

**Home and Community Based (HCB) Setting On-Site Visit Review for Heightened Scrutiny Settings
1915(i)**

Date of on-site visit:		
Address of setting:		
Individuals in setting reviewed:		
Total number of individuals in setting:	Service provided:	Provider of service:
Visit completed by:		

On-site visit instructions: This document contains the information to be gathered for the on-site visits towards determination of compliance with the CMS Final Rule for HCB settings. The Final Rule establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid home and community-based services (HCBS) provided under Sections 1915(c), 1915(i) and 1915(k). In the Final Rule, CMS defines home and community-based settings by the nature and quality of individuals' experiences.

The questions are based on criterion provided in the CMS toolkit of exploratory questions. The observations and questions are not limited to what is listed.

The on-site visit process is based on **observations, discussions, and plan review**. This document is a tool, and the information is organized to provide guidance in determining if characteristics are present. To assist in the determination, other necessary inquires, provider policy, or material review will occur as needed.

Please provide information to support or not support the findings based on the observations, discussions (both individual and provider), and plan review.

Note any other sources of verification utilized (e.g. policy and procedures). Yes/no answers are not sufficient.

Section 1: Description of Setting

(Describe home/apartment unit/apartment building/work/day support; location in the community; is it among other private residences and retail businesses; what are the community interactions like outside of setting; is the setting only for people with disabilities ; etc.) May attach pictures of area/home or google maps view:

Section 2: Provider-owned Residential Setting Only

Requirement Area	Evidence and comments	If non-compliant, remediation and timeline (completed by provider after DHS review)
1. Does the individual have a lease? <i>Verification completed by review of lease and includes the same responsibilities/protections from eviction under the ND landlord tenant law.</i>		
2. Does the individual know their rights regarding housing and when they could be required to relocate?		
3. Are there lockable bedroom doors?		
4. Does the person’s plan reflect any modifications and situations in which staff may use a key?		

Section 3: Community Integration/Setting Access
Observation and discussion with individuals and/or staff

Requirement Area	Evidence and comments	If non-compliant, <i>remediation and timeline</i> (completed by provider after DHS review)
<p>5. Do individuals have full access to areas of the setting such as the kitchen, laundry room, community areas, break room, etc.?</p> <p>Individuals are able to move freely about inside and outside, able to come and go any time and leave without a check in/check out process?</p> <p>Is there a curfew or scheduled time to return?</p> <p>If there are any locked areas or restrictions, please describe. (Modifications or restrictions must be addressed in the plan).</p> <p>Are there any gates or barriers? Is there any place an individual cannot go with in the setting? Are certain doors or cupboard locked?</p>		
<p>6. Is the setting physically accessible and there are no obstructions limiting the individual's mobility?</p> <p>Are appliances accessible to individuals (e.g. front loading washer/dryer for a person using a wheelchair)?</p> <p>Furniture is able to be used comfortably and at a convenient height and location?</p> <p>Are there environmental adaptations present if needed (e.g. grab bars, ramps, etc.)?</p>		
<p>7. Do individuals have access to keys or a coded lock to their home?</p>		

<p>8. Do individuals have access to public transportation or means to get to community activities (location of bus stops, taxis available, schedules/numbers posted, transportation resources, etc.)?</p> <p>Do individuals know how to access transportation or receive training if needed?</p> <p>How do individuals get to where they want to go?</p>		
<p>9. The setting provides opportunities for regular meaningful, age-appropriate, non-work activities in integrated community settings as desired by the person?</p> <p>Are in house services (e.g. beautician, church, etc.) provided in the setting? <i>If available, provide any activity logs, schedules, etc.</i></p> <p>If in house services are used, is the individual afforded activities in the community as an option to choose from?</p>		

<p>10. Individuals regularly access the community (shopping, church, appointments, recreation, etc.)?</p> <p>How are individuals aware of activities in the community?</p> <p>What activities are individuals involved in, what do individuals like to do, where do individuals go in the community?</p> <p>Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community?</p> <p>Are the activities as often as they like?</p>		
<p>11. What do individuals do for work or day support activities?</p> <p>Were they provided the opportunity or interested in competitive employment, community volunteering, etc.?</p> <p>Do individuals participate regularly in integrated community settings?</p>		
<p>12. If individuals work, did they have the opportunity to negotiate work schedule, break/lunch times?</p>		
<p>13. Service and setting choice: Describe the options available and opportunities to visit other settings.</p> <p>Did individual's choose where they live/work? Do they like where they live/work?</p>		

**Section 4: Rights of Privacy, Dignity and Respect. Freedom from Coercion and Restraint.
Observation and discussion with individuals and/or staff**

Requirement Area	Evidence and comments	If non-compliant, <i>remediation and timeline</i> (<i>completed by provider after DHS review</i>)
<p>14. Do the individuals share a bedroom?</p> <p>Did they choose their roommate and want to continue sharing with their roommate?</p> <p>Do individuals know how to request a change in roommates?</p> <p>Do couples share or not share a room by choice?</p>		
<p>15. Are there any schedules posted which are confidential (OT, PT, med times, special diets, etc.)?</p>		
<p>16. Dignity and privacy is respected and present (personal cares, health/medical information, visits, clothing appropriate/individual preference, hygiene maintained, knocking on doors, private phone calls, opening mail, etc.)?</p> <p>Do individuals have privacy in the bedroom and bathroom?</p> <p>When you want to be alone, are you able to be alone?</p> <p>Are there cameras/video monitoring in the setting?</p>		

<p>17. Staff communicates and interacts with individuals with dignity and respect (natural conversations, greetings, explaining what doing during cares, etc.)?</p> <p>Individuals and staff greet and converse with each other?</p> <p>Preferred names are used?</p> <p>Is written and oral communication conducted in a language that the individual understands?</p>		
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<p>18. Are individuals happy with the help/services you get?</p> <p>Do they know who to go to if they are not happy with something?</p> <p>Does the individual express satisfaction with the provider and know how to make a request for a new provider if needed?</p>		
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Section 5: Individual Initiative, Autonomy, Choices, Visitors, and Access to Food
Observation and discussion with individuals and/or staff

Requirement Area	Evidence and comments	If non-compliant, remediation and timeline (completed by provider after DHS review)
<p>19. Does the setting reflect individual interests, hobbies, personal items, personal choice of furniture, arrangement of furniture, etc.?</p> <p>Individuals decorate both their sleeping and living areas?</p> <p>What are the individual's likes and interests?</p>		

<p>20. Does the setting reflect the individual's needs and preferences and accessible based on any accommodations if needed?</p>		
<p>21. Do individuals have access to personal items (TV, radio, phone, leisure activities of interest, etc.)?</p> <p>Individuals can make private phone calls, have a cell phone, phone jack in room, etc.?</p>		
<p>22. Do individuals have access to food anytime (snacks accessible, request alternative meals)?</p> <p>Are meals at a time and place of choosing (e.g. eat alone or with others, no assigned seating)?</p> <p>Individuals participate in meal preparations, etc.)?</p> <p>Can individuals choose what, when, and where they would like to have meals?</p>		
<p>23. Individuals have visitors of their choice?</p> <p>Are there visiting hours, certain visiting locations, visiting hours posted?</p> <p>There is privacy for visitors? Visitors are present?</p>		
<p>24. Do individuals choose their schedule, when they take a shower, eat, wake/sleep, go out in the community, etc.?</p> <p>Schedules vary from others in the setting, is there a curfew/requirement for a scheduled return, are there house rules?</p>		

<p>25. Are individuals offered choices, do staff ask what they would like to do, make decisions?</p> <p>Do staff ask individuals about their needs and preferences?</p> <p>Is individual choice facilitated in a manner that leave the person feeling empowered to make decisions?</p> <p>Are requests for services and supports accommodated as opposed to ignored or denied?</p>		
<p>26. Are there provider policies and practices that limit individual choice?</p> <p>Are individuals prohibited from engaging in legal activities?</p>		
<p>27. Did individuals choose their doctors, where to shop, pharmacy, bank, church to attend, where to eat, etc.?</p>		
<p>28. Do individuals have access to their money?</p> <p>Do individuals have a checking or savings account or other means to control their funds?</p> <p>How is it made clear that individuals are not required to sign over their paychecks to the provider?</p>		

**Section 6: Person Centered Service Plan
Observation and discussion with individuals and/or staff**

Requirement Area	Evidence and comments	If non-compliant remediation and timeline (completed by provider after DHS review)
<p>29. Are individuals planning meetings held at times and a location that are convenient to the person receiving services and/or their legal decision maker?</p> <p>Are they aware of how to schedule or request a meeting?</p> <p>Can the individual explain the process to develop or update their plan?</p> <p>Was the individual present at their last planning meeting?</p>		
<p>30. Do individuals have a copy of their plan if they want one? Do individuals know what is in their plan? Is it understandable to individuals or written in an alternative format if requested?</p>		
<p>31. Does the plan reflect and correspond to the services and individual needs and preferences observed during the on-site visit?</p>		
<p>32. Does the plan adequately document the individual's options and choice in services and setting per HCBS requirements?</p>		
<p>33. Does the plan adequately document and justify any restrictions or modifications per HCBS requirements? (<i>assessed need and condition related to restriction, positive supports attempted, less intrusive methods tried, data collection review; time limits; informed consent; no harm assurance</i>)</p>		

Additional Notes or Observations

Additional NDDHS Review and Verification

Heightened Scrutiny needed to do:

- A setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.
- A setting that is located in a building on the grounds of, or immediately adjacent to, a public institution.
- Any other setting that has the effect of isolating individuals from the broader community.

Does the plan reflect the findings within the review?

Does the plan reflect HCBS requirements?

Comments: