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

*Note: This onsite tool is used to interview the provider’s staff who render 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 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 2) will be used 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. Attachment 3 will be used by Temple when interviewing individuals who receive Community Participation Support/Day Habilitation services.

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 Provider 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: Provider Information:** This section must be filled out in its entirety for all provider staff who participated in the interview for each service location.

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

**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:

Service Location Community Participation Support Data

* + At the beginning of the tool and prior to the onsite, ODP staff will review and document the percentage of time that individuals received Community Participation Support service in the community for the service location on average for the 19/20 SFY through internal claims documentation. ODP will be looking at data prior to March 2020 due to the COVID-19 pandemic.
    - If the CPS data for the service location was below 25% of time spent in the community on average per month from July 2019 through February 2020, variances for individuals identified in the sample who were receiving services during this timeframe will be collected to review.
      * Since variances have been suspended through Appendix K due to the COVID-19 pandemic, ODP will provide feedback on any issues or concerns related to the completion of future variances but will not be requesting remediation at this time.

Interviewing staff

* Temple reviewers are responsible for asking the provider’s staff each question on the tool. The questions are organized based on the corresponding federal regulation.
* There are some questions that may not be applicable to the individual(s) at the service location and therefore not applicable to the staff. If this is the case, that question may be skipped. These questions are distinguished from the mandatory questions by having an *italicized,* ***bold*** sentence at the beginning of the question for Temple reviewers to reference.

Documentation

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

* Documentation is needed to validate each question in this onsite tool. Each question has a section labeled “Suggestions of Evidence to be Collected” that provides guidance on examples of evidence that can be submitted to demonstrate compliance. Some documentation will have to be observed by Temple reviewers at the service location. Temple reviewers may accept evidence that is not listed in the guidance. Since CMS will request evidence packages from ODP on how the initial determination was made through the Heightened Scrutiny process, documentation must be collected per question, as applicable.
* Due to the COVID-19 pandemic, ODP will request documentation prior to the onsite visit to lessen the amount of time Temple reviewers are physically present at the service location.
  + The provider will receive an informational letter from ODP which will provide instructions for how to upload documentation required for the review, and it will also request a main point of contact from the provider with whom ODP and Temple will communicate with as needed throughout the Heightened Scrutiny process.
* Not every response to each question on the onsite tool will need to be validated by a tangible piece of evidence (like a copied/printed service note, progress note, or staff log) and these questions note additional evidence that will be factored into the review. When this applies, this guidance will be specified in the related question in the “Suggestions of Evidence to be Collected” row.
* Documents that the provider must submit are outlined in the informational letter sent to the provider. Examples include, but are not limited to:
* Service Notes (From January 1, 2020 through January 15, 2020, and the most recent two weeks to date)
* Progress notes (The last progress note completed prior to March 2020, and the most recent progress note to date)
* Individuals’ daily schedules, if applicable
* The Behavioral Support Component of the Individual Plan, if applicable
* The individual’s Communication Plan, if applicable
* Agency policies and procedures related to the services at the service location such as activities, training or other supports as well as how they are offered
* Staff training records
* Temple will collect the following documentation during the onsite visit:
  + Photos/images from Google Maps of the service location or any contiguous buildings around the service location
  + Written observations, if applicable
  + Documentation of the individual’s response (Attachment 3)
* In situations when evidence cannot be found, this should be documented in the row that is labeled “Temple Notes”.
* 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.

Completion of the Heightened Scrutiny Onsite Tool

**\*Please Note: This tool should contain interview responses from all staff interviewed for each service location, indicated in Section 2 below.**

* As stated above, Temple reviewers will complete this tool electronically in Word and submit it to ODP.

