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| Text  Description automatically generated |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Integrated Settings Survey:** **Other Settings** |
| PROVIDER / CONTRACTOR’S NAME | CONTACT PERSON | CONTACT PHONE NUMBER  |
| APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER | CONTRACT TYPE |
| REVIEWER’S NAME | REVIEWER’S TITLE | REVIEW DATE |
| **File Review** |
| 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 / nature / mission of the business?
 |  |
| 1. Where is the business, who is there, and who is allowed there?
 |  |
| 1. Does the provider’s website describe the business as a place where service recipients congregate?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is there public feedback indicating isolation or public interaction?
 | [ ]  | [ ]  | [ ]  |  |
| **Site Survey and Administrator Interview** |
|  | YES | NO | N/A | COMMENTS |
| 1. Is the Administrator familiar with the rules and specific provisions for integrated settings?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Does the provider have an individual rights policy agreed to by the individual and/or their legal decision makers?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are policies directed at individual dignity and respect, and freedom from coercion and restraint?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Overall do provider policies optimize individual initiative, autonomy, and independence in making life choices?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is the setting located in a public place or private home?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Accessibility – can individuals easily access the site, move about, and have privacy in the bathrooms?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Do individuals use the same community resources as people without disabilities?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Do individuals participate in community activities of their choosing and in a place accessible to the public?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Does the client have a voice in what activities are scheduled?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Does the client have a choice in staff who work with them?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Can clients come and go at will?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Do clients have access to public transportation?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Where public transportation is limited, are other resources available for the client to access the community?
 | [ ]  | [ ]  | [ ]  |  |
| NOTES |
| **Supported Individual (Client) 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. When you first started receiving this service, did you choose the provider?
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Do you participate in your goal planning for this service?
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Can you come and go when you want to? If not, why?
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Did you have a choice of where you receive this service?
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Do you choose your staff? 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. Can you do fun things in the community when you would like to? Please give examples.
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Do you have the opportunity to interact with community members / visitors?
 | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* | [ ]  Yes [ ]  No[ ]  Unknown\* |
| 1. Can you choose the days you receive this service?
 | [ ]  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 make decisions about your money?
 | [ ]  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\* |
| **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 [ ]  NoComments:       |
| Recommendations for further actions:       |
| **Is a referral to Headquarters needed?** A referral must occur if the setting does not meet requirements. [ ]  Yes [ ]  NoComments:       |
| **Headquarters Review** |
| Is there a need for a corrective action plan? [ ]  Yes [ ]  NoIf 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 [ ]  NoIs the setting now in compliance? [ ]  Yes [ ]  NoSummary 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 [ ]  NoComments:       |