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

*Note: This onsite tool is used to interview the individual(s) who are receiving non-residential services.*

The onsite visit will focus on the experience of individuals receiving services to verify if each Community Participation Support/Day Habilitation service location (identified in Attachment 1) is integrated and supports access of individuals receiving home and community-based services (HCBS) into the broader community, as well as focusing on compliance with regulatory and waiver requirements related to individual rights. During the visit, a significant amount of time will be spent talking to individuals who are receiving Community Participation Support/Day Habilitation services and to the staff who work directly with the individuals at the service location. Responses to the questions on the onsite tools will be validated through the collection of evidence, as applicable.

Based on public comment on the Heightened Scrutiny Onsite Tools, ODP is partnering with Temple University’s Institute on Disabilities (refered to as “Temple” throughout the tool). Temple will be conducting the onsite visits which include interviewing the individuals and staff at the identified services locations, since Temple also has experience interviewing individuals with I/DD through Independent Monitoring for Quality (IM4Q). Temple will be using two separate interview tools to assess each service location. This interview tool (Attachment 3) will be used when interviewing individuals who receive Community Participation Support/Day Habilitation services. Attachment 2 will be used by Temple when interviewing provider staff ( at least two staff, best practice would be to interview one direct support professional (DSP) and one management level professional). It is recommended that each provider staff be interviewed separately.

In addition to completing onsite visits and interviews, Temple will also collaborate with ODP to complete desk reviews of documentation submitted by the provider to validate the responses given by staff and individuals during the onsite interviews. The desk reviews will include an evaluation of documentation specific to a random sample of individuals receiving waiver services at each service location, as well as service location specific documentation. ODP will review all documents completed by Temple and make final determinations about whether a service location is fully compliant with requirements or requires a Corrective Action Plan. Service locations that are fully compliant, including service locations where the Corrective Action Plan indicates that compliance will be achieved by March 1, 2023, will be submitted to CMS for Heightened Scrutiny.

**Temple and Individual Contact Information**

**Section 1: Temple 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 each individual who is willing to participate in an interview.

**Heightened Scrutiny Onsite Tool**

*Note: The questions contained in the onsite tool were written before the COVID-19 pandemic. Unless otherwise noted, the questions apply to both before and during the pandemic.*

The following steps must be completed in sequential order when filling out the tool:

Interviewing the individual

* Temple will select up to three individuals from the service location’s sample of individuals who are receiving Community Participation Support or Day Habilitation services and interview them using the questions in this tool.
* Before interviewing an individual, the individual must be asked if they are willing to have a conversation about the Community Participation Support or Day Habilitation 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 Temple reviewer should further ask if the interview can be conducted in private without a staff present. If the individual is willing to be interviewed in private, the Temple reviewer should proceed to a private room. If the individual is uncomfortable with this option, the Temple reviewer can proceed with the interview with staff in the same room.
  + For each individual who is willing to be interviewed, an onsite tool must be completed. These conversations will be held with one individual 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, Temple will work with the individual and their staff to ensure the individual has the opportunity to communicate with Temple reviewers in a language and means of communication they can understand and be understood.
  + If an individual does not want to participate in an interview, Temple will offer another randomly selected individual the opportunity to be interviewed to try to ensure at most three individuals are interviewed during each onsite visit.
* Temple reviewers are responsible for documenting the individual’s responses as they relate to the questions being asked. The questions on the tool should not be viewed as a script, but rather guidance on how to have a conversation about the topic.
* 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 Temple reviewers to reference.
* The questions are organized based on the corresponding federal regulation.

Documentation

**\*Careful attention is needed on this part of the Heightened Scrutiny Process**

* 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. When there is mandatory documentation for a question, it is denoted with an asterisk.
  + Due to the COVID-19 pandemic, ODP and Temple will request documentation prior to the onsite visit to lessen the amount of time that Temple reviewers are physically present at the service location.
  + Temple reviewers will document responses to each question in the “Response” row.
  + The “Temple Notes” section must include any observations and, for most questions, will ask if the evidence collected shows compliance with the corresponding regulations.
* If an individual’s response or Temple's notes collected during the interview process indicates there may be a rights violation, Temple reviewers must collect evidence of the behavior support component of the individual plan that complies with §6100.345. If there is no behavior support component of the individual plan, document this in the “Temple Notes” row for the applicable question.

Completion of the Heightened Scrutiny Onsite Tool

**\*Please Note: This tool should only contain interview responses from one individual, indicated in Section 2 below.**

* As stated above, Temple reviewers will complete this tool electronically in Word and submit it to ODP.
* After the individual is asked all the questions on the onsite tool, there are two last questions for the Temple reviewers to answer which are at the end of the onsite tool. These questions are answered by choosing one check box.

