

Heightened Scrutiny Onsite Tool Instructions (Provider):

Note: This onsite tool is for ODP staff to interview the provider’s staff who render non-residential services.

The onsite visit by the Office of Developmental Programs (ODP) will focus on the experience of each individual receiving services to verify if the Community Participation Support/Day Habilitation service location is integrated and supports access of individuals receiving home and community-based services (HCBS) into the broader community, as well as focusing on individual’s rights and ensuring that regulatory and waiver requirements are complied with. During the visit, a significant amount of time will be spent talking to individuals who are receiving Community Participation Support/Day Habilitation services and to the staff who render the services. ODP will also validate the staff’s responses to the questions on the onsite tool by collecting evidence, as applicable.

ODP will use two separate interview tools to assess each service location. This interview tool will be used by ODP staff when interviewing provider staff. Attachment 3 will be used by ODP staff when interviewing individuals who receive Community Participation Support/Day Habilitation services.

ODP and Provider Contact Information

Section 1: ODP Information: This section must be filled out in its entirety and may be filled out prior to the onsite visit.

Section 2: Provider Information: This section must be filled out in its entirety. If more than one staff member from the provider participates in the onsite visit, there is space to put full contact information for both people. If more than two staff participate in the onsite visit, ODP staff may document the additional names, but their contact information does not need to be documented.

- The 9-digit MPI and 4-digit service location (SL) information may be filled out prior to the onsite visit.

Heightened Scrutiny Onsite Tool

Note: The questions contained in the onsite tool were written before the COVID-19 pandemic. Unless otherwise noted, the questions apply to both before and during the pandemic.

The following steps must be completed in sequential order when filling out the tool:

1. Service Location Community Participation Support Data

- At the beginning of the tool and prior to the onsite, ODP staff should review and document the percentage of time that Community Participation Support was spent in the community for the service location on average for the 19/20 SFY through internal claims documentation. ODP will be looking at data prior to March 2020 due to the COVID-19 pandemic.
- If the CPS data for the service location was below 25% of time spent in the community on average per month from July 2019 through February 2020, a sample of 3 variances for applicable individuals will be collected to review.
 - When ODP collects documentation from the provider, the provider will be asked to send the 3 most recent variances to ODP.
 - Since variances have been suspended due to the COVID-19 pandemic, ODP will provide feedback on any issues or concerns related to the completion of future variances but will not be requesting formal remediation at this time.

2. Guidance for interviewing staff

- ODP staff is responsible for asking the provider's staff each question on the tool. The questions were organized based on the corresponding federal regulation.
- There are some questions that may not be applicable to the individual(s) at the service location. If this is the case, that question may be skipped. These questions are distinguished from the mandatory questions by having an *italicized, bold* sentence at the beginning of the question for ODP staff to reference.

3. Documentation

***Careful attention is needed on this part of the Heightened Scrutiny Process**

- Documentation is needed to validate each question in this onsite tool. Each question has a section labeled "Suggestions of Evidence to be Collected" that provides guidance on examples of evidence that can be submitted to demonstrate compliance. Some documentation will have to be observed by ODP staff at the service location. ODP staff may accept evidence that is not listed in the guidance. Since CMS will request evidence packages from ODP on how the initial determination was made through the Heightened Scrutiny process, documentation must be collected per question, as applicable.
- Due to the COVID-19 pandemic, ODP staff will request documentation prior to the onsite visit to lessen the amount of time ODP staff are physically present at the service location.

- The provider will receive a Microsoft OneDrive folder invitation to the designated email address that ODP was provided through the Non-Residential Self-Assessment process. Prior to the onsite visit, the provider will be notified of requested documentation that will be needed for the review.
 - Not every response to each question on the onsite tool will need to be validated by a tangible piece of evidence (like a copied/printed service note, progress note, or staff log) and these questions note additional evidence that will be factored into the review. When this applies, this guidance will be specified in the related question in the “Suggestions of Evidence to be Collected” row.
 - The following are a few examples of evidence that could be collected that may validate the response to the question asked. ODP staff are encouraged to collect other applicable evidence that may not be listed here as examples:
 - Photos/images from Google Maps of the service location or any contiguous buildings around the service location
 - Detailed written note about observation
 - Individual Support Plans
 - Staff logs
 - Service Notes or Progress Notes
 - Individual’s daily schedules
 - Documentation of the individual’s response (Attachment 3)
 - Organization’s policies and procedures
 - Room and Board Agreement
 - The Behavior Component of the individual’s Individual Plan (the questions that this is a required piece of evidence is noted in the “Guidance/Examples of Evidence to be Collected” row)
 - In situations when evidence cannot be found, this should be documented on the onsite tool row that is labeled “What Evidence was Collected?”
4. Completion of the Heightened Scrutiny Onsite Tool
- As stated above, ODP staff will complete this tool electronically in Word and submit to RA-PWODPHCBSSETTINGS@pa.gov .

ODP and Provider Contact Information

Section 1: ODP Information
Name of the Person(s) Completing the Onsite Tool:

Attachment 2 - Heightened Scrutiny Onsite Tool for Non-Residential Service Locations – Provider
PUBLIC COMMENT DRAFT

Title of the Person Completing the Onsite Tool:
Phone Number:
Email Address:

Section 2: Provider Information
Agency's Name:
9-digit MPI:
4-digit SL:
Address of the SL:
The Name(s) of the Provider's Staff who are Participating in Onsite Visit:
Title of the Staff Person(s) who are Participating in Onsite Visit:
Email Address to Contact if ODP has any Questions:
Phone Number to Contact if ODP has any Questions:

Heightened Scrutiny Onsite Tool

To be filled out by ODP prior to onsite visit	
What is the overall percent of time that individuals receiving Community Participation Support (CPS) spent in the community prior to March 2020?	

§441.301(c)(4)(i)

“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

Q1.	<i>If the service location provides CPS in the community 25% of the time or more as documented above, SKIP this question. Note: This question only applies to services provided prior to March 2020.</i>	
	How does the service location plan to increase community participation while providing CPS or Day Habilitation services?	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • ODP staff must review the provider transition plan (showing how to transition individuals to receive 25% of time or more in the community with CPS from the service location) • Most recent variances from a sample of 3 individuals
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

Q2.	<i>If prevocational services are not provided as part of the Community Participation Support service, SKIP this question.</i>	
	For the individuals to whom you provide prevocational services, what type of activities, training or other support are/were you providing to prepare individuals for work?	
	ODP Citation(s): §6100.262 Employment, §2390.158 Facility services	

§441.301(c)(4)(i)
“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Examples of offered activities, trainings, or other supports that prepare individuals for work • Documentation of these activities occurring (progress reports) • Documentation in the ISP regarding how and when the provision of prevocational services is expected to lead to competitive integrated employment • Competitive integrated employment outcome • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q3.	<p>Prior to the COVID-19 pandemic, how did you ensure that all individuals receiving services at this service location were offered opportunities for, and provided support to, participate in regular meaningful non-work activities in integrated community locations for the amount of time desired by the individuals?</p> <p>Have your plans changed due to COVID-19? If so, how?</p> <p>ODP Citation(s): §2380.188 Facility services, §2390.158 Facility Services, §6100.182 Rights of the individual, §6100.261 Access to the community, §6100.443 Integration</p>	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of non-work activities that align with the individual’s Individual Support Plan • If the individual spends limited time or does not spend any time in the community, the individual’s variance should be collected • Documentation relating to how non-work opportunities in the community are offered to individuals • Documentation of these activities occurring (progress reports) • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(i)
“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

Q4.	How do you ensure that when individuals experience barriers to community access, these barriers are identified, and the individual is assisted in overcoming them? Note: ODP is not referencing barriers resulting from the COVID-19 pandemic.	
	ODP Citation(s): §6100.261 Access to the community, §2380.188 Facility services, §2390.158 Facility services	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual Support Plan • Documentation of any observation or discussion of barriers affecting any individuals served at the service location that would prevent those individuals from having the requested amount of access to the community. • If applicable, documentation of the behavior support component of the individual plan can be reviewed if certain individuals are identified as experiencing any barriers. • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q5.	<i>If the service location is not an Older Adult Daily Living Center, SKIP this question.</i>	
	<ul style="list-style-type: none"> • Do all or the majority of individuals served at this service location have an intellectual disability or autism? • Are your services and programs at this location developed to meet needs specific to individuals with an intellectual disability or autism? 	
	ODP Citation(s): §6100.443 Integration	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of the program • Any program materials (pamphlets, informational brochures, website)

§441.301(c)(4)(i)
“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q6.	Are onsite medical (office setting, a medical complex, wellness center), behavioral, or therapeutic (Occupational Therapy, Physical Therapy) services offered at this service location?	
	ODP Citation(s): §6100.182 Rights of the individual, §6100.261 Access to the Community, §2390.158 Facility Services, §2380.188 Facility Services	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Pictures of the service location (photo taken during onsite visits) AND after observing the service location, a written description that describes the medical, behavioral, or therapeutic services that is offered at the service location • Service location or provider documentation of any of these types of services being provided
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q7.	How do you ensure that all individuals at this service location have the freedom to move inside AND outside the service location with or without supervision as specified in their ISP? Are there any barriers that prevent individuals’ movement such as the following?	
	<ul style="list-style-type: none"> • Gates • Locked doors • Fences • Other 	
	ODP Citation(s): §2380.21 Individual rights, §2380.51 Special accommodations, §2380.151 Definition of restrictive procedures, §2390.5 Definitions, §2390.21 Client rights, §2390.51 Accommodations for physically handicapped clients,	

§441.301(c)(4)(i)
“The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

	§2390.155 Content of the individual plan, §6100.341 Definition of restrictive procedures, §6100.184 Negotiation of choices, §6100.443 Integration	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual Support Plan • Documentation of any observation or discussion of barriers affecting any individuals served at the service location that would prevent those individuals from having the freedom to move about the property <ul style="list-style-type: none"> ○ If applicable, documentation of the behavior support component of the individual plan can be reviewed if certain individuals are identified as experiencing any barriers at the service location. • Individual interview responses • Service location supervision or staffing plans, policies, or procedures
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(iii)
“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”

Q8.	How do you inform individuals, and persons designated by the individual, of the right to file a complaint and the procedure for filing a complaint? What is the process for someone to file an anonymous complaint?	
	ODP Citation(s): §6100.185 Informing of rights	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of staff communicating with the individual (observation must be documented) • Provider complaint forms or policies • Individual interview responses
	What Evidence was Collected?	

§441.301(c)(4)(iii) <i>“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”</i>					
	ODP Determination <i>Leave This Row Blank</i>				
Q9.	<p><i>If the provider only renders 1:1 services and does not provide group services, SKIP this question.</i></p> <p>How does this service location ensure that each individual’s waiver service address his/her behavioral needs and are specific to the individual while not restricting the rights of any other individual receiving support within the setting?</p> <p>ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices, §6100.223 Content of the Individual Plan</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;">Suggestions of Evidence to be Collected</td> <td> <ul style="list-style-type: none"> • Individual Support Plan • Provider policies or forms • Documentation of any observation or discussion of behavioral needs of any individual which affect any other individual served at the service location. <ul style="list-style-type: none"> ○ If applicable, documentation of the behavior support component of the individual plan can be reviewed if any individual’s behavioral needs restrict the rights of any other individual. • Provider service or progress notes • Staff training • Individual interview responses </td> </tr> <tr> <td style="vertical-align: top;">What Evidence was Collected?</td> <td></td> </tr> </table> <p>ODP Determination <i>Leave This Row Blank</i></p>	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual Support Plan • Provider policies or forms • Documentation of any observation or discussion of behavioral needs of any individual which affect any other individual served at the service location. <ul style="list-style-type: none"> ○ If applicable, documentation of the behavior support component of the individual plan can be reviewed if any individual’s behavioral needs restrict the rights of any other individual. • Provider service or progress notes • Staff training • Individual interview responses 	What Evidence was Collected?	
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual Support Plan • Provider policies or forms • Documentation of any observation or discussion of behavioral needs of any individual which affect any other individual served at the service location. <ul style="list-style-type: none"> ○ If applicable, documentation of the behavior support component of the individual plan can be reviewed if any individual’s behavioral needs restrict the rights of any other individual. • Provider service or progress notes • Staff training • Individual interview responses 				
What Evidence was Collected?					
Q10.	<p>How does the service location ensure staff interact and communicate with individuals according to their preferred method of communication respectfully and in a manner in which the individual would like to be addressed?</p> <p>ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;">Suggestions of Evidence to be Collected</td> <td> <ul style="list-style-type: none"> • Observation of staff communicating with the individual (observation must be documented) • Staff training • Provider policies </td> </tr> </table>	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of staff communicating with the individual (observation must be documented) • Staff training • Provider policies 		
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of staff communicating with the individual (observation must be documented) • Staff training • Provider policies 				

§441.301(c)(4)(iii) <i>“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”</i>		
		<ul style="list-style-type: none"> • Individual Support Plan • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q11.	How does the service location ensure that all individuals receiving services are provided opportunities, as desired, to speak on the telephone, communicate through technology, and open and read mail/email in private, consistent with non-waiver recipients in similar and/or the same setting? ODP Citation(s): §2380.61 Telephone, §2390.58 Telephone, §6100.182 Rights of the individual	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Provider policies or procedures • Individual interview responses • Observation
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q12.	Does this service location provide private areas for personal care? ODP Citation(s): §6100.182 Rights of the individual	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of a private area for personal care • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(iii) <i>“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”</i>	
Q13.	Does the service location offer a secure place for individuals to store personal belongings?
ODP Citation(s): §6100.182 Rights of the individual	
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation of a secure place for each individual’ personal belongings • Individual interview responses
What Evidence was Collected?	
ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(iv) <i>“Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”</i>	
Q14.	How are the individuals receiving services offered opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth?
Has this changed during the COVID-19 pandemic? If so, how?	
ODP Citation(s): §6100.182 Rights of the individual	
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Provider policies or forms • Documentation of activities offered at this location, both onsite and into the community • Individual schedules • Individual interview responses
What Evidence was Collected?	
ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(iv) “Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”	
Q15.	If an individual chooses not to participate in an activity in the community, how are they informed of options to participate in a different activity of their choice? ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Provider policy or procedure that ensures an individual’s choices can be negotiated to resolve differences • Staff training related to negotiation of choices • Documentation of activities offered, including alternative options • Individual interview responses
What Evidence was Collected?	
ODP Determination	<i>Leave This Row Blank</i>
Q16.	How do you ensure that activities are adapted to each individual’s needs and preferences? ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual interview responses • Staff training related to Individual Support Plan implementation • Provider policies or forms • Provider process or procedure related to an individual’s outcome progress • Service notes or progress reports
What Evidence was Collected?	
ODP Determination	<i>Leave This Row Blank</i>
Q17.	During service provision are individuals allowed to choose with whom they spend their time, including meeting with someone in private, consistent with non-waiver recipients in similar and/or the same setting? Note: This question only applies to services provided prior to March 2020.

§441.301(c)(4)(iv)
“Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”

	ODP Citation(s): §6100.182 Rights of the individual, §6100.186 Facilitating personal relationships	
Suggestions of Evidence to be Collected		<ul style="list-style-type: none"> • Observation • Provider policy or procedure relating to supervision, negotiation of choices • Staff training • Individual interview responses
What Evidence was Collected?		
ODP Determination	<i>Leave This Row Blank</i>	
Q18.	Does the service location support individuals to do the following? Select all that apply.	
	<ul style="list-style-type: none"> • Make decisions • Voice their opinions • Vote • Move about the community • Associate with others • Practice their religion • Access their money • Make personal decision 	
	ODP Citation(s): §6100.182 Rights of the individual	
Suggestions of Evidence to be Collected		<ul style="list-style-type: none"> • Provider progress or service notes • Individual Support Plan • Behavior support component of the individual plan • Individual interview responses • Observation • Staff training related to any of these topics, e.g. informed decision making

§441.301(c)(4)(iv)
“Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”

	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q19.	Are all individuals receiving services provided the opportunity for tasks and activities, both inside and outside the service location, that match the following attributes for the individual and that are comparable to tasks and activities for people who do not have disabilities? Select all that apply. <ul style="list-style-type: none"> • Age • Skills • Abilities • Desires/Goals • None of the above ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation • Individual Support Plan • Provider service or progress notes • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q20.	Are all individuals given flexibility in when they are permitted to take breaks and/or eat lunch, consistent with waiver recipients in the same and/or similar setting? ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individual	

§441.301(c)(4)(iv) “Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”		
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation • Provider policy or procedure • Individual Support Plan • Individual interview responses • Behavior support component of the individual plan
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q21.	Are individuals able to dine alone when present at the service location if they request to?	
	ODP Citation(s): §6100.182 Rights of the individual	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation • Provider policy or procedure • Individual Support Plan • Individual interview responses • Behavior support component of the individual plan
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q22.	<i>If the provider does not arrange food for the individuals served at the services, SKIP this question.</i> If the individual is physically present at the service location, are they offered an alternative meal if requested ? ODP Citation(s): §6100.224 Implementation of the Individual Plan, §2380.186 Implementation of the Individual Plan, §2390.156 Implementation of the Individual Plan	

§441.301(c)(4)(iv)
“Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact”

	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Review of menus • Individual Support Plan • Documentation of the individual’s medically restricted diets • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q23.	When the individual is physically present during service provision, are they able to access food at any time consistent with non-waiver recipients in similar and/or the same setting?	
	ODP Citation(s): §6100.182 Rights of the individual, §6100.184 Negotiation of choices	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation • Provider policy or procedure • Individual interview responses • Individual Support Plan • Behavior support component of the individual plan
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(4)(v)
“Facilitates individual choice regarding services and supports, and who provides them.”

Q24.	Are the staff knowledgeable about the services provided and the capabilities, interests, preferences, and needs of the individuals they support?	
	ODP Citation(s): §6100.142 Orientation, §6100.143 Annual Training	

§441.301(c)(4)(v) <i>“Facilitates individual choice regarding services and supports, and who provides them.”</i>		
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Provider policy or procedure for ensuring staff have been trained on Individual Support Plan implementation • Trainings completed by staff on person-centered approach • Staff training materials that speak of the need to support the individual’s chosen activities • Provider qualifications for staff employed in the service location that indicate training or certification for waiver services and that demonstrate the staff is trained in a manner consistent with the HCBS settings regulations • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q25.	How does the service location provide information to all individuals about how to make a request for additional services, or changes to their support plan? ODP Citation(s): §2380.184 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Observation • Provider service or progress notes • Provider policy or procedure related to the individual plan process • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q26.	How do you ensure that the individuals you serve at this service location understand the choices about what there is to do in the community? ODP Citation(s): §2380.188 Facility services, §2390.158 Facility services	

§441.301(c)(4)(v) <i>“Facilitates individual choice regarding services and supports, and who provides them.”</i>		
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of choices of activities given to individuals • Staff training related to effective communication, negotiation of choices • Provider policy or procedure related to researching or gathering ideas and/or options for community activities • Provider service or progress notes • Individual Support Plan • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q27.	Are individuals included in deciding when and where the service is delivered?	
	ODP Citation(s): §2380.182 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Individual Support Plan • Provider’s service or progress notes • Individual’s schedule • Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(5)
“Settings that are not Home and Community-Based. Home and Community-Based settings do not include:
 (i) ***A nursing facility;***
 (ii) ***An institution for mental diseases;***
 (iii) ***An intermediate care facility for individuals with intellectual disabilities;***
 (iv) ***A hospital; or***
 (v) ***Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.***

Q28.	Which of the following is the service location co-located or adjacent to? <ul style="list-style-type: none"> • Skilled Nursing Facility (SNF) • Intermediate Care Facility for individuals with an Intellectual Disability (ICF/ID) • Hospital • The service location is not co-located or adjacent to a SNF, ICF/ID, or a Hospital ODP Citation(s): §6100.5 Applicable statutes and regulations, §6100.443 Integration
Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Pictures of the service location (could include Google Maps or photo taken during onsite visits) AND after observing the service location, a written description that describes the surrounding area and how the service location is/is not co-located or adjacent to a SNF, ICF/ID, or a Hospital.
What Evidence was Collected?	
ODP Determination	<i>Leave This Row Blank</i>
<i>If the service location is not co-located or adjacent to a SNF, ICF/ID, or hospital, SKIP the following questions.</i>	
Q29.	Is there any administrative or financial connection between the service location and the co-located or adjacent SNF, ICF/ID, or Hospital?

§441.301(c)(5)
“Settings that are not Home and Community-Based. Home and Community-Based settings do not include:
(i) A nursing facility;
(ii) An institution for mental diseases;
(iii) An intermediate care facility for individuals with intellectual disabilities;
(iv) A hospital; or
(v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> Discussions regarding who provides Human Resources, Payroll, Benefits, etc.
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>
Q30.	Are there times when your service location has to rely on help from the staff who work at the co-located or adjacent SNF, ICF/ID, or Hospital to provide ODP services?	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> Provider service or progress notes Provider back-up or emergency staffing policies Staff training attendance lists Conversation with the co-located or adjacent SNF, ICF/ID, or Hospital Individual interview responses
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>

§441.301(c)(5)
“Settings that are not Home and Community-Based. Home and Community-Based settings do not include:
 (i) *A nursing facility;*
 (ii) *An institution for mental diseases;*
 (iii) *An intermediate care facility for individuals with intellectual disabilities;*
 (iv) *A hospital; or*
 (v) *Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.*

Q31.	Do individuals have to rely on transportation from the co-located or adjacent SNF, ICF/ID, or Hospital?	
	Suggestions of Evidence to be Collected	<ul style="list-style-type: none"> • Provider service or progress notes • Provider transportation policies or procedures • Conversation with the co-located or adjacent SNF, ICF/ID, or Hospital
	What Evidence was Collected?	
	ODP Determination	<i>Leave This Row Blank</i>