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

*Note: This onsite tool is for ODP staff to interview the provider’s staff who render 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. During the visit, a significant amount of time will be spent talking to individuals who are 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 World. If a computer is not accessible, the tool can be completed by hand. Handwriting must be legible.

**ODP and Provider 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: Provider Information:** This section must be filled out in its entirety.

* If there are more than one staff member from the provider participating in the onsite visit, there is space to put full contact information for both people.
  + If there are more than two staff participating in the onsite visit, ODP staff may document the additional names, but does not need to include their contact information.
* The 9-digit MPI and 4-digit service location (SL) information may be filled out prior to the onsite visit.

**Heightened Scrutiny Onsite Tool**

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

1. Interviewing staff

* ODP staff is responsible for asking each question to the provider’s staff on the tool. The questions were organized based on the corresponding federal regulation.
* There are some questions that may not be applicable to the individual(s) at the service location. 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 ODP staff to reference.

1. Documentation

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

* After the question is asked of the staff, there is a row in each question that is labeled “Guidance/ Examples of Evidence to be Collected”. This column will have guidance for ODP staff on examples of evidence that can be collected and documented. Since the provider’s response can be validated through multiple sources of evidence, ODP staff may decide to collect a different kind of 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. For example, if a progress note or service note will validate the staff’s response, then that progress or service note should be collected by being copied and brought back to ODP. 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?”
* 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), but may require detailed documentation of the response to the question or an observation made by ODP. When this applies, this guidance will be specified in the related question in the “Guidance/ Examples of Evidence to be Collected” row.
* Each response on the onsite tool may be validated through multiple sources of evidence. It is up to ODP staff to decide on what evidence to collect to ensure that each response is validated. The following are a few examples of evidence that could be collected that may validate the response to the question asked. ODP staff are encouraged to collect other evidence that may not be listed here as examples:
* Photos/images from Google Maps of the service location or any contiguous buildings around the service location
* Detailed written note about observation
* Individual Support Plans
* Staff logs
* Service Notes or Progress Notes
* Individual’s daily schedules
* Documentation of the individual’s response
* Organization’s policies and procedures
* Room and Board Agreement
* The Behavior Component of the individual’s Individual Plan (the questions that this is a required piece of evidence is noted in the “Guidance/Examples of Evidence to be Collected” row)
* In situations when evidence cannot be found, this should be documented on the onsite tool row that is labeled “What Evidence was Collected?”
* The interviewer must not document anything in the row that says “ODP Determination”. This row is for the internal review process after all onsite visits are complete.

1. Completion of the Heightened Scrutiny Onsite Tool

* As stated above, best practice would be for ODP staff to complete this tool electronically in Word and submit 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 Provider 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: 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: |
| Title of the Staff Person(s) who are Participating in Onsite Visit: |
| Email Address to Contact if ODP has any Questions: |
| Phone Number to Contact if ODP has any Questions: |

**Heightened Scrutiny Onsite 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. | Does the service location fit any of the following descriptions?   * **Farmstead** – These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. Individuals who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Individuals typically live in homes only with other people with disabilities and/or staff. Their neighbors are other individuals with disabilities or staff who work with those individuals. Daily activities are typically designed to take place on-site so that an individual generally does not leave the farm to access HCBS or participate in community activities. For example, these settings will often provide a place onsite to receive clinical (medical and/or behavioral health) services, day services, places to shop and attend church services, as well as social activities where individuals on the farm engage with others on the farm, all of whom are receiving Medicaid HCBS. While sometimes people from the broader community may come onsite, people from the farm do not go out into the broader community as part of their daily life. Thus, the setting does not facilitate individuals integrating into the greater community and has characteristics that isolate individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS. * **Gated Community** – These settings typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long-term services and supports all within the gated community. Individuals receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford individuals the opportunity to fully engage in community life and choose activities, services, and providers that will optimize integration into the broader community. * **Campus** **–** These settings have multiple co-located and operationally related (i.e. operated and controlled by the same provider) service locations/homes/facilities that congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people’s ability to interact with the broader community is limited. This could include group homes on the grounds of a private Intermediate Care Facility (ICF) or numerous group homes co-located on a plot of land or when the majority of homes/businesses on a street primarily serve people with a disability.   ODP Citation(s): §6100.182 Rights of the individual, §6100.261 Access to the community, §6100.443 Integration | |
| Guidance/ Examples of Evidence to be Collected | **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 of the surrounding area and how the service location is/is not a Farmstead, Gated Community, or a Campus. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q2. | Does the service location facilitate opportunities for the individual(s) to access the broader community and participate in community services, consistent with each individual’s plan? How are individuals in the home notified of the choices of community activities in which they can participate in? | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected**:   * If the individual does not have opportunities to access and participate in the community that are consistent with their individual plan, collect evidence of the behavior support component of the individual plan. If there is no behavior support component of the individual plan, document this in the What Evidence was Collected section below. * Evidence of community activities the individual(s) are involved in according to typical flow of an everyday life (appropriate for weather, holidays, sports season, faith-based observation, cultural celebrations, employment, etc.). This includes documentation of the following:   + Activities offered for each individual to participate in that are not only organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff.   + The interactions the individual has with community members. * A written description of the observation of the proximity to community settings used by individuals not receiving waiver services. * Daily/weekly/monthly activity calendar.   *If the setting is integrated, the evidence should include how the person(s) without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of services to the individual receiving waiver services.*  ODP Citation(s): §6100.182 Rights of the individual, §6100.261 Access to the community, §6100.443 Integration |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q3. | Is each individual provided support to manage and access their money?  ODP Citation(s): 6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Provider’s policy that ensures that individuals have the right to manage their own finances in accordance with the Individual Plan. * Documentation of anyone who has legal authority to make financial decisions on behalf of the individual, if applicable. Examples include: Representative payee through Social Security Administration, guardian of the person or estate that covers financial decision-making, financial power of attorney. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q4. | Do all individuals who live at this service location have the freedom to move about the home AND the property?  ODP Citation(s): §6100.182 Rights of the individual, §6100.341 Definition of restrictive procedures | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * If answer is “no”, the behavior support component of the individual plan must be collected. * Documentation of any observation of barriers at the service location that would prevent the individuals from having the freedom to move about their home AND property.   + If there are barriers, documentation of the behavior support component of the individual plan. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q5. | * How many individuals at this service location are currently employed at a job that is competitive and integrated? * How many individuals at this service location are receiving any type of job supports? * Do you talk to individuals about employment and whether they are interested in learning more about employment opportunities?   ODP Citation(s): §6100.182 Rights of the individual, §6100.262 Employment | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual(s) employment * Documentation of the number of individuals with employment goals found in their individual support plans. * Provider’s attestation about conversations with the individuals about employment |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***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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| Q6. | If an individual has a goal of living in their own home or apartment, what support do you provide to assist the individual in achieving that goal?  ODP Citation(s): §6100.182 Rights of the individual, §6100.224 Implementation of the individual plan | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Individual Support Plan * Service Notes * Progress Notes |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***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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| Q7. | Is personal care, when needed, provided in private or available privately for individuals who do not require assistance?  ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Acceptable Validation | *This question may be asked of the provider*  **Evidence to be collected:**   * Observation of a private area for personal care for the individual(s). * Documentation of staff/host family training on each individual’s personal care needs. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q8. | Question | How do you ensure that staff treat individuals with dignity and respect? Are the home and services rendered age appropriate, respectful of individual differences, and physically, culturally, and linguistically accessible?  ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual, § 6100.183 Additional rights of the individual in a residential service location |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the observation of the home * Service Notes * Progress Notes * Staff training records |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q9. | ***If the individuals living at this service location do not use Independent Living Technology, skip this question.***   * Did you obtain consent to use the technology from each individual that is impacted by the technology? * Did you provide information about the technology on how the technology will impact the individual’s privacy?   ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the independent living technology or remote monitoring that is used by the individual(s) * Documentation of consent from each individual * Documentation of information given to the individual(s) of how the technology impacts the individual and others. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q10. | Are all individuals who receive these services provided the opportunity to speak on the telephone or comparable technology, text, and open and read mail/email in private?  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 | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * If answer is “no”, the behavior support component of the individual plan must be collected. * Provider policies * Observation |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q11. | Are all individuals who receive these services provided the opportunity to visit with whom the individual chooses, at locations of the individual’s choosing, and in private if desired?  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 | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * If answer is “no”, the behavior support component of the individual plan must be collected. * Provider Service Notes * Provider Progress Notes * Observation |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q12. | Is there a secure place at the service location for each individual to store personal belongings?  ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Observation of a secure place for personal belongings |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***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. | Does the service location have a policy outlining how it shall educate, assist, and provide the accommodations necessary for the individual to make choices, such as the activities the individual(s) participate in, the time they choose to go to bed or wake up, what time they choose to come home if they are out with friends, etc.?  ODP Citation(s): §6100.182 Rights of the individual | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Provider’s written policy that outlines how each individual will be educated, assisted, and provided accommodations necessary to help him or her make choices and understand his or her rights |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q14. | Does the service location have policies and procedures to ensure that individual choices can be negotiated to resolve differences?  ODP Citation(s): §6100.184 Negotiation of choices | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Provider’s written policy or procedure that ensures individual’s choices can be negotiated to resolve differences |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q15. | Does the service location inform and explain individual rights and the process to report a rights violation to each individual and persons designated by the individual, upon entry and annually thereafter?  ODP Citation(s): §6100.185 Informing of Rights | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Statement signed by the individual or the individual’s court-appointed legal guardian, acknowledging receipt of the information on the individual’s rights. |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q16. | 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): §6100.51 Complaints, 6100.185 Informing of Rights | | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * The written procedures to receive, document, and manage complaints about a service that are submitted by or on behalf of an individual. * Documentation that the individual was informed of the right to file a complaint and the procedure for filing a complaint upon initial entry into the residential program and annually thereafter. Most recent documentation of the procedure must be collected. * Documentation of complaints received about the home in the past year and the actions to resolve the complaint, if applicable. | |
| What Evidence was Collected? |  | |
| ODP Determination | *Leave This Row Blank* | |

