

Integrated Settings Survey: Other Settings

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|--|------------------|----------------------|
| PROVIDER / CONTRACTOR'S NAME | CONTACT PERSON | CONTACT PHONE NUMBER |
| APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER | CONTRACT TYPE | |
| REVIEWER'S NAME | REVIEWER'S TITLE | REVIEW DATE |

File Review

Research should occur prior to the on-site interview and should include looking at the business' website, advertisements, publications, annual plan, and community presence such as fundraising events.

| | YES | NO | N/A | COMMENTS |
|--|--------------------------|--------------------------|--------------------------|----------|
| 1. What is the primary purpose / nature / mission of the business? | | | | |
| 2. Where is the business, who is there, and who is allowed there? | | | | |
| 3. Does the provider's website describe the business as a place where service recipients congregate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Is there public feedback indicating isolation or public interaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Site Survey and Administrator Interview

| | YES | NO | N/A | COMMENTS |
|---|--------------------------|--------------------------|--------------------------|----------|
| 1. Is the Administrator familiar with the rules and specific provisions for integrated settings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does the provider have an individual rights policy agreed to by the individual and/or their legal decision makers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Are policies directed at individual dignity and respect, and freedom from coercion and restraint? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Overall do provider policies optimize individual initiative, autonomy, and independence in making life choices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Is the setting located in a public place or private home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Accessibility – can individuals easily access the site, move about, and have privacy in the bathrooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Do individuals use the same community resources as people without disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--|
| 8. Do individuals participate in community activities of their choosing and in a place accessible to the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Does the client have a voice in what activities are scheduled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Does the client have a choice in staff who work with them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Can clients come and go at will? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Do clients have access to public transportation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Where public transportation is limited, are other resources available for the client to access the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

NOTES

Supported Individual (Client) Interviews

The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer.

* Unknown response indicates individual was unclear, didn't know, or gave no response.

| NAME (MAY ENTER UP TO FOUR): | | | | |
|---|---|---|---|---|
| 1. When you first started receiving this service, did you choose the provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 2. Do you participate in your goal planning for this service? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 3. Can you come and go when you want to? If not, why? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 4. Did you have a choice of where you receive this service? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 5. Do you choose your staff? If you ask for a certain staff to not work with you, is your choice respected? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 6. Can you do fun things in the community when you would like to? Please give examples. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 7. Do you have the opportunity to interact with community members / visitors? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 8. Can you choose the days you receive this service? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 9. Can you eat when you want to eat? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |

| | | | | |
|---|---|---|---|---|
| 10. Can you make decisions about your money? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| 11. Do you know how to report complaints or concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* |
| Photos (if applicable) | | | | |

Reviewer Recommendation

Does the setting meet the Home and Community Based Services settings regulation? Yes No

Comments:

If no, is a corrective action plan in process? Yes No

Comments:

Recommendations for further actions:

Is a referral to Headquarters needed? A referral must occur if the setting does not meet requirements.
 Yes No

Comments:

Headquarters Review

Is there a need for a corrective action plan? Yes No

If yes, indicate what the corrective action plan will be:

Planned follow-up timeline:

Follow-up Review

Date of follow-up:

Was an in-person visit conducted? Yes No

Is the setting now in compliance? Yes No

Summary of review / findings:

Assistant Secretary Referral

Is a referral to the DDA Assistant Secretary needed?

If a provider is unable or unwilling to come into compliance, the Integrated Settings Committee must refer to the DDA Assistant Secretary to determine further action to discontinue federal financial participation of funds.

Yes No

Comments: