

Home and Community Based (HCB) Setting On-Site Visit Review for Heightened Scrutiny Settings

IID/DD Waiver

Figure 1 On-Site Address Information

Address of Setting:	Date of on-site visit:
Individuals in Setting reviewed:	Total Number of Individuals in Setting:
Waiver Service provided:	Provider of Service:
Visit Completed by:	Visit Completed by:

Figure 2 On-Site Visit Instructions

<p>On-site visit instructions:</p> <p>This document contains the information to be gathered for the on-site visits towards determination of compliance with the CMS Final Rule for HCB settings. The Final Rule establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid home and community-based services (HCBS) provided under sections 1915 (c), 1915 (i) and 1915 (k). In the Final Rule, CMS defines home and community-based settings by the nature and quality of individuals' experiences.</p> <p>The questions are based on criterion provided in the CMS toolkit of exploratory questions. The observations and questions are not limited to what is listed.</p> <p>The on-site visit process is based on observations, discussions, and plan review. This document is a tool and the information is organized to provide guidance in determining if characteristics are present. To assist in the determination, other necessary inquires, provider policy, or material review will occur as needed.</p> <p>Please provide information to support or not support the findings based on the observations, discussions (both individual and provider), and plan review. Note any other sources of verification utilized (e.g. policy and procedures). Yes/no answers are not sufficient.</p>
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Section 3: Community Integration-Setting Access Observation and Discussion with Individuals and/or Staff

Table 2 Community Integration and Access Assessment Questions

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
<p>5. Do individuals have full access to areas of the setting such as the kitchen, laundry room, community areas, break room, etc.</p> <ul style="list-style-type: none"> a. Individuals are able to move freely about inside and outside, able to come and go any time and leave without a check in/check out process? b. Is there a curfew or scheduled time to return? c. If there are any locked areas or restrictions, please describe. (Modifications or restrictions must be addressed in the plan). d. Are there any gates or barriers? Is there any place an individual cannot go with in the setting? Are certain doors or cupboard locked? 		
<p>6. Is the setting physically accessible and there are no obstructions limiting the individual's mobility?</p> <ul style="list-style-type: none"> a. Are appliances accessible to individuals (e.g. front-loading washer/dryer for a person using a wheelchair)? b. Furniture is able to be used comfortably and at a convenient height and location? c. Are there environmental adaptations present if needed (e.g. grab bars, ramps, etc.)? 		
<p>7. Do individuals have access to keys or a coded lock to their home?</p>		
<p>8. Do individuals have access to public transportation or means to get to community activities (location of bus stops, taxis</p>		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
<p>available, schedules/numbers posted, transportation resources, etc.)?</p> <ul style="list-style-type: none"> a. Do individuals know how to access transportation or receive training if needed? b. How do individuals get to where they want to go? 		
<p>9. The setting provides opportunities for regular meaningful, age-appropriate, non-work activities in integrated community settings as desired by the person?</p> <ul style="list-style-type: none"> a. Are in house services (e.g. beautician, church, etc.) provided in the setting? If available, provide any activity logs, schedules, etc. b. If in house services are used, is the individual afforded activities in the community as an option to choose from? 		
<p>10. Individuals regularly access the community (shopping, church, appointments, recreation, etc.)?</p> <ul style="list-style-type: none"> a. How are individuals aware of activities in the community? b. What activities are individuals involved in, what do individuals like to do, where do individuals go in the community? c. Do individuals' shop, attend religious services, schedule appointments, have lunch with family and friends, etc. in the community? d. Are the activities as often as they like? 		
<p>11. What do individuals do for work or day support activities?</p> <ul style="list-style-type: none"> a. Were they provided the opportunity or interested in competitive employment, community volunteering, etc.? 		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
b. Do individuals participate regularly in integrated community settings?		
12. If individuals work, did they have the opportunity to negotiate work schedule, break and lunch times?		
13. Service and setting choice: Describe the options available and opportunities to visit other settings. a. Did individuals choose where they live/work? b. Do they like where they live/work?		

