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| Text  Description automatically generated | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Integrated Settings Survey:**  **Residential Settings** | | | | | | | | | | |
| PROVIDER / CONTRACTOR’S NAME | | | | | CONTACT PERSON | | | | CONTACT PHONE NUMBER | | |
| APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER | | | | | SETTING TYPE  SL  GH / GTH  OHS  AL  AFH | | | | | | CPP SUPPORT  Yes  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? | | |  | | | | | | | | |
| 1. Does the business provide services to people not covered under the HCBS settings rule? | | |  |  | |  |  | | | | |
| 1. Does the provider’s website describe the business office as a place where supported individuals congregate? | | |  |  | |  |  | | | | |
| 1. Is the business office physically accessible? | | |  |  | |  |  | | | | |
| 1. Is the business office located close to, within, or attached to the setting where people receive support? | | |  |  | |  |  | | | | |
| 1. Is this review a result of public concerns or feedback? | | |  |  | |  |  | | | | |
| 1. Does the provider have a policy describing how support plans are developed? | | |  |  | |  |  | | | | |
| 1. Does the provider have practices that ensure person-centeredness? | | |  |  | |  |  | | | | |
| 1. Does the provider have a policy related to integration and access to the community? | | |  |  | |  |  | | | | |
| 1. Does the provider have an individual rights policy agreed to by the individual and/or their legal decision makers? | | |  |  | |  |  | | | | |
| 1. Overall do provider policies optimize individual initiative, autonomy, and independence in making life choices? | | |  |  | |  |  | | | | |
| 1. Are policies directed at individual dignity and respect, and freedom from coercion and restraint? | | |  |  | |  |  | | | | |
| 1. 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? | | |  |  | |  |  | | | | |
| 1. Do Person-Centered Service Plans have the necessary documentation for modification to any rights (including CPP restrictions)? | | |  |  | |  |  | | | | |
| 1. Does the provider lease and/or rent any portion of the home? If yes, is DDA approval in place? *(N/A for OHS)* | | |  |  | |  |  | | | | |
| 1. Does the provider own the home? If yes, is DDA approval in place? | | |  |  | |  |  | | | | |
| 1. Does the provider have any business arrangements or agreements with the owner of the property? | | |  |  | |  |  | | | | |
| 1. Is the administrator familiar with the rules and specific provisions for integrated settings? | | |  |  | |  |  | | | | |
| 1. Has the provider completed an (optional) Integrated Settings Self-Assessment? If yes, has it been reviewed? | | |  |  | |  |  | | | | |
| POLICY NOTES AND RECOMMENDATIONS | | | | | | | | | | | |
| **Site Review** | | | | | | | | | | | |
|  | | | YES | NO | | N/A | COMMENTS | | | | |
| 1. Is the home located in the community among other private residences? | | |  |  | |  |  | | | | |
| 1. Does the home stand out negatively in the community among other private residences? | | |  |  | |  |  | | | | |
| 1. Was the home selected by the individual? | | |  |  | |  |  | | | | |
| 1. Does the home entry have lockable doors and can the individual access keys or coded locks? | | |  |  | |  |  | | | | |
| 1. Accessibility – can individuals easily access all areas of the home (bathrooms, appliances, furniture) and move about safely? | | |  |  | |  |  | | | | |
| 1. Can individuals close and lock their bedroom and bathroom doors? Do they have privacy in those areas? *(For OHS, if age appropriate)* | | |  |  | |  |  | | | | |
| 1. 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.)? | | |  |  | |  |  | | | | |
| 1. Are there any areas in the home that are restricted (locked or inaccessible to clients)? | | |  |  | |  |  | | | | |
| 1. Do individuals have access to food anytime (snacks accessible, request alternatives meals, etc.)? Can individuals choose where to eat and when to eat? | | |  |  | |  |  | | | | |
| 1. Can individuals have visitors when they want and a private space to meet? Can they be alone if they want to? | | |  |  | |  |  | | | | |
| 1. Can individuals use a telephone when they choose and are individual calls private? | | |  |  | |  |  | | | | |
| 1. Do individuals use the same community resources as people without disabilities (stores, gym, bank, church, restaurants, etc.)? | | |  |  | |  |  | | | | |
| 1. Do individuals participate in activities of their choosing in their community? | | |  |  | |  |  | | | | |
| 1. How are activities scheduled? | | |  | | | | | | | | |
| 1. Can individuals come and go when they want to? | | |  |  | |  |  | | | | |
| 1. Do individual routines vary from others in the home? Is there a curfew / requirements for a scheduled return? Are there house rules? | | |  |  | |  |  | | | | |
| 1. Do individuals have access to public transportation? | | |  |  | |  |  | | | | |
| 1. Where public transportation is limited, are other resources available for the individual to access the community? | | |  |  | |  |  | | | | |
| 1. Is sensitive information about individuals kept private and not posted (OT, PT, medication times, special diets, etc.)? | | |  |  | |  |  | | | | |
| 1. 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? *(Residential agreement for OHS)* | | |  |  | |  |  | | | | |
| 1. Do individuals have access to, and choose how to spend their money? | | |  |  | |  |  | | | | |
| 1. 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? | | |  |  | |  |  | | | | |
| 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? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you come and go when you want to? If no, why? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you have a choice about who provides your paid supports? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you choose your staff? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. If you ask for a certain staff to not work with you, is your choice respected? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you share your room or home with anyone? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| If yes, are you okay with living with them? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| If no, is your provider helping you find a different house or housemate? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you decorate your room the way that you would like to decorate it? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you choose where you go in your community (preferred stores, bank, gym, church, etc.)? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you do fun things in the community when you would like to? Ask them to give examples of what they like to do. | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you set your own schedule? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you eat when you want to eat? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you ask for a different meal if you want one? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you have visitors at any time? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you make decisions about your money? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Can you communicate privately with others (phone, text, email) if you want? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you know how to report complaints or concerns? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you participate in your goal planning and your Person-Center Service Plan meeting? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| 1. Do you have a job, or are you looking for one? | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | Yes  No  Unknown\* | | Yes  No  Unknown\* | |
| NOTES FOR INDIVIDUAL INTERVIEWS: | | |  | | | |  |  | |  | |
| **Photos (if applicable)** | | | | | | | | | | | |

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| **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: |