

Congregate/Residential Settings

(Enter Provider Name Here)

You have informed the Office of Long-Term Living (OLTL) that your agency wishes to go through the Heightened Scrutiny Review Process. This means that OLTL has identified areas in which you do not comply with the Federal Home and Community-Based Services (HCBS) Final Rule that defines settings in which Medicaid waiver funds cannot be used. The Heightened Scrutiny Review Process offers you the opportunity to provide OLTL with your policies and other documents that show you are currently following the spirit of the Rule, and/or that you can and will make appropriate changes prior to _____ (date) in order to come into compliance with the rule.

Please indicate which category your setting falls into

_____ Setting(s) is located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment.

_____ Setting(s) is in a building located on the grounds of, or immediately adjacent to, a public institution.

_____ Setting(s) has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Policies/Documents required by ALL providers

Below are required documents (policies, procedures, handbooks, etc.) that should have already been provided to OLTL. If you have not provided them, you may be asked to do so by OLTL during their onsite review. OLTL will also be reviewing person-centered service plans (PCSP) and interviewing participants and members of your staff as part of the on-site review.

- ___ HIPAA privacy policy - **42 CFR 441.301(c)(4)(iii)**
- ___ Complaint policy to include anonymous complaints - **42 CFR 441.301(c)(4)(iii)**
- ___ Prohibition of coercion/restraint document - **42 CFR 441.301(c)(4)(iii)**
- ___ Visitation document - **42 CFR 441.301(c)(4)(vi)(D)**
- ___ Staff to address participants appropriately document - **42 CFR 441.301(c)(4)(iii)**

Congregate/Residential Setting:

Providers may also be asked to produce policies, communications or documentation that the following practices are in place:

1. Participants have control of personal resources [42 CFR 441.301(c)(4)(i)].

2. There is a signed lease or room and board agreement [42 CFR 441.301(c)(4)(vi)(A)].
3. Protection/informing of participant rights [42 CFR 441.301(c)(4)(iii)].
4. Participants can choose all of their providers [42 CFR 441.301(c)(4)(v)].
5. Participants are given a choice of available living units [42 CFR 441.301(c)(4)(ii)].
6. If the setting has roommates, each participant must agree to have a roommate and agree with who their roommate is [42 CFR 441.301(c)(4)(vi)(B)(2)].
7. Participants have locks on the doors of their units. Only appropriate staff have keys [42 CFR 441.301(c)(4)(vi)(B)].
8. Participants have the ability to choose and control their daily schedules [42 CFR 441.301(c)(4)(iv)].
9. Participants are provided with information about activities outside of the setting, and have the opportunity to access those activities [42 CFR 441.301(c)(4)(i)].
10. Participants can furnish and decorate their units to their preferences within the lease or other agreement [42 CFR 441.301(c)(4)(vi)(B)].
11. Participants can have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)].
12. Participants have access to make private telephone calls/text/email at their preference and convenience [42 CFR 441.301(c)(4)(iv)].
13. Transportation of participant [42 CFR 441.301(c)(4)(i)].
14. Participants can come and go from the setting [42 CFR 441.301(c)(4)(iv)].
15. Participants have access to food at any time [42 CFR 441.301(c)(4)(vi)(C)].
16. If the site is on the grounds of a hospital or institution, is there overlap of any administrative functions, staff training or personnel? If there is, please describe the interconnection between the institutional setting and the HCBS service in question.
17. Participants who are interested and able to work are provided with services to support them in gaining and maintaining employment.
18. If employed, participant has co-workers who do not have disabilities.
19. If employed, the participant is paid minimum wage or higher.

(For OLTL use only)

Onsite Reviews

Prior to the visit, review the documents provided by the agency. During the visit, cross check what is in the policies and what you are actually seeing. Make notations of any discrepancies where policies do not reflect what is actually in place.

Observations:

Note if participants are actively engaged in activities while you are there. Is there interaction with staff? With other participants?

Is there any participant-protected health or personal information visible (such as a list of participant medications posted on the bulletin board for everyone to see, participant files observed in unlocked file cabinets, etc.)?

OLTL Onsite Interviews of Participants and Staff at Congregate/Residential Settings

Questions for Participants (or guardians if participant is unable to participate in the interview).

Participants are to be interviewed outside the presence of staff and informed that what they say will not be shared with staff or other residents – (review PCSPs prior to interviews):

1. Did you choose to use this agency for your services – were you given the names of other agencies to choose from?
 - a. Ask, but also check PCSP – does it indicate the participant had choice of service providers?
2. Review PCSP – If there are any participant preferences listed that would apply in a residential setting, such as food preferences, activity preferences, etc., ask if those preferences are being honored.
3. Do you know how to file a complaint if you are unhappy with your services here?
4. Do you have a roommate? Did you have a choice of who you are rooming with?
5. Were you allowed to decorate your own room?
6. Can you have visitors at any time?
7. Have you ever been restrained or forced to do something you didn't want to do?
8. How do you like to be addressed (first name, Mr./Mrs./Mx.)? Do staff use that name?
9. Are you allowed to come and go as you please?
10. Do you ever get to go to activities in the community?
11. Does the agency inform you about activities that are occurring in the community?
12. Do you have a variety of activities you can choose from?
13. Do you have a choice of what activities you participate in?
14. In addition to meals, do you have access to food while you're here, such as snacks?
15. Are you employed? If so, do you work with people who don't have disabilities? Do you know if you receive the same pay?

Questions for Staff

Staff are to be informed that what they say will not be shared with management, other staff or residents –

1. Do you have a detailed description of each participant's preferences (activities they like, food preferences, etc.)?
2. Do participants have a variety of activities they can choose from?
3. Do you ever take participants outside the Residential Habilitation setting for activities in the community?
4. Do Community HealthChoices (CHC) participants have contact with non-CHC participants during the day?
5. Does each participant have an individualized plan of activities or does everyone do the same thing at the same time?
6. During the day, in addition to meals, do participants have access to food?
7. Do you address all participants the same way, or do you address them differently based on what they prefer?
8. Have you ever seen a participant/client restrained or forced to do something they didn't want to do?
9. Do you inform participants about activities that are occurring in the community while they are here? Do you provide them with an opportunity to attend them?
10. For participants who are able and interested in employment, are they in jobs that are competitive (are paid at least minimum wage) and integrated (work with people who don't have disabilities)?