**Heightened Scrutiny Onsite Tool Instructions (Individual)**:

*Note: This onsite tool is for ODP staff to interview the individual(s) who are receiving 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 home is integrated in and supports access of individuals receiving home and community-based services (HCBS) into the broader community. During the visit, a significant amount of time will be spent talking to individuals who are receiving residential services and to the provider’s staff who render the services. ODP will also validate the staff’s responses to the questions on the onsite tool through collecting evidence, as applicable.

There are two separate interview tools:

* **Attachment 3** is the interview tool that ODP staff will use when interviewing the individual(s) who are receiving the residential services in the home.
* **Attachment 2** is the interview tool that ODP staff will use when interviewing the staff who render residential services in the home and community.

It is recommended that ODP staff read over the Heightened Scrutiny Onsite Tool prior to the onsite visit to become familiar with the use of the tool. Best practice for ODP staff to completing the onsite tool is to fill it out electronically in Word. If a computer is not accessible, the tool can be completed by hand. Handwriting must be legible.

**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 the individuals who are willing to have an interview.

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

**Heightened Scrutiny Onsite Tool**

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

1. Interviewing the individual

* Before interviewing the individual, the individual must be asked if he/she is willing to have a conversation about the residential 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 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 time, not in a group.
* ODP staff is responsible for asking the individual each question on the tool. The questions are organized based on the corresponding federal regulation. 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. The individual’s responses to each question must be documented.
* 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.

1. Documentation

* After the question is asked of the individual, there is a row in each question that is labeled “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. For example, if the evidence to be collected is the behavior support component of the individual plan, this documentation must be copied, printed, and brought back to ODP. The type of documentation that was collected must also be documented by typing or hand writing the documentation received in the row below labeled “What Evidence was Collected?”.
* The interviewer must not document anything in the row that says “ODP Determination”. This row is for the internal review process after all onsite visits are complete.

1. Completion of the Heightened Scrutiny Onsite Tool

* After the individual is asked all the questions on the onsite tool, there is one last question for ODP to answer which is on the bottom of the onsite tool. This question is answered through a check box (if you’re using a computer to fill the tool out, double click on the check box and choose “check”)
* As stated above, best practice would be for ODP staff to have completed this tool electronically in Word and submitted to [RA-PWODPHCBSSETTINGS@pa.gov](mailto: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**

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| 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: |

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| Section 2: Individual’s Information |
| Agency’s Name: |
| 9-digit MPI: |
| 4-digit SL: |
| 9-digit MCI: |
| Address of the SL: |
| The Name(s) of the Individuals who are Participating in Onsite Visit: |
| 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.”*** | | |
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| Q1. | * Do you get to spend time with family and friends outside of the home? If not, why not?   + Do you spend as much time as you would like? If not, why not? * Can you contact your family and friends whenever you want? This could be through a phone call, social media, email, etc.   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Evidence to be Collected | **Evidence to be Collected:**   * Documentation of the individual’s response. * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q2. | * Can you spend your money the way you want? If not, why not? * Were you given the choice to have support with managing your money?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.350 Access to or the use of an individual’s personal property | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q3. | * Can you go anywhere in your home that you want to? What about your property of your home (like the backyard, front yard, etc.)? If not, why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.341 Definition of restrictive procedures | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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| Q4. | ***If the individual has a competitive integrated job, skip this question***   * Have you been asked if you’d like to work in the community? * Would you like to work in the community? * Are there things you would like to do that you are not doing now? * If you had a job in the past, what happened that led you to not working now? * Is there anything preventing you from working now?   ODP Citation(s): §6100.182 Rights of the individual, §6100.262 Employment | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * Documentation of job supports in the individual’s individual plan. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***Federal Citation §441.301(c)(4)(ii)***  ***“The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.”*** | | |
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| Q5. | * Do you like living here? If not, why not? * Do you ever think about living somewhere else? If so, why? * Would you like to live in a home or apartment that you own or rent?   ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***Federal Citation §441.301(c)(4)(iii)***  ***“Ensures an individual’s right of privacy, dignity and respect, and freedom from coercion and restraint”*** | | |
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| Q6. | * Does the staff communicate with you in a respectful manner?   ODP Citation(s): §6100.50 Communication, §6100.182 Rights of the individual | |
| Guidance/ Acceptable Validation | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q7. | * Can you open mail by yourself if you want to? If not, why not? * When you communicate with others, can you do so in private? If not, why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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| Q8. | * Do you have friends/family come over to your house to visit? * Do you get to visit with them alone? * Do you have privacy with your visitors?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location, §6100.186 Facilitating personal relationships | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? |  |
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| Q9. | * Do you have a safe place to put your personal items? If not, why not?   + A safe place can be a locked bedroom door or a drawer, closet, or cabinet within the bedroom or home. Staff and other people living in the home have to ask you if they can open the door, drawer, closet, or cabinet.   ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***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”*** | | | |
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| Q10. | * Who chooses the activities that you participate in? * Who chooses the places that you visit? * What kinds of things do you participate in outside of your home?   + Do you enjoy those activities? If not, why not? * Can you choose not to participate in activities when you don’t want to? If not, why not? * Do you get to choose when you go to bed and wake up? If not, why not? * Do you get to choose what to watch on television or the music you listen to? If not, why not? * If you go out with family or friends, do you have to return home by a certain time? Do you have a curfew? If so, why?   ODP Citation(s): §6100.182 Rights of the individual | | |
| Guidance/ Examples of Evidence to be Collected | | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual answers “no” to either question, the behavior support component of the individual plan must be collected. |
| What Evidence was Collected? | |  |
| ODP Determination | | *Leave This Section Blank* |
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| Q11. | * Does staff inform you of your rights to file a formal complaint about your staff, provider, services you are provided, etc.? * Does staff inform you that when you may express a complaint about your staff, provider, or services you are provided, that you can file a formal complaint about the issue? * Do you know how to file a complaint?   ODP Citation(s): §6100.51 Complaints, 6100.185 Informing of Rights | | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response | |
| What Evidence was Collected? |  | |
| ODP Determination | *Leave This Section Blank* | |

| ***Federal Citation §441.301(c)(4)(v)***  ***“Facilitates individual choice regarding services and supports, and who provides them.”*** | | |
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| Q12. | ***If the individual is not 62 or older, SKIP this question***   * Has retirement been discussed with you? * Has anyone asked you if you would like to retire?   + If not, would you like to retire?   ODP Citation(s): §6100.182 Rights of the individual | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
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| Q13. | * 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?   ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individuals | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q14. | * Do you communicate directly with your doctor or does your staff communicate with your doctor at your appointments?   + If staff communicate on your behalf, why? * Did you get to choose what doctor you see? * Do you like your doctor? If not, why not? * Would you like to see a different doctor? * Does your staff ask if you want to change your doctor?   ODP Citation(s): §6100.181 Exercise of rights, §6100.182 Rights of the individuals, §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(B)***  ***“Each individual has privacy in their sleeping or living unit:***   1. ***units have entrance doors lockable by the individual, with only appropriate staff having keys to the doors.*** 2. ***Individuals sharing units have a choice of roommates in that setting.***   ***Individuals have freedom to furnish and decorate their sleeping or living units within the lease or other agreement****.* | | |
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| Q15. | * Are you able to lock/unlock your house door? * Are you able to lock/unlock your bedroom door? * Are you able to lock/unlock your bathroom door? * Do people knock on your bedroom door and ask before they come in?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual does not have the ability to do any of the above, evidence of the individual’s behavioral support component of his/her individual support plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q16. | * If your house uses a key to unlock your front door, do you have a key? If the individual does not have a key:   + Would you like one? * If your house uses a keypad or another function to unlock your front door, do you have the code or access to unlock the door? If the individual does not:   + Would you prefer you did?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual does not have the ability to do any of the above, evidence of the individual’s behavioral support component of his/her individual support plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
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| Q17. | *If the individual(s) do not share a room, SKIP this question*   * Do you share a room with anyone? If yes,   + Did you have a choice of whom you shared your room with?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |
| Q18. | * Who decorated your home? * Are you able to decorate your living room? If not, why not? * Are you able to decorate your bedroom? If not, why not?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(C)***  ***“Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.”*** | | |
| Q19. | * Are you able to eat food anytime you would like? If not, why not? * Where do you eat your food?   + Are you able to eat your food anywhere else? If not, why not? * Do you pick what food you would like to eat? If not, why not? * Can you get your own food if you would like? If not, why not?   ODP Citation(s): §6100.182 Rights of the individual, §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response * If the individual does not have the freedom to do any of the above, evidence of the individual’s behavioral support component of his/her individual support plan must be collected. |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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| ***Federal Citation: In a provider-owned or controlled residential setting, In addition to the qualities at §441.301(c)(4)(i) through (v):***  ***§441.301(c)(4)(vi)(D)***  ***“Individuals are able to have visitors of their choosing at any time.”*** | | |
| Q20. | These question(s) are to be asked of the individual(s):   * Are you able to have visitors at any time of your choosing? If not, why not?   ODP Citation(s): §6100.183 Additional rights of the individual in a residential service location | |
| Guidance/ Examples of Evidence to be Collected | **Evidence to be collected:**   * Documentation of the individual’s response |
| What Evidence was Collected? |  |
| ODP Determination | *Leave This Row Blank* |

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| Questions to be Answered by ODP | |
| Was the individual asked and willing to be interviewed? | Yes  No |
| Were the questions asked of the individual in private, without staff present? | Yes  No |