Note For Temple Reviewers:

If abuse is seen or an allegation is made, APS must be called. Communication must also happen with the service location’s county and the SCO or provider. APS number is: 1-800-490-8505

**Temple and Individual Contact Information**

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| Section 1: Temple 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 of the Individual who is Participating in the Interview: |
| The Name of the Individual who is Assisting the Individual in the Interview, if Applicable: |
| Phone Number and Email Address to Contact if Temple or ODP have 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. | ***If the individual is not receiving prevocational services as part of the Community Participation Support service, SKIP question #1.***   * Does your day program offer you classes or activities that help you to prepare for a job in the community?   + If so, do you think it helped you get ready for a job?   ODP Citation(s): §6100.262 Employment, §2390.158 Facility services | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Employment goal on the Individual Support Plan * Outcomes related to employment in the Individual Support Plan |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected indicates compliance): |  |
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| Q2. | * Do you ever leave the day program and go out and visit places? * Do you get to do this when you want to? * Do you communicate and/or interact with community members (from outside the day program)?   + If not, do you know why not?   + If yes, can you give an example of who you talk to in the community?   ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services, §6100.182 Rights of the individual, §6100.261 Access to the community, §6100.443 Integration | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response |
| Response: |  |
| Temple’s Notes, if applicable: |  |
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| Q3. | * How often do you spend time in the community with your day program? * Are you offered activities that you enjoy in the community as often as you would like? * Would you like to spend time in the community more or less often with your day program? * Would you like to spend your time in the community in a different way or by doing something different?   ODP Citation(s): §2380.188 Facility services, §2390.158 Facility Services, §6100.182 Rights of the individual, §6100.261 Access to the community, §6100.443 Integration | |
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| Suggestion of Evidence to be Collected | * Documentation of the individual’s response |
| Response: |  |
| Temple’s Notes, if applicable: |  |
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| Q4. | * Where do you like to go in the community when you are with your day program? * What do you do when you are there? * Who chooses where you go and what you do when you are there? * Do you have a choice in activities in the community or are they pre-planned? * Do you enjoy the activities that you do? Or do you want to do another activity that you enjoy? * Are there other activities in the future that you would like to try? * Prior to the pandemic, did you get to go to those places when you were with your day program?   + Are you visiting those places currently?   If not, why not? Where did you go instead?  ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices, §2380.188 Facility services, §2390.158 Facility services | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Provider policy or procedure that ensures individual choice can be negotiated to resolve differences * Individual Support Plan |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected demonstrates the individual can engage in community activities that interest them): |  |

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| Q5. | * When you are at your day program, can you go anywhere at your program that you want, whenever you want? Examples: Break room, lunch room, bathroom, place where you store your personal belongings, etc.   + If not, why not?   ODP Citation(s): §2380.21 Individual rights, §2380.51 Special accommodations, §2380.151 Definition of restrictive procedures, §2390.5 Definitions, §2390.21 Client rights, §2390.51 Accommodations for physically handicapped clients, §2390.155 Content of the individual plan, §6100.341 Definition of restrictive procedures, §6100.184 Negotiation of choices, §6100.443 Integration | |
| Suggestion 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) |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected demonstrates that the individual can access all public areas of the service location): |  |

| ***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. | ***Only ask this question if the individual is being interviewed in private, without staff present.***   * Are your 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 they ever ignore you?   *If the individual communicates verbally:*   * Do you feel that your staff understand you when you communicate with them?   *If the individual communicates with technology or nonverbally:*   * If you use technology to communicate, do staff provide support to assure your communication device works (i.e. batteries, keeping it charged, stored properly when not used)   ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Observation |
| Response: |  |
| Temple’s Notes, if applicable: |  |
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| Q7. | ***Only ask these questions if the individual is interviewed in private, without staff present.***   * It is your right to have privacy when using the bathroom or attending to personal care. Are you able to use the bathroom on your own or do you need someone to help?   *If the individual is able to use the bathroom on his/her own:*   * Do staff go with you in the bathroom or do they wait outside the bathroom for you?   *If the individual is unable to use the bathroom on their own:*   * Do staff ask permission from you before helping you in the bathroom?   ODP Citation(s): §6100.348 Physical Restraint, §6100.347 Prohibited Procedures, §6100.182 Rights of the individual | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan * Temple and/or 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) |
| Response: |  |
| Temple’s Notes (Observations, and whether evidence collected supports that the individual has privacy to meet personal care needs at the service location): |  |

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| Q8. | ***Only ask these questions if the individual is interviewed in private, without staff present.***   * Do staff ask you if it is okay to touch you before doing so? Such as if someone guides or escorts you somewhere or if someone gives you a hug? * Do staff ask you if it’s okay if they can move you or guide you before doing so?   + (Wheel chair, walker, guided support, etc.)   ODP Citation(s): §6100.348 Physical Restraint, §6100.347 Prohibited Procedures, §6100.182 Rights of the individual | |
| Suggestion 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) |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected demonstrates that staff ask for the individual’s permission before touching or moving the person): |  |
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| Q9. | * Do you know how to file a formal complaint? A formal complaint usually is when someone has a concern and puts it in writing with their signature on it, however, each day program may have a different way of handling this.   ODP Citation(s): §6100.185 Informing of rights | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Individual Support Plan |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected demonstrates that the individual understands the service location’s complaint process): |  |

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| Q10. | * Do you have a place for your own belongings when you are at your day program?   + If yes, where?   + If no, why not?   ODP Citation(s): §2380.184 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Observation of the place individuals can put their belongings |
| Response: |  |
| Temple’s Notes (Observations): |  |
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| Q11. | * Have staff talked with you about your rights or what it means to have rights?   + If yes, what does rights mean to you?   + If no, here are some rights that you have:     - You have the right to not be discriminated against, the right to not be abused, neglected, or mistreated, the right to be treated with dignity and respect, the right to make choices and accept risks, the right to refuse to participate in activities, the right to control your own schedule, the right to privacy, etc. * Do you know what to do if someone violates or goes against your rights? * If you have an issue or concern with your day program, do you feel comfortable communicating to staff about your concern?   + If so, can you inform me of who that person is you are comfortable talking to?   ODP Citation(s): §6100.182 Rights of the individual, §6100.185 Informing of rights | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Statement signed by the individual or legal guardian acknowledging information on individual rights * Documentation of staff orientation and annual training on individual rights. * Lists of rights that are part of the individual’s handbooks, orientation materials, etc., if applicable |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected indicates the individual understands their rights at the service location): |  |
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| Q12. | * Do you have the opportunity to speak on the phone, communicate through technology, or open and read mail/email in private at your day program?   ODP Citation(s): §2380.61 Telephone, §2390.58 Telephone, §6100.182 Rights of the individual | |
| Suggestion 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) * Provider policies or procedures * Observation |
| Response: |  |
| Temple’s Notes (Observations and whether evidence collected demonstrates that the individual can communicate privately at the service location): |  |

| ***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. | * Prior to the COVID-19 pandemic, was there anything preventing you from accessing the activities you want to be involved in, in the community?   + If yes, what is preventing you from accessing the community? * Currently, is there anything preventing you from accessing the activities you want to be involved in, in the community? * Has your team discussed support and/or services to increase your access to community activities, if you want?   ODP Citation(s): §6100.261 Access to the community, §2380.188 Facility services, §2390.158 Facility services | |
| Suggestion 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) |
| Response: |  |
| Temple’s Notes, if applicable: |  |
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| Q14. | When you are at your day program:   * Can you spend time with whomever you wish? * Can you sit with anyone you want?   + Does this include when eating? * If you wish to be alone or not be around other people, are you able to be alone? Has this been offered to you?   ODP Citation(s): §6100.182 Rights of the individual, §6100.186 Facilitating personal relationships | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response * Observation * 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) |
| Response: |  |
| Temple’s Notes (Observations): |  |
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| Q15. | When you are at your day program:   * Can you take a break whenever you want, including to eat a snack or for lunch?   + If not, do you know why? * 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?   ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individual | |
| Suggestion 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) * Observation |
| Response: |  |
| Temple’s Notes (Observations): |  |

| ***Federal Citation §441.301(c)(4)(v)***  ***“Facilitates individual choice regarding services and supports, and who provides them.”*** | | |
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| Q16. | * Have you been asked when and where you would like your day program activities to be provided to you? * Do you want to recive your day program activities somewhere else?   + If so, where?   ODP Citation(s): §2380.182 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response |
| Response: |  |
| Temple’s Notes, if applicable: |  |
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| Q17. | * 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 individual | |
| Suggestion of Evidence to be Collected | * Documentation of the individual’s response |
| Response: |  |
| Temple’s Notes, if applicable: |  |

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| Questions to be Answered by Temple | |
| 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 |