curfew? If so, why?   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |

| ***Federal Citation §441.301(c)(4)(v)***  ***“Facilitates individual choice regarding services and supports, and who provides them.”*** | | |
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| Q14. | ***If the individual is not 62 or older, SKIP this question***   * Has retirement been discussed with you? * Has anyone asked you if you would like to retire?   + If not, would you like to retire?   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| What Evidence was Collected? |  |
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| Q15. | * Do you know whom to contact if you want more services or if you have a question about the services you are getting? * Do you know how to contact your Supports Coordinator?   ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individuals | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |
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| Q16. | * Who communicates to your doctor during your appointments?   + If you do, does staff help you if you need assistance?   + If only staff communicate with your doctor, do you know why? * Did you get to choose what doctor you see? * Do you like your doctor? If not, why not? * Would you like to see a different doctor? * Does your staff ask if you want to change your doctor?   ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individuals, §6100.183 Additional rights of the individual in a residential service location | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| What Evidence was Collected? |  |

| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(B)***  ***“Each individual has privacy in their sleeping or living unit:***   1. ***units have entrance doors lockable by the individual, with only appropriate staff having keys to the doors.*** 2. ***Individuals sharing units have a choice of roommates in that setting.***   ***Individuals have freedom to furnish and decorate their sleeping or living units within the lease or other agreement****.* | | |
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| Q17. | * Are you able to lock/unlock your house door?   + Do you have a key or another mechanism to open your house door?   + If not, do you want one? * Do you have a lock on your bedroom door?   + If yes, are you able to lock/unlock your bedroom door?   + If no, has staff asked you if you would want a lock? * Do you have a lock on your bathroom door?   + If yes, are you able to lock/unlock your bathroom door?   + If no, has staff asked you if you would want a lock? * Do people knock on your bedroom door and ask before they come in?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |
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| Q18. | ***If the individual(s) do not share a room, SKIP this question***   * Do you share a room with anyone? If yes,   + Did you have a choice of whom to share your room with?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| What Evidence was Collected? |  |
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| Q19. | * Who decorated your home? * Have you been asked if you wanted to decorate your living room?   + If not, do you know why not? * Have you been asked if you wanted to decorate your bedroom?   + If not, do you know why not?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |

| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(C)***  ***“Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.”*** | | |
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| Q20. | * Are you able to eat food anytime you would like? If not, do you know why not? * Where do you eat your food?   + Are you able to eat your food anywhere else? If not, do you know why not? * Do you pick what food you would like to eat? If not, do you know why not? * Can you get your own food if you would like? If not, do you know why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response * ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) |
| What Evidence was Collected? |  |

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| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(D)***  ***“Individuals are able to have visitors of their choosing at any time.”*** | | |
| Q21. | * Does your family or friends visit you at your home?   + If not, why not? * Are there rules about having friends or visitors in your room?   + If, yes, do you know what they are? * Can you contact your family and friends whenever you want? This could be through a phone call, social media, email, etc.   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Suggestions of Evidence to be Collected | * Documentation of the individual’s response |
| What Evidence was Collected? |  |

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| Questions to be Answered by ODP | |
| Was the individual asked and willing to be interviewed? | Yes  No |
| Were the questions asked of the individual in private, without staff present? | Yes  No |