| ***Federal Citation §441.301(c)(4)(v)***  ***“Facilitates individual choice regarding services and supports, and who provides them.”*** | | |
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| Q17. | Is there a process or policy used at this service location for supporting choice in situations in which the individual expresses interest in a specific community activity, but there are concerns with the individual’s safety in accessing this activity?  ODP Citation(s): §6100.184 Negotiation of choices | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Process or policy supporting individual’s choice |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q18. | ***If the individuals(s) is/are younger then 62, SKIP this question***  If any individuals in the home are of retirement age and are attending a day or work program, were they offered the right to retire and not attend a day or work program?  ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Individual’s Individual Plan * Provider Service Notes * Provider Progress Notes |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q19. | When individuals talk to the service location staff about the need for additional services or changes to their Individual Support Plan, do the staff inform individuals to contact their Supports Coordinator and assist them with the contact, if needed?  ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individuals | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Provider’s Service Notes * Provider’s Progress Notes |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q20. | When more than one individual lives in the home, do all of the individuals see the same primary care physician?  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 | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of all individuals primary care physician (PCP) * Verification if each individual sees the same or different PCP |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q21. | Is there a discussion on an annual basis about the individual’s choice of medical professional(s) based on available resources?  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 | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation that the individuals were given a choice of medical professionals annually. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***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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| Q22. | What is the service location’s policy for accessing an individual’s bedroom?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Policy * Staff training | |
| What Evidence was Collected? |  | |
| ODP Determination | *Leave This Row Blank* | |
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| Q23. | Are all individuals given the option to lock their bedroom door and bathroom door if they so choose?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Provider Service Notes * Provider Progress Notes * Observation |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q24. | Are all individuals given the option of a key or other means of entry (e.g. passcode/key card) to their home if they so choose?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Provider Service Notes * Provider Progress Notes * Observation |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q25. | ***If the individual(s) do not share a room, SKIP this question***  If individuals share bedrooms, did they choose the person with whom they share a bedroom?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Documentation of the individual having the choice of whom they share a bedroom with |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q26. | Do individuals have the right to furnish and decorate their bedroom and other common areas of the home? When there is a difference of opinion about how to decorate a shared bedroom or other common area of the home, how do you assist individuals to negotiate choices?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Documentation of the observation of the individual’s home – observation of living room and/or bedroom with personalized décor |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |
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| Q27. | Does each individual have a signed room and board agreement?  ODP Citation(s): §6100.681-694 Room and Board | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * A signed room and board agreement for each individual |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Row Blank* |

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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)(C)***  ***“Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.”*** | | |
| Q28. | Do all individuals have flexibility in where they eat within the service location (e.g. individuals can eat in their bedroom versus a dining room if they choose?  ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Provider’s policy * Observation * Provider’s Service Notes * Provider’s Progress Notes |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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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.”*** | | |
| Q29. | Are all individuals able to have visitors of their choosing at any time?  ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Provider’s Service Notes * Provider’s Progress Notes * The individual’s Individual Plan |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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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)(E)***  ***“The setting is physically accessible to the individual.”*** | | |
| Q30. | Is the service location physically accessible for each individual?  ODP Citation(s): §6100.442 Physical accessibility | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of observation that each individual can move about the service location * Documentation of observation that the house is accessible for each individual – such as the bathroom. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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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)(F)***  ***“Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.”*** | | |
| Q31. | Question | Have the rights of any individuals been modified? If yes,   * Is there a behavior support component of the individual plan? * Does the behavior support component of the plan comply with regulatory requirements?   ODP Citation(s): §6100.345 Behavior support component of the individual plan |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Behavior Support Component in the individual’s individual support plan that contains the following:   + Documentation of positive interventions and supports used prior to the restrictive procedure plan   + Documentation of less intrusive methods of meeting the need that have been tired but did not work   + Documentation of a clear description of the condition that is directly proportionate to the specific assessed need   + Documentation of regular collection and review of data to measure the ongoing effectiveness of the modification   + Documentation of established time limits for periodic review to determine if the modification is still necessary or can be terminated   + Documentation of informed consent of the individual   + Documentation of assurance that interventions and supports will cause no harm to the individual |
| What Evidence was Collected? |  |
| ODP Response | *Leave This Row Blank* |