**Temple and Provider 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: |

|  |
| --- |
| Section 2: Provider Information |
| Agency’s Name: |
| 9-digit MPI: |
| 4-digit SL: |
| Address of the SL: |
| The Name(s) of the Provider’s Staff who are Participating in Onsite Visit: |
| Email Address to Contact if Temple or ODP have any Questions: |
| Phone Number to Contact if Temple or ODP have any Questions: |

**Heightened Scrutiny Onsite Tool**

|  |  |
| --- | --- |
| **To be filled out by ODP prior to onsite visit** | |
| **What percentage of individuals receiving Community Participation Support(CPS) at this location receive less than 25% of their service in community locations?** | **July 2019: November 2019:**  **August 2019: December 2019:**  **September 2019: January 2020:**  **October 2019: February 2020:** |

| ***§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.”*** | | |
| --- | --- | --- |
| Q1. | ***Only ask this question if the service location provides CPS in the community less than 25% for any individuals receiving services at the service location for any month in the table above.***   * Based on your CPS community percentages prior to the Covid-19 pandemic, does the service location plan to increase community participation while providing CPS or Day Habilitation services?   + If not, why not? * How are you ensuring that all individuals were offered opportunities for, and provided support to, participate in activities in integrated community locations for the amount of time desired by the individuals? | |
| Suggestions of Evidence to be Collected | * ODP staff must review the provider transition plan (showing how to transition individuals to receive 25% of time or more in the community with CPS from the service location) * ODP staff must review variances for individuals electing to receive <25% of their services in community settings * Service notes and progress notes |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q2. | ***If prevocational services are not provided as part of the Community Participation Support service, SKIP this question.***  For the individuals to whom you provide prevocational services, what type of activities, training or other support are/were you providing to prepare individuals for competitive integrated employment?  ODP Citation(s): §6100.262 Employment, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Examples of offered activities, trainings, or other supports that prepare individuals for competitive integrated employment * Documentation of these activities occurring (progress reports) * Documentation in the ISP regarding how and when the provision of prevocational services is expected to lead to competitive integrated employment * Competitive integrated employment outcome * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q3. | ***If the previous question was skipped, skip question #3.***  In what ways do you believe those activities, training, or other supports help the individuals develop job readiness skills?  ODP Citation(s): §6100.262 Employment, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Documentation of the provider’s response |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q4. | What types of activities did the individuals participate 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 | |
| Suggestions of Evidence to be Collected | * Documentation of community activities that align with the individual’s Individual Support Plan * If the individual spends less than 25% of their service time in the community, the individual’s variance should be collected * Documentation relating to how opportunities in the community are offered to individuals * Documentation of these activities occurring (service notes and progress notes) * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  |  |  |
| Q5. | How do you ensure that when individuals experience barriers to community access, these barriers are identified, and the individual is assisted in overcoming them? ***Note: ODP is not referencing barriers resulting from the COVID-19 pandemic. Examples of barriers could include accessibility, medical or behavioral needs, assistive technology needs, etc.***  In the past or just thinking about this now, are there any aspects of your program that may present a barrier for the individual to access the community? If so, describe the barrier and what could you do/have done to address this?”  ODP Citation(s): §6100.261 Access to the community, §2380.188 Facility services, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Individual Support Plan * Documentation of any observation or discussion of barriers affecting any individuals served at the service location that would prevent those individuals from having the requested amount of access to the community. * If applicable, documentation of the behavior support component of the individual plan can be reviewed if certain individuals are identified as experiencing any barriers. * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  |  |  |
| Q6. | ***If the service location is not an Older Adult Daily Living Center, SKIP question #6.***   * Do all or the majority of individuals served at this service location have an intellectual disability or autism? * How do your services and programs at this location meet the needs specific to individuals with an intellectual disability or autism?   ODP Citation(s): §6100.443 Integration | |
| Suggestions of Evidence to be Collected | * Observation of the program * Any program materials (pamphlets, informational brochures, website) |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q7. | Are onsite medical (office setting, a medical complex, wellness center), behavioral, or therapeutic (Occupational Therapy, Physical Therapy) services offered at this service location?  ODP Citation(s): §6100.182 Rights of the individual, §6100.261 Access to the Community, §2390.158 Facility Services, §2380.188 Facility Services | |
| Suggestions of Evidence to be Collected | * Pictures of the service location (photo taken during onsite visits) AND after observing the service location, a written description that describes the medical, behavioral, or therapeutic services that is offered at the service location * Service location or provider documentation of any of these types of services being provided |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q8. | ***If the above answer is “no”, skip question #8.***  What specific services are the individuals offered at this service location (relating to the question above) and are the individuals given the freedom in choosing to access these same services off-site?  ODP Citation(s): §6100.182 Rights of the individual, §6100.261 Access to the Community, §2390.158 Facility Services, §2380.188 Facility Services | |
| Suggestions of Evidence to be Collected | * Provider’s attestation * Individual’s interview response * Documentation that shows the individual was asked about receiving the same services outside of the service location |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q9. | How do you ensure that all individuals at this service location have the freedom to move inside AND outside the service location with or without supervision as specified in their ISP? Are there any physical or nonphysical barriers that prevent individuals’ movement such as the following?   * Gates * Locked doors * Fences * Verbal direction * Nonverbal direction * Signs, posters, arrows, etc. that discourages and/or restricts access * Other (please explain)   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 | |
| Suggestions of Evidence to be Collected | * Individual Support Plan * Documentation of any observation or discussion of barriers affecting any individuals served at the service location that would prevent those individuals from having the freedom to move about the property (including how staff communicate with the individual) * If applicable, documentation of the behavior support component of the individual plan can be reviewed if certain individuals are identified as experiencing any barriers at the service location. * Individual interview responses * Service location supervision or staffing plans, policies, or procedures |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |

| ***§441.301(c)(4)(iii)***  ***“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”*** | | |
| --- | --- | --- |
| Q10. | How do you inform individuals, and persons designated by the individual, of the right to file a complaint and the procedure for filing a complaint? What is the process for someone to file an anonymous complaint?  ODP Citation(s): §6100.185 Informing of rights | |
| Suggestions of Evidence to be Collected | * Observation of staff communicating with the individual (observation must be documented) * Provider complaint forms or policies * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q11. | ***If the provider does not provide group services, SKIP question #10.***  How does this service location ensure that each individual’s waiver service addresses their behavioral needs and are specific to the individual while not restricting the rights of any other individual receiving support within the setting?  ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices, §6100.223 Content of the Individual Plan | |
| Suggestions of Evidence to be Collected | * Individual Support Plan * Provider policies or forms * Documentation of any observation or discussion of behavioral needs of any individual which affect any other individual served at the service location. * If applicable, documentation of the behavior support component of the individual plan can be reviewed if any individual’s behavioral needs restrict the rights of any other individual. * Provider service or progress notes * Staff training * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q12. | How does the service location ensure staff interact and communicate with individuals according to their preferred method of communication respectfully and in a manner in which the individual would like to be addressed?  ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Observation at the service location that the communication device is functioning and used, if applicable * ODP Staff note: please describe what technology was observed as well as if it was working/being used or not. * Documentation of a plan or communication between team members about how to ensure the effective use of technology at the service location * Documentation that the service location has access to WiFi if needed for technology, if applicable * Documentation of a communication plan * Observation of staff communicating with the individual (observation must be documented) * Staff training * Provider policies * Individual Support Plan * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q13. | How does the service location ensure that all individuals receiving services are provided opportunities, as desired, to speak on the telephone, communicate through technology, open and read mail/email in private if applicable, etc., consistent with non-waiver recipients in similar and/or the same setting?  ODP Citation(s): §2380.61 Telephone, §2390.58 Telephone, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Provider policies or procedures * Individual interview responses * Observation |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q14. | * What types of private areas are available for the individuals to use for personal care at the service location? * How do you ensure the individuals rights to use the private areas alone, if applicable? * Under what circumstances do staff enter these private areas?   ODP Citation(s): §6100.182 (h) Rights of the individual. “An individual has the right to privacy of person and possessions.” | |
| Suggestions of Evidence to be Collected | * Observation of a private area for personal care * Individual interview responses * Individual Support Plan to confirm level of assistance needed * Provider’s policies * Any staff trainings according to the individual’s needs * Documentation of any observation or discussion of behavioral needs of any individual which affect any other individual served at the service location. * If applicable, documentation of the behavior support component of the individual plan can be reviewed if any individual’s behavioral needs restrict the rights of any other individual. |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q15. | Does the service location offer a secure place for individuals to store personal belongings?  ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Observation of a secure place for each individual’ personal belongings * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |

| ***§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”*** | | |
| --- | --- | --- |
| Q16. | How are the individuals receiving services offered opportunities for personal schedules that focus on the needs and desires of the individual and an opportunity for individual growth?  ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Provider policies or forms * Documentation of activities offered at this location, both onsite and into the community * Individual schedules * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  |  |  |
| Q17. | If an individual chooses not to participate in an activity in the community, what options were offered for the individual to participate in a different activity of their choice?  ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices | |
| Suggestions of Evidence to be Collected | * Provider policy or procedure that ensures an individual’s choices can be negotiated to resolve differences * Staff training related to negotiation of choices * Documentation of activities offered, including alternative options, and what the individual chose to participate in. * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  |  |  |
| Q18. | How do you ensure that activities are adapted to each individual’s needs and preferences?  ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Individual interview responses * Staff training related to Individual Support Plan implementation * Provider policies or forms * Provider process or procedure related to an individual’s outcome progress * Service notes or progress reports |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q19. | Prior to the COVID-19 pandemic (prior to March 2020), during service provision were individuals allowed to choose with whom they spent their time, including meeting with someone in private, consistent with non-waiver recipients in similar and/or the same setting?  ODP Citation(s): §6100.182 Rights of the individual, §6100.186 Facilitating personal relationships | |
| Suggestions of Evidence to be Collected | * Observation * Provider policy or procedure relating to supervision, negotiation of choices * Staff training * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q20. | * How does the service location support individuals to participate in doing any of the following?   + Voicing their opinions   + Voting (when applicable)   + Practice their religion (when applicable)   + Access their money   + Make personal decision   + Other * If the service location does not support individuals to participate in any of these activities, please explain.   ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Provider progress or service notes * Communication plan, if applicable * Documentation of any use of assistive technology * Individual Support Plan * Behavior support component of the individual plan * Individual interview responses * Observation * Staff training related to any of these topics, e.g. informed decision making |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q21. | * How are individuals provided the opportunity for tasks and activities, both inside and outside the service location, that match the attributes, included below, for the individual? * How do you ensure that those are similar to tasks and activities that people who do not receive ID/A services would participate in (in other words, not disability specific)? * Age * Skills * Abilities * Desires/Goals * There are no opportunities for matching these attributes for the individual     ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Observation * Individual Support Plan * Provider service or progress notes * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q22. | How are all individuals given flexibility in when they are permitted to take breaks and/or eat lunch, consistent with waiver recipients in the same and/or similar setting?  ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Observation * Provider policy or procedure * Individual Support Plan * Individual interview responses * Behavior support component of the individual plan |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q23. | Are individuals able to request to dine alone when present at the service location? (Note: Eating alone may differ for each individual that pertains to their level of supervision needs to ensure health and safety)  ODP Citation(s): §6100.182 Rights of the individual | |
| Suggestions of Evidence to be Collected | * Observation * Provider policy or procedure * Individual Support Plan * Individual interview responses * Behavior support component of the individual plan |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q24. | ***If the provider does not arrange food for the individuals served at the services, SKIP question #24.***  If the individual is physically present at the service location during meal times, are they offered choices for an alternative meal if requested?  ODP Citation(s): §6100.224 Implementation of the Individual Plan, §2380.186 Implementation of the Individual Plan, §2390.156 Implementation of the Individual Plan | |
| Suggestions of Evidence to be Collected | * Review of menus * Individual Support Plan * Documentation of the individual’s medically restricted diets * Meal planning documentation * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q25. | When the individual is physically present during service provision, are they able to access food at any time consistent with non-waiver recipients in similar and/or the same setting?  ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices | |
| Suggestions of Evidence to be Collected | * Observation * Provider policy or procedure * Individual interview responses * Individual Support Plan * Behavior support component of the individual plan |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |

| ***§441.301(c)(4)(v)***  ***“Facilitates individual choice regarding services and supports, and who provides them.”*** | | |
| --- | --- | --- |
| Q26. | How does the service location provide information to all individuals about how to make a request for additional services, or changes to their individual support plan? If an individual does make a request, how does the provider’s staff respond to the request made? Please explain.  ODP Citation(s): §2380.184 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process | |
| Suggestions of Evidence to be Collected | * Observation * Provider service or progress notes * Provider policy or procedure related to the individual plan process |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q27. | How do you ensure that the individuals you serve at this service location understand the choices about what there is to do in the community?  ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services | |
| Suggestions of Evidence to be Collected | * Documentation of choices of activities given to individuals   + If documentation shows the same choices repeated and if the same choices are offered to multiple/all individuals * Conversation with staff about their awareness of what is available in the community * Staff training related to effective communication (including trained on the individual's communication technology), negotiation of choices * Provider policy or procedure related to researching or gathering ideas and/or options for community activities * Provider service or progress notes * Individual Support Plan * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |
|  | | |
| Q28. | How does the staff/provider respond when the individual requests to change:   * who (staff) provides the CPS service? * the days and times they want to attend their day program? * where they go to receive CPS?   ODP Citation(s): §2380.182 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process | |
| Suggestions of Evidence to be Collected | * Individual Support Plan * Provider’s service or progress notes * Individual’s schedule * Individual interview responses |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected demonstrates compliance:* |

| ***§441.301(c)(5)***  ***“Settings that are not Home and Community-Based. Home and Community-Based settings do not include:***   1. ***A nursing facility;*** 2. ***An institution for mental diseases;*** 3. ***An intermediate care facility for individuals with intellectual disabilities;*** 4. ***A hospital; or*** 5. ***Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.*** | | |
| --- | --- | --- |
| Q29. | Which of the following is the service location co-located or adjacent to?   * Skilled Nursing Facility (SNF) * Intermediate Care Facility for individuals with an Intellectual Disability (ICF/ID) * Hospital * The service location is not co-located or adjacent to a SNF, ICF/ID, or a Hospital   ODP Citation(s): §6100.52 Applicable statutes and regulations, §6100.443 Integration | |
| Suggestions of Evidence to be Collected | * Pictures of the service location (could include Google Maps or photo taken during onsite visits) AND after observing the service location, a written description that describes the surrounding area and how the service location is/is not co-located or adjacent to a SNF, ICF/ID, or a Hospital. * Pictures or a written description demonstrating whether the service location has a separate entrance and/or separate signage from the SNF, ICF/ID or Hospital. |
| Response: |  |
| Temple Notes: | *Please include observations, and indicate whether the service location is co-located or adjacent to a SNF, ICF/ID or Hospital:* |
| ***If the service location is not co-located or adjacent to a SNF, ICF/ID, or hospital, SKIP to question 33.*** | | |
| Q30. | Is there any administrative or financial connection between the service location and the co-located or adjacent SNF, ICF/ID, or Hospital? | |
| Suggestions of Evidence to be Collected | * Discussions regarding who provides Human Resources, Payroll, Benefits, etc. |
| Response: |  |
| Temple Notes: | *Please include observations:* |
| Q31. | Prior to the pandemic, are there times when your service location has to rely on help from the staff who work at the co-located or adjacent SNF, ICF/ID, or Hospital to provide ODP services?  If yes, was this due to the COVID-19 pandemic? | |
| Suggestions of Evidence to be Collected | * Provider attestation * Provider back-up or emergency staffing policies |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected indicates that staff work at both the service location and the SNF, ICF/ID or Hospital:* |
|  | | |
| Q32. | Do individuals have to rely on transportation from the co-located or adjacent SNF, ICF/ID, or Hospital? | |
| Suggestions of Evidence to be Collected | * Provider attestation * Observation of vehicles used for transportation * Provider transportation policies or procedures |
| Response: |  |
| Temple Notes: | *Please include observations, and whether evidence collected indicates that individuals rely on transportation from the SNF, ICF/ID or Hospital:* |

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| Q33. | ***General Question for management staff only:***  How has the pandemic impacted how your agency provides CPS to individuals?  The pandemic taught all of us a lot. What have you learned that would impact how you will do things differently now or in the future?  Is there anything else you would like to share with ODP that we have not addressed? | |
| Suggestions of Evidence to be Collected | * Attestation |
| Response: |  |