Section 4: Rights of Privacy, Dignity and Respect, Freedom from Coercion and Restraint. Observation and Discussion with Individuals and/or Staff

Table 3 Individual Rights and Freedom from Coercion and Restraint Assessment Questions

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
14. Do the individuals share a bedroom? a. Did they choose their roommate and want to continue sharing with their roommate? b. Do individuals know how to request a change in roommates? c. Do couples share or not share a room by choice?		
15. Are there any schedules posted which are confidential (OT, PT, med times, special diets, etc.)?		
16. Dignity and privacy is respected and present (personal cares, health/medical information, visits, clothing appropriate/individual preference, hygiene maintained, knocking on doors, private phone calls, opening mail, etc.)? a. Do individuals have privacy in the bedroom and bathroom?		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
b. When you want to be alone, are you able to be alone? c. Are there cameras/video monitoring in the setting?		
17. Staff communicates and interacts with individuals with dignity and respect (natural conversations, greetings, explaining what doing during cares, etc.)? a. Individuals and staff greet and converse with each other? b. Preferred names are used? c. Is written and oral communication conducted in a language that the individual understands?		
18. Are individuals happy with the help/services you get? a. Do they know who to go to if they are not happy with something? b. Does the individual express satisfaction with the provider and know how to make a request for a new provider if needed?		

Section 5: Individual Initiative, Autonomy, Choices, Visitors, and Access to Food Observation and Discussion with Individuals and/or Staff

Table 4 Individual Autonomy, Choices and Food Access Assessment Questions

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
19. Does the setting reflect individual interests, hobbies, personal items, personal choice of furniture, arrangement of furniture, etc.? a. Individuals decorate both their sleeping and living areas? b. What are the individual's likes and interests?		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
20. Does the setting reflect the individual's needs and preferences and accessible based on any accommodations if needed?		
21. Do individuals have access to personal items (TV, radio, phone, leisure activities of interest, etc.)?		
22. Can Individuals make private phone calls, have a cell phone, phone jack in room, etc.?		
23. Do individuals have access to food anytime (snacks accessible, request alternative meals)? <ul style="list-style-type: none"> a. Are meals at a time and place of choosing (e.g. eat alone or with others, no assigned seating)? b. Individuals participate in meal preparations, etc.)? c. Can individuals choose what, when, and where they would like to have meals? 		
24. Individuals have visitors of their choice? <ul style="list-style-type: none"> a. Are there visiting hours, certain visiting locations, visiting hours posted? b. There is privacy for visitors? c. Visitors are present? 		
25. Do individuals choose their schedule, when they take a shower, eat, wake/sleep, go out in the community, etc.?		
26. Do individuals have schedules varied from others in the setting, is there a curfew or requirement for a scheduled return, are there house rules?		
27. Are individuals offered choices, do staff ask what they would like to do, make decisions? <ul style="list-style-type: none"> a. Do staff ask individuals about their needs and preferences? 		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
b. Is individual choice facilitated in a manner that leave the person feeling empowered to make decisions? c. Are requests for services and supports accommodated as opposed to ignored or denied?		
28. Are there provider policies and practices that limit individual choice?		
29. Are individuals prohibited from engaging in legal activities?		
30. Did individuals choose their doctors, where to shop, pharmacy, bank, church to attend, where to eat, etc.?		
31. Do individuals have access to their money? a. Do individuals have a checking or savings account or other means to control their funds? b. How is it made clear that individuals are not required to sign over their paychecks to the provider?		

Section 6: Person Centered Service Plan Observation and Discussion with Individuals and/or Staff

Table 5 Person-Centered Service Plan Assessment Questions

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
32. Are individuals planning meetings held at times and a location that are convenient to the person receiving services and/or their legal decision maker? a. Are they aware of how to schedule or request a meeting? b. Can the individual explain the process to develop or update their plan? c. Was the individual present at their last planning meeting?		

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DD review)
33. Do individuals have a copy of their plan if they want one? a. Do individuals know what is in their plan? b. Is it understandable to individuals or written in an alternative format if requested?		
34. Does the plan reflect and correspond to the services and individual needs and preferences observed during the on-site visit?		
35. Does the plan adequately document the individual's options and choice in services and setting per HCBS requirements?		
36. Does the plan adequately document and justify any restrictions or modifications per HCBS requirements? (assessed need and condition related to restriction, positive supports attempted, less intrusive methods tried, data collection review; time limits; informed consent; no harm assurance)		

Figure 4 Narrative Box for Additional Notes

Additional Notes or Observations

Figure 5 Additional Review and Verification

Additional DD Division Review and Verification
Heightened Scrutiny needed to do: <input type="checkbox"/> A setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.

- A setting that is located in a building on the grounds of, or immediately adjacent to, a public institution.
- Any other setting that has the effect of isolating individuals from the broader community.

Does the plan reflect the findings with in the review?

Does the plan reflect HCBS requirements?

Comments: