

HCBS Settings Assessment Tool

This site visit was completed: [Select One]

Provider Agency Name:			MPI #:		
Provider Main Agency Address:			Service Location Code:		
<i>Individual Site/Service Location Addresses are listed on the Agency Information Tab</i>					
Onsite Agency Representative:			Date and Time of Assessment:		
Service locations reviewed during this visit					
	Address		Service Location Number		
1					
2					
3					
<i>add more address lines as necessary</i>					
Unregistered Sites/Service Locations			Yes/No	Comments:	
List the address of alternate sites, not registered with OLTL, where Medicaid HCBS is provided, or have the capability to provide Medicaid HCBS. Include the type of service(s) being provided at each site.					
	Address		Service(s)		
1					
2					
3					
<i>add more address lines as necessary</i>					
Auditor Information					
Assessor Name & Region:					
Assessor Name & Region:					
Policy Reviewer:					

Virtual Visit Site Information

Complete the information below for each service location that is viewed virtually

Date of Virtual Visit:

Location of the visit (address):

Method of visit (zoom, etc):

Visit Start Time:

Visit End Time:

OLTL staff participating:

Provider Staff participating:

Rooms Viewed (list out each room viewed during the virtual visit):

Overall Description (comments about the Virtual Visit, including any areas of concern or non-compliance):

Date of Virtual Visit:

Location of the visit (address):

Method of visit (zoom, etc):

Start Time:

End Time:

OLTL staff participating:

Provider Staff participating:

Rooms Viewed (list out each room viewed during the virtual visit):

Overall Description (comments about the Virtual Visit, including any areas of concern or non-compliance):

Date of Virtual Visit:

Location of the visit (address):

Method of visit (zoom, etc):

Start Time:

End Time:

OLTL staff participating:

Provider Staff participating:

Rooms Viewed (list out each room viewed during the virtual visit):

Overall Description (comments about the Virtual Visit, including any areas of concern or non-compliance):

Add/remove sections as necessary

Heightened Scrutiny

<i>Heightened Scrutiny: Answer the questions for all setting types to determine if the setting has the qualities of an institution.</i>		Doc. Review	Yes/No	Panel Determination
1	The setting is located in or adjacent to a publicly or privately owned facility that provides inpatient treatment. (42 CFR 441.301(c)(5))			
	<i>Is the setting in or adjacent to a Nursing Facility?</i>			
	<i>Is the setting in or adjacent to an Intermediate Care Facility?</i>			
	<i>Is the setting in or adjacent to an Institution for Mental Disease?</i>			
	<i>Is the setting in or adjacent to a hospital?</i>			
Comments:				
2	The setting is on the grounds of, or immediately adjacent to, a public institution. (42 CFR 441.301(c)(5))			
	<i>Is the setting on the grounds of, or immediately adjacent to a public institution? (If yes, detail or describe the institution in comments below).</i>			
Comments:				
3	Are administrative functions, staff training, or personnel shared between the institutional setting and the service in question? (for informational purposes only, not a regulatory requirement. If they are sharing staff they should have a policy to address it)	0		
Comments:				
4	The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. (42 CFR 441.301(c)(5)(v))	Doc. Review	Yes	Panel Determination
<i>a.</i>	The setting is designed specifically to provide people with disabilities			
	<i>Is the setting designed specifically for people with disabilities, or for</i>			
	<i>Is the setting primarily made up of waiver participants or people</i>			
<i>b.</i>	Waiver participants in the setting have limited access to, and/or			
	<i>Is this a campus where all services (residential/day/medical/food</i>			
	<i>Is this setting set apart from the community (secluded from</i>			
<i>c.</i>	Is the setting a Farmstead or disability-specific farm community?			
<i>d.</i>	Is the setting a gated/secured "community" for waiver participants			
<i>e.</i>	Is the setting is a residential school?			
<i>f.</i>	Multiple settings co-located and operationally related which			
	<i>Are there multiple sites owned by this same provider within walking</i>			
	<i>Does this provider provide multiple services within walking distance</i>			
	<i>If so, are staff shared between locations?</i>			
	<i>If so, are participants encouraged to participate in congregate</i>			
	<i>Are the participants strongly encouraged to receive all/most of</i>			
	<i>Are there multiple providers providing waiver services within</i>			
Section Panel Decision				

Heightened Scrutiny

Comments:

Prevocational / Employment Skills Development

1	The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does the employment setting include workers who do not have disabilities? (Can an individual who does not have disabilities be employed at this site?)			
b.	Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?			
c.	Do participants interact with the public to the same extent as someone not receiving Medicaid HCBS <u>performing the same job</u> ?			
Comments:				
Section Determination by Panel				
2	The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does this setting provide opportunities for waiver participants to pursue competitive employment?	0		
b.	Are waiver participants asked if they are interested in participating in competitive integrated employment on a regular basis?			
Comments:				
Section Determination by Panel				
3	The setting supports individuals to receive services in the community to the same degree of access as persons not receiving Medicaid HCBS. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Is the setting physically accessible and not limiting mobility, including access to bathrooms and break rooms?			
b.	Does this setting provide waiver participants a say in determining their work schedule, break/lunch times, and leave/medical benefits <u>to the same extent as individuals not receiving Medicaid HCBS</u> ?	0		
c.	Do participants receiving HCBS work in a different area of the setting, separate from individuals not receiving Medicaid HCBS?			
d.	Are participants transported to an off-site location as part of the services they receive at this site? (If no off-site locations are offered, respond no and comment)			
Comments:				
Section Determination by Panel				
4	The setting ensures the individuals rights of privacy. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Is all information about participants kept private?	0		

Prevocational / Employment Skills Development

b.	Is personal assistance provided as needed and provided in private when applicable?	0		
c.	Is information on participant rights posted in a common area of the setting?	0		
Comments:				
<i>Section Determination by Panel</i>				
5	The setting ensures the individuals rights of dignity and respect. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does the setting assure that staff interact and communicate with participants respectfully and in a manner in which they would like to be addressed?	0		
Comments:				
<i>Section Determination by Panel</i>				
6	The setting ensures freedom from coercion and/or restraint. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Is information about filing a complaint posted in an obvious location and in an easily understandable format?	0		
	<i>Is the process for filling an anonymous complaint included in the posted information?</i>			
b.	Can participants file an anonymous complaint?	0		
c.	Are participants free from coercion and/or restraint?	0		
Comments:				
<i>Section Determination by Panel</i>				
7	The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42 CFR 441.301(c)(4)(iv))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does the site match participants with jobs that utilize their skill, interests, and abilities in a manner that the participant desires?			
b.	Does the participant have the ability to do an employment activity that they are good at and enjoy?			
c.	Does this site ensure that waiver participants are supported to make decisions to the greatest extent possible?			
d.	Is a participant's decision on how to perform assigned jobs supported, within the consideration of safety and productivity?			
Comments:				
<i>Section Determination by Panel</i>				
8	The individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (42 CFR 441.301(c)(4)(vi)(C))	Doc. Review Yes/No	Yes/No	Panel Determination

Prevocational / Employment Skills Development

a.	Does this setting provide meals?			
	<i>Do participants have a choice of menu?</i>	0		
b.	Does the setting allow for meal(s) and/or snack(s) at the time and place of the participants choosing?	0		
	<i>Is choice granted to the same extent as individuals in the same setting not receiving waiver services</i>			
c.	Do participants have access to food, not just at meal times, but at any time of their choosing?	0		
	<i>Is access granted to the same extent as individuals in the same setting not receiving waiver services</i>			
d.	Are any restrictions on access to food justified? Explain in the comments			
Comments:				
			Section Determination by Panel	
9	The individuals are able to have visitors of their choosing at any time. (42 CFR 441.301(c)(4)(vi)(D))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Can waiver participants have visitors at any time?	0		
b.	Are visitors restricted to specific areas within the setting?			
	<i>If yes, are these restrictions reasonable and justified for safety/privacy/confidentiality?</i>			
Comments:				
			Section Determination by Panel	
10	Any modifications of additional conditions, the setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences. (42 CFR 441.301(c)(4)(vi)(F)(1-8)) (This section to be used by OLTL review panel only)			Panel Determination
a.	Are there any modifications or additional conditions that would need to be justified in a participant's person-centered service plan? If so, respond to the questions below.			
	<i>Are any modifications to the setting indicating non-compliance with the final rule justified in a participant's current person-centered service plan?</i>			
	<i>Is there documentation to note if positive interventions and supports were used prior to any plan modifications?</i>			
	<i>Is there documentation that less intrusive methods of meeting the need were tried initially?</i>			
	<i>Does the current person-centered service plan necessitating the settings modification include a description of the condition that is directly proportional to the assessed need?</i>			
	<i>Is there ongoing assessment to support the effectiveness of the settings modification?</i>			
	<i>Are periodic reviews being conducted to determine the ongoing necessity of the modification?</i>			

Prevocational / Employment Skills Development

	<i>Is there documentation of informed individual consent for the modification?</i>	
	<i>Is there documentation to note the assurances that the intervention will not cause individual harm?</i>	
Comments:		
<i>Section Determination by Panel</i>		

Adult-Structured Day Program

1	The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does the setting afford opportunities for waiver participants to have knowledge of or access to information regarding age-appropriate activities outside of the setting?	0		
	<i>Is there information posted - flyers, calendars, posters, etc.?</i>			
b.	Does the setting encourage visitors (other than paid staff)?	0		
c.	Does the setting allow participants the freedom to move about inside and outside of the setting, as opposed to one restricted room or area within the setting, consistent with their needs? <i>If there are restrictions, are they justified? add a comment below</i>	0		
Comments:				
Section Determination by Panel				
2	The setting supports individuals to receive services in the community to the same degree of access as persons not receiving Medicaid HCBS. (42 CFR 441.301(c)(4)(ii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do participants receive Medicaid HCBS in a different area of the setting from individuals not receiving Medicaid HCBS?			
Comments:				
Section Determination by Panel				
3	The setting ensures the individuals rights of privacy. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Is health information kept private? (HIPAA)	0		
b.	Is personal assistance provided as needed and provided in private when applicable?	0		
c.	Are participants' schedules of medications, diet restrictions, etc. posted in a general open area for all to view?	0		
d.	Is information on participant rights posted in a common area of the setting?	0		
Comments:				
Section Determination by Panel				
4	The setting ensures the individual's rights of dignity and respect. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does the setting assure that staff interact and communicate with participants respectfully and in a manner in which they would like to be addressed?	0		
Comments:				

Adult-Structured Day Program

Section Determination by Panel				
5	The setting ensures freedom from coercion and/or restraint. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
<i>a.</i>	Is information about filing a complaint posted in an obvious location and in an easily understandable format?	0		
	<i>Is the process for filling an anonymous complaint included in the posted information?</i>			
<i>b.</i>	Can participants file an anonymous complaint?	0		
<i>c.</i>	Are waiver participants free from coercion and/or restraint?	0		
Comments:				
Section Determination by Panel				
6	The setting optimizes autonomy, initiative, and independence in making choices including daily activities, physical environment and with whom the individual interacts. (42 CFR 441.301(c)(4)(iv))	Doc. Review	Yes/No	Panel Determination
<i>a.</i>	Does the setting ensure that participants are supported to make decisions and exercise autonomy to the greatest extent possible?			
	<i>Are the participants encouraged to suggest additional/different activities?</i>			
	<i>If feasible, are these participant suggestions implemented?</i>			
<i>b.</i>	Does the setting provide opportunities for participants to choose off-site, meaningful activities in an integrated community setting?	0		
<i>c.</i>	Are waiver participants transported to an off-site location as part of the services they receive at this site (example: central meeting place then transported to a different building/location/activity)?	0		
<i>d.</i>	Are participants free to choose with whom to interact with during activities?			
Comments:				
Section Determination by Panel				
7	The individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (42 CFR 441.301(c)(4)(vi)(C))	Doc. Review	Yes/No	Panel Determination
<i>a.</i>	Does this setting provide meals?			
	<i>Do participants have a choice of menu?</i>	0		
<i>b.</i>	Does the setting allow for meal(s) and/or snack(s) at the time and place of the participants choosing?	0		

Adult-Structured Day Program

	<i>Is choice granted to the same extent as individuals in the same setting not receiving waiver services</i>			
c.	Do participants have access to food, not just at meal times, but at any time of their choosing?	0		
	<i>Is access granted to the same extent as individuals in the same setting not receiving waiver services</i>			
d.	Are any restrictions on access to food justified? Explain in the comments			
Comments:				
Section Determination by Panel				
8	The individuals are able to have visitors of their choosing at any time. (42 CFR 441.301(c)(4)(vi)(D))	Doc. Review	Yes/No	Panel Determination
a.	Can waiver participants have visitors at any time?	0		
b.	Are visitors restricted to specific areas within the setting?			
	<i>If yes, are these restrictions reasonable and justified for safety/privacy/confidentiality?</i>			
Comments:				
Section Determination by Panel				
9	The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do participants in the setting currently have a job?			
b.	If so, are the jobs competitive (minimum wage or more); and integrated (most people do not have a visible disability)?			
c.	If the participant would like to have a job, are they supported in seeking employment?	0		
Comments:				
Section Determination by Panel				
10	Any modifications of additional conditions, the setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences. (42 CFR 441.301(c)(4)(vi)(F)(1-8)) (This section to be used by OLTL review panel only)			Panel Determination
a.	Are there any modifications or additional conditions that would need to be justified in a participant's person-centered service plan? If so, respond to the questions below.			
	<i>Are any modifications to the setting indicating non-compliance with the final rule justified in an individuals' current person-centered service plan?</i>			

Adult-Structured Day Program

	<i>Is there documentation to note if positive interventions and supports were used prior to any plan modifications?</i>	
	<i>Is there documentation that less intrusive methods of meeting the need were tried initially?</i>	
	<i>Does the current person-centered service plan necessitating the settings modification include a description of the condition that is directly proportional to the assessed need?</i>	
	<i>Is there ongoing assessment to support the effectiveness of the settings modification?</i>	
	<i>Are periodic reviews being conducted to determine the ongoing necessity of the modification?</i>	
	<i>Is there documentation of informed individual consent for the modification?</i>	
	<i>Is there documentation to note the assurances that the intervention will not cause individual harm?</i>	
Comments:		
		Section Determination by Panel

Provider Owned or Controlled Residential Settings

1	The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do waiver participants know about, and are they supported to participate in, community events?	0		
b.	Are the participants able to come and go at any time they choose?	0		
c.	Are waiver participants supported to access outside transportation options, if they are available at this location? Example: bus, uber, taxi, etc. <i>(If public transportation is not available please answer Unable to determine and comment below)</i> .			
d.	Does the residential setting provide transportation to waiver participants?	0		
Comments:				
<i>Section Determination by Panel</i>				
2	The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do participants in the setting currently have a job?			
	If so, are the jobs competitive (minimum wage or more); and integrated (most people do not have a visible disability)?			
b.	If the participant would like to have a job, are they supported in seeking employment?	0		
Comments:				
<i>Section Determination by Panel</i>				
3	The setting supports control of personal resources. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do waiver participants have their own checking or savings account or other means to control their funds?	0		
b.	Do participants have access to their funds?	0		
c.	Are participants required to assign control of income and/or resources to the provider?	0		
Comments:				
<i>Section Determination by Panel</i>				
4	The setting supports individuals to receive services in the community to the same degree of access as persons not receiving Medicaid HCBS. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Participants have the ability to choose health services (ex: Primary Care Physician, Podiatrist, Dentist, Therapists) in the community and are not steered towards or required to receive their health care services from this provider.	0		

Provider Owned or Controlled Residential Settings

b.	Are participants provided access to health care services in the community? (ex: transportation, scheduling, staff support)	0		
c.	Are participants all going to the same medical practitioners?			
	If so, provide explanation in comment (ex: rural area where only one medical practice exists, etc.).			
Comments:				
			<i>Section Determination by Panel</i>	
5	The setting supports individual engagement in the community to the same degree of access as persons not receiving Medicaid HCBS. (42 CFR 441.301(c)(4)(i))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do participants have access to their choice of social/recreational activities in the community?			
Comments:				
			<i>Section Determination by Panel</i>	
6	The residential setting provides the individuals with the options for available living units. (42 CFR 441.301(c)(4)(ii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do waiver participants have a choice of available living units?	0		
b.	Do participants share a bedroom? (If yes, answer the questions below)			
	Do they have a choice of roommates?			
	Can they request a change of roommates at any time?			
c.	Does the participant have their own bathroom?			
Comments:				
			<i>Section Determination by Panel</i>	
7	The setting ensures an individual's rights of privacy, dignity and respect. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do staff address participants in the manner which the person would like to be addressed?	0		
b.	Do staff converse with waiver participants in the setting while providing assistance and during the regular course of daily activities?			
c.	Is health information kept private? (HIPAA)	0		
d.	Is information on participant rights posted in a common area of the setting?	0		
e.	Are participants' schedules of medications, diet restrictions, etc. posted in a general open area for all to view?	0		

Provider Owned or Controlled Residential Settings

Comments:				
Section Determination by Panel				
8	The setting ensures freedom from coercion and/or restraint. (42 CFR 441.301(c)(4)(iii))	Doc. Review Yes/No	Yes/No	Panel Determination
<i>a.</i>	Is information about filing a complaint posted in an obvious location and in an easily understandable format?	0		
	<i>Is the process for filling an anonymous complaint included in the posted information?</i>			
<i>b.</i>	Can waiver participants file an anonymous complaint?	0		
<i>c.</i>	Are participants free from coercion and/or restraint?	0		
Comments:				
Section Determination by Panel				
9	The setting optimizes autonomy, initiative, and independence in making choices including daily activities, physical environment and with whom the individual interacts. (42 CFR 441.301(c)(4)(iv))	Doc. Review Yes/No	Yes/No	Panel Determination
<i>a.</i>	Did each participant chose the residential setting?	0		
<i>b.</i>	Does the setting provide opportunities for individualized outings?			
<i>c.</i>	Does the setting support a participant's right to live as they choose to the same extent as a person not receiving waiver services? <i>(Do you see evidence that participants can express their individuality?)</i>			
Comments:				
Section Determination by Panel				
10	The setting facilitates choice regarding services and supports and who provides them. (42 CFR 441.301(c)(4)(v))	Doc. Review Yes/No	Yes/No	Panel Determination
<i>a.</i>	Are participants provided choice regarding which staff provides services and supports?			
<i>b.</i>	Do waiver participants have the ability to choose and control their daily schedule?	0		
Comments:				
Section Determination by Panel				
11	The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual(s) receiving services. The individual has at a minimum the same responsibilities and protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity. (42 CFR 441.301(c)(4)(vi)(A))	Doc. Review	Yes/No	Panel Determination

Provider Owned or Controlled Residential Settings

a.	Do participants have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?	0		
	<i>If there is not a lease signed by the participant, is there a signed Room and Board Agreement?</i>	0		
b.	Does the lease/residency agreement provide protection from eviction without due process?	0		
	<i>Is there a process in place for a participant to have opportunities for warnings/opportunities to make positive changes before an eviction occurs?</i>	0		
	<i>Can a participant appeal their eviction?</i>	0		

Comments:

		Section Determination by Panel		
12	The individuals have privacy in their unit. (42 CFR 441.301(c)(4)(vi)(B))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Can participants close and lock their living unit door(s)?	0		
d.	Are participants permitted to furnish and decorate their unit to their preference and within the lease or other agreement?	0		
e.	Are a separate set of keys to the participants' living units maintained by appropriate staff only?	0		
f.	Do participants have access to make private telephone calls/text/email at their preference and convenience?	0		
g.	Are cameras present in the setting?			
	<i>Are they in the public/common areas?</i>			
	<i>Are they in the bedroom/bathroom?</i>			

Comments:

		Section Determination by Panel		
13	The individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (42 CFR 441.301(c)(4)(vi)(C))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Does this setting provide meals?			
	<i>Do participants have a choice of menu?</i>	0		
b.	Does the setting allow for meal(s) and/or snack(s) at the time and place of the participants choosing?	0		
	<i>Is choice granted to the same extent as individuals in the same setting not receiving waiver services</i>			
c.	Do participants have access to food, not just at meal times, but at any time of their choosing?	0		

Provider Owned or Controlled Residential Settings

	<i>Is access granted to the same extent as individuals in the same setting not receiving waiver services</i>			
d.	Are there any restrictions on access to food justified in the person-centered plan?			
Comments:				
Section Determination by Panel				
14	The individuals are able to have visitors of their choosing at any time. (42 CFR 441.301(c)(4)(vi)(D))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Can waiver participants have visitors at any time?	0		
b.	Are visitors restricted to specific areas within the setting?			
	<i>If yes, are these restrictions reasonable and justified for safety/privacy/confidentiality?</i>			
Comments:				
Section Determination by Panel				
15	The setting is physically accessible to the individual(s). (42 CFR 441.301(c)(4)(vi)(E))	Doc. Review Yes/No	Yes/No	Panel Determination
a.	Do entrances and exits accommodate the physical accessibility needs for everyone in the setting?			
b.	Do interior passages and doorways accommodate free movement for everyone within the setting?			
c.	Are there environmental adaptations, as required, to overcome mobility limiting obstructions such as lips in doorways or steps in the setting?			
d.	Are participants able to exit and enter the building at times of their choosing without restrictions?	0		
	<i>Is the participant required to sign in/out?</i>			
	<i>Is prior notification/permission required for the participant to come and go?</i>			
e.	Are there gates, locks, or other methods of restricting access to areas within the setting?			
	<i>If so, are these restrictions reasonable and justified for safety/privacy/confidentiality?</i>			
Comments:				
Section Determination by Panel				
16	Any modifications of additional conditions the setting options identified for an individual are supported by an assessed need and documented in the person-centered service plans based on the individual's needs and preferences. (42 CFR 441.301(c)(4)(vi)(F)(1-8)) (This section to be used by OLTL review panel only)			Panel Determination
a.	Are there any modifications or additional conditions that would need to be justified in a participants person-centered service plan? If so, respond to the questions below.			

Provider Owned or Controlled Residential Settings

	<i>Are any modifications to the setting indicating non-compliance with the final rule justified in a current person-centered service plan?</i>	
	<i>Is there documentation to note if positive interventions and supports were used prior to any plan modifications?</i>	
	<i>Is there documentation that less intrusive methods of meeting the need were tried initially?</i>	
	<i>Does the current person-centered service plan necessitating the settings modification include a description of the condition that is directly proportional to the assessed need?</i>	
	<i>Is there ongoing assessment to support the effectiveness of the settings modification?</i>	
	<i>Are periodic reviews being conducted to determine the ongoing necessity of the modification?</i>	
	<i>Is there documentation of informed individual consent for the modification?</i>	
	<i>Is there documentation to note the assurances that the intervention will not cause individual harm?</i>	
Comments:		
Section Determination by Panel		

Residential Settings Questionnaire

Please answer the following questions for each service location

#	Question	[enter service location number]	[enter service location number]	[enter service location number]	[enter service location number]	[enter service location number]	[enter service location number]	[enter service location number]	[enter service location number]
1	Did the participant(s) live in the unit prior to needing waiver services?								
2	Can the participant live in the unit if waiver services are not required?								
3	Who owns or leases the participant's living unit?								
4	If the unit is being leased by a property management company, does that company have financial/business ties to a service provider? If so who?								
5	Who provides the essentials of daily living (mortgage, rent, utilities, food - <u>who pays the bills</u>)?								
6	Can the participant choose who else lives in the unit (do they have a choice of roommate)?								
7	In addition to the participant's personal living space, can the participant choose and acquire furnishings for other parts of the residence?								
8	Do all OLT participants in the residence use the same service provider/a specific group of service providers?								
9	Does the service provider/property management company control access to the living unit (Who has the keys to this site? Are visitors buzzed in? Who lets in visitors)?								
10	Does the service provider use any portion of the living unit for business administrative purposes?								
11	Is the resident required to have a minimum number of service hours in their Person-Centered Service Plan in order to reside in the living unit?								
12	Is this site marketed solely for individuals with disabilities?								
13	How many people currently live at this location?								
14	What is the highest number of people who have lived here at the same time?								
15	How many bedrooms/beds are there at this location?								

Setting Type: [Select One]

Type		Was the Policy Submitted?	Date Received	Is the Policy Compliant?	Comments (required if non-compliant)
Coercion/Restraint					
All	Participants free from coercion and/or restraint				
Community Access					
Res	Participants have the ability to choose health services (ex: Primary Care Physician, Podiatrist, Dentist, Therapists) in the community and are not steered towards or required to receive their health care services from this provider.				
Res	Participants have the ability to choose and control their daily schedule				
Res	Participants have access to make private telephone calls/text/email at their preference and convenience				
Res, Adult Day	Participants have the ability to choose off-site, meaningful activities in an integrated community setting				
Res, Adult Day	The setting provides opportunities for participants to have knowledge of or access to information regarding age-appropriate activities outside of the setting				
Complaints					
All	Information about filing a complaint is posted in an obvious location and in an easily understandable format				
All	Participants can file a complaint anonymously				
Employment Opportunities					
All	If the participant would like to have a job, the setting supports them in seeking employment				
ESD	Participants have a say in determining their work schedule, break/lunch times, and leave/medical benefits to the same extent as individuals not receiving Medicaid HCBS				
Financial					
Res	Participants have the ability to access their funds, including checking or savings accounts				
Res	Is there a policy ensuring participants are <u>not</u> required to assign control of income and/or resources to the provider?				
Food					
All	The setting allow for meal(s) and/or snack(s) at the time and place of the participants choosing				
All	Participants have a choice of menu				
All	Participants have access to food, not just at meal times, but at any time of their choosing				
Participant Rights					
All	Participant Rights are posted in a common area of the setting				
Privacy (HIPAA)					
All	All information about participants is kept private				
Adult Day, ESD	Personal assistance is provided as needed and provided in private when applicable				
Res, Adult Day	Participants' schedules of medications, diet restrictions are kept private - they are <u>not</u> posted in a general open area for all to view				
Residence					
Res	Participants have a choice of available living units				
Res, Adult Day	Participants have the ability to freely move around the setting. Any restrictions to rooms or outdoors spaces are justified (add comment)				

Res	Participants are able to close and lock their doors				
Res	Participants are able to furnish and decorate their unit to their preference (within the lease or other agreement)				
Res	Does the agency have a lease with participants? <i>(they do not necessarily need to have both a lease and room and board agreement)</i>				
Res	Does the agency have a Room and Board Agreement with participants? <i>(they do not necessarily need to have both a lease and room and board agreement)</i>				
Res	Does the lease/residency agreement provide protection from eviction without due process?				
Res	There is a process in place for a participant to have opportunities for warnings/opportunities to make positive changes before an eviction occurs				
Res	A participant can appeal the eviction				
Staff Requirements					
All	Staff interact and communicate with participants respectfully and in a manner in which they would like to be addressed				
All	Are administrative functions, staff training, or personnel shared between the institutional setting and the service in question? <i>(not a regulatory requirement so the agency is compliant either way; however, if they are sharing staff they should have a policy to address it)</i>				
Res	Keys/access to the participants' living units maintained by appropriate staff only				
Transportation					
Res, Adult Day	The setting provide transportation to participants for community and/or health care access				
Visitors					
All	Waiver participants have visitors of their choosing at any time. <i>(Reasonable restrictions may be ok but require a comment)</i>				

Policy Review	Site Visit	Panel Det.	Cvr Res Hab		Other	Policy Submitted	Setting Type	Visit Type
Compliant	Yes - per Interview	Compliant	Yes	Participant	See Comments Below	Yes	[Select One]	[Select One]
Non-Compliant	Yes - per Observation	Non-Compliant	No	participant's family		No	Employment Skills Development	Virtually
	No - per Interview	N/A	Unable to Determine	service provider		N/A	Residential	Onsite/In Person
	No - per Observation			property management company			Adult Structured Day	
	Unable to Determine						Multiple	