

Integrated Settings Survey: Residential Settings

PROVIDER / CONTRACTOR'S NAME	CONTACT PERSON	CONTACT PHONE NUMBER
APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER	SETTING TYPE <input type="checkbox"/> SL <input type="checkbox"/> GH / GTH <input type="checkbox"/> OHS <input type="checkbox"/> AL <input type="checkbox"/> AFH	CPP SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS OF HOME(S) VISITED FOR SITE REVIEW	NAMES OF INDIVIDUALS LIVING IN HOME(S)	DATE OF HOME VISIT(S)
REVIEWER'S NAME	REVIEWER'S TITLE	REVIEW DATE

Desk Review and Administrator Interview

Research should occur prior to the on-site interview and should include looking at the business' website, advertisements, publications, annual plan, and community presence such as fundraising events.

	YES	NO	N/A	COMMENTS
1. What is the primary purpose and mission of the business?				
2. Does the business provide services to people not covered under the HCBS settings rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the provider's website describe the business office as a place where supported individuals congregate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the business office physically accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the business office located close to, within, or attached to the setting where people receive support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is this review a result of public concerns or feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the provider have a policy describing how support plans are developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the provider have practices that ensure person-centeredness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the provider have a policy related to integration and access to the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the provider have an individual rights policy agreed to by the individual and/or their legal decision makers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Overall do provider policies optimize individual initiative, autonomy, and independence in making life choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Are policies directed at individual dignity and respect, and freedom from coercion and restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do Person-Centered Service Plans indicate that choice and rights are present? Does the plan reflect and correspond to the services and individual needs and preferences observed during the on-site visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do Person-Centered Service Plans have the necessary documentation for modification to any rights (including CPP restrictions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the provider lease and/or rent any portion of the home? If yes, is DDA approval in place? (N/A for OHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does the provider own the home? If yes, is DDA approval in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does the provider have any business arrangements or agreements with the owner of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the administrator familiar with the rules and specific provisions for integrated settings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has the provider completed an (optional) Integrated Settings Self-Assessment? If yes, has it been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

POLICY NOTES AND RECOMMENDATIONS

Site Review				
	YES	NO	N/A	COMMENTS
1. Is the home located in the community among other private residences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the home stand out negatively in the community among other private residences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the home selected by the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the home entry have lockable doors and can the individual access keys or coded locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Accessibility – can individuals easily access all areas of the home (bathrooms, appliances, furniture) and move about safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Can individuals close and lock their bedroom and bathroom doors? Do they have privacy in those areas? (For OHS, if age appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do individuals furnish and decorate their sleeping and/or living units in the way that suits them (reflecting individual interests, hobbies, personal items, memorabilia, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are there any areas in the home that are restricted (locked or inaccessible to clients)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do individuals have access to food anytime (snacks accessible, request alternatives meals, etc.)? Can individuals choose where to eat and when to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Can individuals have visitors when they want and a private space to meet? Can they be alone if they want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Can individuals use a telephone when they choose and are individual calls private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do individuals use the same community resources as people without disabilities (stores, gym, bank, church, restaurants, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do individuals participate in activities of their choosing in their community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. How are activities scheduled?				
15. Can individuals come and go when they want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. Do individual routines vary from others in the home? Is there a curfew / requirements for a scheduled return? Are there house rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do individuals have access to public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Where public transportation is limited, are other resources available for the individual to access the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Is sensitive information about individuals kept private and not posted (OT, PT, medication times, special diets, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do individuals have a signed lease or other legally enforceable agreement establishing a landlord / tenant relationship and are protected from eviction and afforded appeal rights in the same manner as all persons in the state who are not receiving Medicaid HCBS? <i>(Residential agreement for OHS)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Do individuals have access to, and choose how to spend their money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are individuals' planning meetings held at times and a location that are convenient to the person receiving services and/or their legal decision maker? Is written and oral communication conducted in a way the individual understands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SITE REVIEW NOTES AND RECOMMENDATIONS				

Supported Individual Interviews

The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer.

* Unknown response indicates individual was unclear, didn't know, or gave no response.

NAME (MAY ENTER UP TO FOUR):				
1. Did you choose to move to this home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
2. Can you come and go when you want to? If no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
3. Do you have a choice about who provides your paid supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
4. Do you choose your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
5. If you ask for a certain staff to not work with you, is your choice respected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
6. Do you share your room or home with anyone? If yes, are you okay with living with them? If no, is your provider helping you find a different house or housemate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
7. Can you decorate your room the way that you would like to decorate it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
8. Can you choose where you go in your community (preferred stores, bank, gym, church, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
9. Can you do fun things in the community when you would like to? Ask them to give examples of what they like to do.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
10. Can you set your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
11. Can you eat when you want to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
12. Can you ask for a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
13. Can you have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
14. Can you make decisions about your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
15. Can you communicate privately with others (phone, text, email) if you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
16. Do you know how to report complaints or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
17. Do you participate in your goal planning and your Person-Center Service Plan meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*
18. Do you have a job, or are you looking for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown*

NOTES FOR INDIVIDUAL INTERVIEWS:				
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Photos (if applicable)

Reviewer Recommendation

Does the setting meet the Home and Community Based Services settings regulation? Yes No

Comments:

If no, is a corrective action plan in process? Yes No

Comments:

Recommendations for further actions:

Is a referral to Headquarters needed? A referral must occur if the setting does not meet requirements.

Yes No

Comments:

Headquarters Review

Is there a need for a corrective action plan? Yes No

If yes, indicate what the corrective action plan will be:

Planned follow-up timeline:

Follow-up Review

Date of follow-up:

Was an in-person visit conducted? Yes No

Is the setting now in compliance? Yes No

Summary of review / findings:

Assistant Secretary Referral

Is a referral to the DDA Assistant Secretary needed?

If a provider is unable or unwilling to come into compliance, the Integrated Settings Committee must refer to the DDA Assistant Secretary to determine further action to discontinue federal financial participation of funds.

Yes No

Comments: