


Integrated Settings Survey: Employment or Community Inclusion Settings

PROVIDER / CONTRACTOR'S NAME	BUSINESS NAME (IF DIFFERENT)	CONTACT PHONE NUMBER		
APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER	CPP SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	SETTING TYPE		
REVIEWER'S NAME	REVIEWER'S TITLE	REVIEW DATE		
Employment Site Survey	YES	NO	N/A	COMMENTS
1. Are the majority of people who are not paid to be at the business individuals with developmental disabilities? <i>Recommend on-site review and potentially client interviews to determine who is typically present at the business.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the primary purpose / nature / mission of the business to support individuals with IDD? Is the business charitable or social purpose? <i>Recommend researching the business and staff/business owner interview. Research should occur prior to the staff/business owner interview and should include looking at the business' website, advertisements, publications, annual plan, and community presence such as fundraising events.</i> See chart below for reference to social purpose business: <div style="text-align: center; margin-top: 10px;">  </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the business owner also the support provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the employer of record the provider for DDA clients? <i>Recommend research and staff / business owner interview. May be appropriate to request business plan, tax information, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is this business open to the general public? <i>Recommend researching the business, staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do employees (specifically DDA clients) interact with the general public during the natural course of their work? <i>Recommend researching the business, staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. How is work assigned to DDA clients? Is work assigned by a supervisor or manager who is not a paid support worker or employment specialist? <i>Recommend staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. How are support staff assigned to DDA clients? Does the client have a choice in who provides the support? <i>Recommend staff / business owner interview and client interview.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do DDA clients interact with co-workers and supervisors who are not paid support staff to the same degree as other workers not receiving paid supports? <i>Recommend staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Do DDA clients come and go at will? <i>Recommend client interview and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Where public transportation is limited, are other resources available for the client to access the community other than paid staff offering transportation on a specified schedule? <i>Recommend staff / business owner interview and client interview.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do DDA clients have the same access to the work site as workers who are not receiving paid supports? <i>Recommend on-site review. May be important to conduct an unannounced review to assure the site and interactions with the public are what they would be on a typical day.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do DDA clients have opportunities to interact with the public or customers to the same degree as workers doing similar duties who are not receiving paid supports? <i>Recommend client interview and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are DDA clients stationed away from others limiting the ability to interact with coworkers? <i>Recommend staff / business owner interview and client interview. It may be appropriate to do an unannounced on-site review to assure the typical workstation is being used by the client.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the workstation or environment have the same visibility to the general public as workers not receiving paid supports? <i>Recommend staff / business owner interview, client interview, and onsite review. It may be appropriate to do an unannounced on-site review to assure the typical workstation is being used by the client.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. What is the ratio of known people with and without disabilities in the workplace and in the clients' work area? Are there more people with disabilities than without disabilities working in the client's worker area? <i>Recommend staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is the job on the grounds of or adjacent to a public institution? <i>Recommend on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the job on the grounds where the DDA clients currently reside? <i>Recommend staff / business owner interview, client interview, and on-site review.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Additional quality metrics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Do DDA clients who work at this business depend on paid staff in order to maintain their job (i.e., job coach performs duties of the client's job for the client)? • Do DDA clients work a schedule that allows for breaks and lunch with other workers who are not paid to support DDA clients? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Recommend staff / business owner interview, client interview, and on-site review.</i>				
NOTES				

Community Inclusion Site Survey	YES	NO	N/A	COMMENTS
1. Are the majority of people at the site individuals with developmental disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the site specifically for individuals with developmental disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do DDA clients have the opportunity to interact with individuals who are not paid support staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES

Individual (Client) Interview - Employment Only

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 interview for this job?	<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. Do you like the work you 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*
3. Can you freely move about the workplace? If no, why not?	<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. Can you freely interact with your co-workers? If not, why not?	<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. Are you able to negotiate your own work schedule with your supervisor?	<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. Are you able to choose who you take your breaks with or eat your lunch with? If not, why not?	<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

Individual (Client) Interview - Employment or Community Inclusion

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. How did you find out about this place?	<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. Did you choose to receive services here?	<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. Did you pick the days you come here?	<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. Are you satisfied with your current schedule? Do you have opportunity to interact with community members / visitors? If no, why not?	<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. Do you have a choice about the staff who supports you while here?	<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				
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: