

Heightened Scrutiny Onsite Tool Instructions (Individual):

Note: This onsite tool is for ODP staff to interview the individual(s) who are receiving 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.

ODP will use two separate interview tools to assess each service location. This interview tool will be used by ODP staff when interviewing individuals who receive Community Participation Support/Day Habilitation services. Attachment 2 will be used by ODP staff when interviewing the provider staff who work at the service location.

ODP and Individual 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: Individual’s Information: This section must be filled out in its entirety for each individual who is willing to participate in an interview.

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.

ODP staff is responsible for the following, and must follow each step in sequential order when using the tool:

1. Guidance for interviewing the individual

- ODP will be requesting to interview a selected sample of individuals who are receiving Community Participation Support or Day Habilitation services from the service location.
- Before interviewing the individual, the individual must be asked if he/she is willing to have a conversation about the Community Participation Support or Day Habilitation service that is being provided to them through an interview process with the use of the onsite tool. If the individual is willing to be interviewed, the interviewer should further ask if the interview

can be conducted in private without staff present. If the individual is willing to be interviewed in private, the interviewer should proceed to a private room. If the individual is uncomfortable with this option, the interviewer can proceed with the interview with staff in the same room.

- For each individual who is willing to be interviewed, an onsite tool should be completed. These conversations should be held one at a time, not in a group.
- For individuals who communicate in a non-traditional manner, such as through Sign Language (including American Sign Language, Sign Language from other countries, Signed Exact English, or a mixture of American Sign Language and signed English), Lip Reading, Visual Gestural Communication, Touch cues, Objects of Reference, Braille, Print and Symbol Systems, Eye Gaze and Partner-Assisted Scanning, Assistive Technology or Augmentative and Alternative Communication, or behavioral communication, ODP staff will work with the individual and his/her staff to ensure they have the opportunity to communicate with ODP in a language and means of communication he/she can understand and be understood.
- ODP staff is responsible for documenting the individual’s conversation as it relates to the questions being asked. The questions on the tool should not be viewed as a script, but rather guidance on how to have a conversation about the topic being asked about.
- There are some questions that may not be applicable to the individual(s) at the service location, and if this is the case, the question may be skipped and not asked of the individual. These questions are distinguished from the other mandatory questions by having an *italicized, bold* sentence at the beginning of the question for ODP staff to reference.
- The questions are organized based on the corresponding federal regulation.

2. Documentation

- After the question is asked of the individual, there is a row in each question that is labeled “Suggestions of Evidence to be Collected”. Since CMS will request evidence packages from ODP on how the initial determination through the Heightened Scrutiny process was made, documentation must be collected per question, as applicable. Most responses can be validated by documenting the individual’s attestation to the question, however, there are a few questions that will ask for specific evidence to be collected.
 - 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. If an individual's response or evidence collected during the interview process indicates there may be a rights violation, ODP staff must collect evidence of the behavior support component that complies with §6100.345 of the individual plan. If there is no behavior support component of the individual plan, document this in the "What Evidence was Collected".

3. Completion of the Heightened Scrutiny Onsite Tool

- After the individual is asked all the questions on the onsite tool, there are two last questions for ODP to answer which are on the bottom of the onsite tool. These questions are answered with a check box.
- As stated above, ODP staff will complete this tool electronically in Word and submit it to RA-PWODPHCBSSETTINGS@pa.gov. If a computer is not accessible, then the tool can be completed by hand and scanned to the same mailbox.

ODP and Individual Contact Information

Section 1: ODP Information
Name of the Person(s) Completing the Onsite Tool:
Title of the Person Completing the Onsite Tool:
Phone Number:
Email Address:

Section 2: Individual's Information
Agency's Name:
9-digit MPI:
4-digit SL:
9-digit MCI:
Address of the SL:
The Name of the Individual who is Participating in the Interview:
The Name of the Individual who is Assisting the Individual in the Interview, if Applicable:
Phone Number to Contact if ODP has any Questions:

Heightened Scrutiny Tool

Federal Citation §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.	<p><i>If the individual is not receiving prevocational services as part of the Community Participation Support service, SKIP this question.</i></p> <ul style="list-style-type: none"> • Does your day program assist you with working on anything to help you prepare for a job in the community? <ul style="list-style-type: none"> ○ If so, what do you work on? <p>ODP Citation(s): §6100.262 Employment, §2390.158 Facility services</p>	
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Employment goal on the Individual Support Plan • Outcomes related to employment in the Individual Support Plan
	What Evidence was Collected?	
Q2.	<ul style="list-style-type: none"> • When you want to, are you given the opportunity and support to communicate and/or interact with other community members? <ul style="list-style-type: none"> ○ If not, do you know why not? ○ If yes, can you give an example of who you talk to in the community? <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>	

Attachment 3 – Heightened Scrutiny Onsite Tool for Non-Residential Service Locations - Individual
 PUBLIC COMMENT DRAFT

	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
	What Evidence was Collected?	
Q3.	<ul style="list-style-type: none"> • Prior to the pandemic, how often did you spend time in the community with your day program? <ul style="list-style-type: none"> ○ How about now? • Prior to the pandemic, were you offered activities in the community as often as you would like? <ul style="list-style-type: none"> ○ How about now? • Would you like to spend time in the community more or less often with your day program? <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>	
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
	What Evidence was Collected?	
Q4.	<ul style="list-style-type: none"> • Where do you like to go in the community? • Prior to the pandemic, did you get to go to those places when you were with your day program? <ul style="list-style-type: none"> ○ Are you visiting those places currently? • If not, why not? Where did you go instead? <p>ODP Citation(s): §6100.182 Rights of the individual</p>	
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
	What Evidence was Collected?	

Q5.	<ul style="list-style-type: none"> • When you are at your day program, can you go anywhere at your program that you want, whenever you want? Examples: Break room, lunch room, bathroom, place where you store your personal belongings, etc. <ul style="list-style-type: none"> ○ If not, why not? <p>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, §2390.155 Content of the individual plan, §6100.341 Definition of restrictive procedures, §6100.184 Negotiation of choices, §6100.443 Integration</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Observation of any barriers at the service location such as gates, locked doors, fences, etc. • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)
What Evidence was Collected?	

Federal Citation §441.301(c)(4)(iii)

“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”

Q6.	<ul style="list-style-type: none"> • Are staff respectful to you, such as: <ul style="list-style-type: none"> ○ Are they nice to you? ○ Do they ever yell at you? ○ Do they help you with things? ○ Do they tell you that you can’t do something? • Do you feel that your staff understand you when you communicate with them? <p>ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Observation

Federal Citation §441.301(c)(4)(iii) <i>“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”</i>			
	What Evidence was Collected?		
Q7.	<ul style="list-style-type: none"> • When staff help you with personal care, do they ask permission before assisting you? • In general, are you asked permission before you are touched? Such as if someone guides or escorts you somewhere or if someone gives you a hug? • Have you ever been restricted from doing something you wanted to do? Such as being restricted to move or from eating something you wanted? • Have you ever felt embarrassed or humiliated because of staff? <p>ODP Citation(s): §6100.348 Physical Restraint, §6100.347 Prohibited Procedures, §6100.182 Rights of the individual</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Suggestion of Evidence to be Collected</td> <td> <ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) </td> </tr> </table>	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) 		
	What Evidence was Collected?		
Q8.	<ul style="list-style-type: none"> • If you have an issue or concern with your day program, do you know how to file a complaint? <p>ODP Citation(s): §6100.185 Informing of rights</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Suggestion of Evidence to be Collected</td> <td> <ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) </td> </tr> </table>	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Individual Support Plan • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) 		
	What Evidence was Collected?		

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Q9.	<ul style="list-style-type: none"> • Do you have a place for your own belongings when you are at your day program? <ul style="list-style-type: none"> ○ If yes, where? ○ If no, why not? <p>ODP Citation(s): §2380.184 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Observation of the place individuals can put their belongings
What Evidence was Collected?	
Q10.	<ul style="list-style-type: none"> • Have staff talked to you about your rights or what it means to have rights? <ul style="list-style-type: none"> ○ If yes, what does rights mean to you? <p>ODP Citation(s): §6100.182 Rights of the individual</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
What Evidence was Collected?	
Q11.	<ul style="list-style-type: none"> • Do you have the opportunity to speak on the phone, communicate through technology, or open and read mail/email in private at your day program? <p>ODP Citation(s): §2380.61 Telephone, §2390.58 Telephone, §6100.182 Rights of the individual</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above) • Provider policies or procedures • Observation

	What Evidence was Collected?	
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Federal Citation §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”

Q12.		<ul style="list-style-type: none"> • Who chooses the activities that you participate in? • Do you request the activities or are they preplanned for you? • Do you enjoy the activities offered? • If you do not want to do an activity, are you given a different option? If not, do you know why not? <p>ODP Citation(s): §6100.184 Negotiation of choices, §2380.188 Facility services, §2390.158 Facility services</p>
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Provider policy or procedure that ensures individual choice can be negotiated to resolve differences • Individual Support Plan
	What Evidence was Collected?	
Q13.		<ul style="list-style-type: none"> • Prior to the COVID-19 pandemic, was there anything preventing you from accessing the activities you want to be involved in, in the community? <ul style="list-style-type: none"> ○ If yes, what is preventing you from accessing the community? • Currently, is there anything preventing you from accessing the activities you want to be involved in, in the community? • Has your team discussed support and/or services to increase your access to community activities, if you want? <p>ODP Citation(s): §6100.261 Access to the community, §2380.188 Facility services, §2390.158 Facility services</p>
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)

Federal Citation §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?	
Q14.	<p>When you are at your day program:</p> <ul style="list-style-type: none"> • Can you spend time with whomever you wish? • Can you sit with anyone you want? <ul style="list-style-type: none"> ○ Does this include when eating? • If you wish to be alone or not be around other people, are you able to be alone? Has this been offered to you? <p>ODP Citation(s): §6100.182 Rights of the individual, §6100.186 Facilitating personal relationships</p>	
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • Observation • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)
	What Evidence was Collected?	
Q15.	<p>When you are at your day program:</p> <ul style="list-style-type: none"> • Can you take a break whenever you want, including to eat a snack or for lunch? <ul style="list-style-type: none"> ○ Have you been offered this opportunity? • Where do you eat your food? <ul style="list-style-type: none"> ○ Are you able to eat your food anywhere else? If not, do you know why not? • Do you pick what food you would like to eat? If not, do you know why not? <p>ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individual</p>	
	Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response • ODP may need to collect evidence of the behavior support component of the individual plan based on the individual’s response to these questions (see instructions above)

Federal Citation §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>	
	<ul style="list-style-type: none"> • Observation
What Evidence was Collected?	

Federal Citation §441.301(c)(4)(v) <i>“Facilitates individual choice regarding services and supports, and who provides them.”</i>	
Q16.	<ul style="list-style-type: none"> • Have you been asked when and where you would like your service to be provided to you? <p>ODP Citation(s): §2380.182 Individual plan process, §2390.154 Individual plan process, §6100.222 Individual plan process</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
What Evidence was Collected?	
Q17.	<ul style="list-style-type: none"> • Do you know whom to contact if you want more services or if you have a question about the services you are getting? • Do you know how to contact your Supports Coordinator? <p>ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individual</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> • Documentation of the individual’s response
What Evidence was Collected?	
Q18.	<ul style="list-style-type: none"> • Are you supported to make decisions?

Federal Citation §441.301(c)(4)(v) <i>“Facilitates individual choice regarding services and supports, and who provides them.”</i>	
	<ul style="list-style-type: none"> Does your staff help you understand different options, including the positive and negative consequences of your decisions? <p>ODP Citation(s): §6100.182 Rights of the individual, §2380.188 Facility services, §2390.158 Facility services</p>
Suggestion of Evidence to be Collected	<ul style="list-style-type: none"> Documentation of the individual’s response
What Evidence was Collected?	

Questions to be Answered by ODP	
Was the individual asked and willing to be interviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the questions asked of the individual in private, without staff present?	<input type="checkbox"/> Yes <input type="checkbox"/> No