

Integrated Settings Review for Resource Managers

DATE OF REVIEW
REVIEW COMPLETED BY (NAME, TITLE):

PROVIDER REVIEWED	TOTAL NUMBER OF INDIVIDUALS UNDER CONTRACT						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">PROVIDER SETTING TYPE</td> <td style="padding: 5px;">ADDRESS OF HOME REVIEWED (IF HOME VISIT OCCURRED)</td> <td style="padding: 5px;">TOTAL NUMBER OF INDIVIDUALS LIVING IN HOME (IF VISITED)</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> CH <input type="checkbox"/> GH / GTH <input type="checkbox"/> SL </td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	PROVIDER SETTING TYPE	ADDRESS OF HOME REVIEWED (IF HOME VISIT OCCURRED)	TOTAL NUMBER OF INDIVIDUALS LIVING IN HOME (IF VISITED)	<input type="checkbox"/> CH <input type="checkbox"/> GH / GTH <input type="checkbox"/> SL			
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<input type="checkbox"/> CH <input type="checkbox"/> GH / GTH <input type="checkbox"/> SL							

Has the provider completed an (optional) [Integrated Settings of Self-Assessment](#)? Yes No
 If yes, date of self-assessment:

Setting Requirements	YES	NO	PROVIDE ADDITIONAL COMMENTS AND EVIDENCE
1. Review the provider's most recent Medicaid Provider Disclosure Statement (MPDS). Refer to the names listed in Sections II – IV for the following questions.	N/A		
2. Is there an existing provider-owned housing ETP for any of the homes where individuals are supported? Or is this a facility owned by the provider? <i>Does not apply to Companion Homes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <u>Supported living only</u> : Does anyone (i.e., those listed on the MPDS, administrator, board member, or their spouse / domestic partner) who has any percentage ownership of the agency also have a financial* or controlling** interest in any of the homes rented by the individuals supported by their agency? <i>If yes, include the provider's risk mitigation strategies.</i> * <i>Financial interest means anything of monetary value that could appear to relate to a person's role with the provider.</i> ** <i>Controlling interest means the power to speak in the business actions or decisions of the company.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do all individuals under contract have a signed lease or other agreement which includes the same responsibilities / protections from eviction under the WA State Tenant Landlord Laws? <i>Visually verify signed documents from provider records.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all homes located in the community among other private residences, including non-disability specific settings?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the provider have a policy or practice to ensure individuals have input in choosing their housemates and who works in their home (i.e., client rights policy)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Can the provider describe ways they support individuals to make life choices?	<input type="checkbox"/>	<input type="checkbox"/>	
8. If individuals use the same community professionals (i.e., doctors, therapists, dentists) do they have a	<input type="checkbox"/>	<input type="checkbox"/>	

choice in switching to a different professional if they want to?			
9. If the provider is Representative Payee, can they describe how the individuals participate in making choices about their money?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the provider inform individuals about how to report concerns about their rights (i.e., client rights policy, grievance policy)?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the provider ensure individuals are able to access the community (i.e., transportation available, recreation activities, shopping, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

Modifications

Any modification of these Integrated Setting Requirements must be supported by a specific assessed need and justified in the person-center service plan and Positive Support Plan, if applicable.

	YES	NO	IF NO, PROVIDE ADDITIONAL COMMENTS
1. Is the provider aware of Integrated Settings rules and understands the requirements and documentation for any restrictions or modifications (see below)?	<input type="checkbox"/>	<input type="checkbox"/>	

- The unit or dwelling is owned, rented, or occupied under a legally enforceable agreement by the client.
- The client has, at a minimum, the same responsibilities, and protections from eviction that tenants have under the Residential Landlord – Tenant Act under Chapter 59.18 RCS; and other applicable laws for the county, city, or other designated entity wherein the client resides.
- Each client has privacy in their sleeping or living unit.
- Bedrooms have doors lockable by the client with only appropriate staff having keys to doors.
- Clients sharing a home or bedroom have a choice of roommates in that setting.
- Clients have the freedom to furnish and decorate their home within the lease or other agreement.
- Clients have the right to: 1) Control their own schedules and activities; 2) Access food at all times; 3) Have visitors of their choosing at any time; and 4) Access all of their home.

Modifications to Settings Requirements

If any condition required under IS rules above must be modified, the CRM must update the client’s person-centered service plan by:

- 1) Identifying the assess need requiring the setting modification.
- 2) Documenting the positive interventions and supports used before modifying the client’s person-centered service plan.
- 3) Documenting less intrusive methods of meeting the need that have been tried but didn’t work.
- 4) Including a clear description of the condition that is directly proportionate to the assessed need.
- 5) Including regular collection and review of data to measure the ongoing effectiveness of the modification.
- 6) Including established time limits for periodic review to determine if the modification is still necessary or can be terminated.
- 7) Including the informed consent of the individual.
- 8) Including an assurance that interventions and supports will cause no harm to the individual.

If any of the above responses are “No,” refer for Formal Integrated Settings Review per DDA Policy 5.25, *Integrated Settings: Promoting Community Integration through Long-Term Services and Supports*.

Date referred:

or check: N/A.

COPY: Contract File