Date(s) Monitored: Monitored By:

Setting Name: Vendor Number:

Service Code:

Setting Address:

**CONVERSATION WITH PEOPLE WE SUPPORT**

Name of Individual(s) Interviewed:

If unable to interview an individual at the setting, explain why:

**Federal Requirement 1: The setting is integrated in and supports full access 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 HCB Services.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 1a. Where do you like to go during the day?If shopping, which stores?If playing sports, which ones (swimming, workout, tennis, etc.)?If parks or amusement parks (such as Boardwalk or Great America), where? |  |  | Interviewee:  |
| 1b. How many days of the week do you go out into the community with this group?  |  |  | Interviewee: |
| 1c. Do you get to use your money when you want?Do you get to buy what you want? |  |  | Interviewee: |
| 1d. When does staff ask you what you like to do during the days?Does staff ever tell you about new things you might want to do?When did you last go to the places you like or do things you like with this group?Where did you go? |  |  | Interviewee:  |
| 1e. Is there any place you go where you don’t feel safe?Is there any place you go where you can’t access everything? |  |  | Interviewee:  |
| 1f. Do you get to choose who you go with? |  |  | Interviewee:  |
| 1g. Are you interested in finding a paid job? What type of work would you like to do?Are you interested in going to school?Would you like to volunteer anywhere?Has staff asked you this and how do they help you with it? |  |  | Interviewee:  |
| 1h. What transportation do you use? Have you learned or would you like to learn to use the bus or Uber/Lyft?   |  |  | Interviewee:  |

**Federal Requirement #1 Additional Comments:**

**Federal Requirement** 2: **The setting gives individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 2a. Did you choose this program?Do you think you may want to go to a different program?Has anyone else asked you this?Did anyone help you with your choice? Who? |  |  | Interviewee:  |

**Federal Requirement #2 Additional Comments:**

**Federal Requirement** 3: **The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 3a. Do you know what your rights are? Please share them with me.Share these rights if needed to answer the question: rights of privacy, dignity, respect, and freedom from coercion and restraint.Are there any of these I can explain better to you?Does staff explain these rights every once in a while? |  |  | Interviewee:  |
| 3b. Do you always feel safe here?Do you ever feel someone here doesn’t respect your rights? If so, do you know who to talk to about it?Have you ever talked with anyone here about your rights not being respected?Did that person help you? How? |  |  | Interviewee:  |
| 3c. Do you have privacy when you use the bathroom? Do you lock the door each time?If someone helps you in the bathroom, do they wait outside until you call them back in? |  |  | Interviewee:  |
| 3d. Do you have privacy for your meetings and when you talk on the phone? Where do you use the phone and have your meetings? |  |  | Interviewee:  |
| 3e. Do you have privacy when you take medication or talk about it? Where do you take your medication and talk about it? |  |  | Interviewee:  |
| 3f. Where do you lock up your personal things you want to keep safe? Do you have a key to open it?Who else has a key? |  |  | Interviewee:  |
| 3g. Have you ever been restrained in a room or chair or any other way?If so, please let me know who restrained you?Can you tell me why this happened? |  |  | Interviewee:   |
| 3h. Can you leave here when you want to?If not, who has told you that you can’t?Did they tell you why you can’t leave when you want to? |  |  | Interviewee:   |

**Federal Requirement #3 Additional Comments:**

**Federal Requirement** 4: **The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 4a. When do you tell staff what you want to do and where you want to go? |  |  | Interviewee: |
| 4b. Do you get to do the things you tell the staff? |  |  | Interviewee: |
| 4c. Do you like the group you go out with?If not, do you tell staff about it?How do the help with this? |  |  | Interviewee: |

**Federal Requirement #4 Additional Comments:**

**Federal Requirement** 5: **The setting facilitates individual choice regarding services and supports, and who provides them.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 5a. Is there a staff member you prefer to do things with? If they are working, do they help you when you ask?If no, why not? |  |  | Interviewee: |
| 5b. What do you do when something goes wrong or you don’t like something? Who would you tell about how you feel? |  |  | Interviewee: |
| 5c.Is there anything you do not like here?Is there anything you would like to change here?Who have you spoken with to help?What happened after you spoke with that person? |  |  | Interviewee: |

**Federal Requirement #5 Additional Comments:**

**INTERVIEW/ACTIVITIES WITH DIRECT SUPPORT STAFF**

Name(s) and positions of Staff Interviewed:

**Federal Requirement 1: The setting is integrated in and supports full access 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 HCB Services.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 1a. Describe how all individuals in this program have full access to the community in *integrated settings*, including but not limited to parks, amusement parks, movies, shopping, sports activities (swimming, bowling, YMCA, etc.) restaurants, etc.Does the calendar match verbal responses? |  |  | Parks:Amusement Parks:Theaters:Sport Activities:Community Events:Restaurants:Shopping:Other: |
| 1b. How are individuals encouraged/taught to develop relationships, build community connections, and interact with others (as desired) not receiving regional center services and are not paid staff?  |  |  |  |
| 1c. List all transportation known by and available to the individuals. Please include all options supported by staff. |  |  |       |
| 1d. Where does staff refer individuals who want to seek paid employment in a competitive integrated setting? Please list all programs, etc. |  |  |       |
| 1e. Describe the individuals’ spending situation (do they carry their money and determine how to spend it?) |  |  |  |

**Federal Requirement #1 Additional Comments:**

**Federal Requirement** 2: **The setting gives individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 2a. The program has the current, approved IPPs on file. |  |  |       |
| 2b. IPPs document individuals’ options they considered and how choices were made. If not in the IPP, note if it is in the ISP. |  |  |  |
| 2c. Each individual’s choice of service and provider is reviewed with them at least quarterly and choices are honored as best possible (check IPP and/or ISP). |  |  |  |

**Federal Requirement #2 Additional Comments:**

**Federal Requirement** 3: **The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 3a. How does staff explain individuals’ rights in a *meaningful* way before they begin the program (rights to privacy, dignity, respect, and freedom from coercion and restraint)? |  |  |  |
| 3b. Describe how the rights are posted in a *meaningful* way where all can view them daily. |  |  |  |
| 3c. Describe when and how staff explains these rights to each individual in a *meaningful* way at least annually. Describe how the meeting is documented. |  |  |  |
| 3d. Confirm direct support staff understands the HCBS Waiver and reviews these rights before employment and at least annually. How is this documented? |  |  |  |
| 3e. Confirm staff’s discussions about individuals’ medical conditions, financial situation and other personal information in a place where privacy/confidentiality is assured. Where are private meetings and conversations held? |  |  |  |
| 3f. Confirm medication is distributed confidentially and privately. Describe where medication is distributed. |  |  |  |
| 3g. Describe how staff ensures individuals have privacy while using the bathroom.Verify bathroom doors have locks. |  |  |  |
| 3h. Describe the secured place(s) available for storing each individual’s personal belongings. |  |  |  |
| 3i. How does staff support an individual acting aggressive or agitated?Confirm staff never utilizes restraints. |  |  |  |
| 3j. Confirm the program has no delayed egress devices or secured perimeters. |  |  |  |
| 3k. There are no cameras inside the program. |  |  | Note if there are cameras in any private areas (meeting rooms/bathrooms).If there are cameras in any common areas, (1) explain how this was discussed with all of the individuals a, (2) describe the documentation from the meeting(s), and (3) verify signed approval from each individual is on file. |

**Federal Requirement #3 Additional Comments:**

**Federal Requirement** 4: **The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 4a. Describe the process used for each person to communicate their preferences of daily activities. |  |  |  |
| 4b. Confirm individuals’ preferred activities are documented and are reflected on last month’s calendar. |  |  |  |
| 4c. Describe how staff encourages individuals to interact with others they choose. |  |  |  |
| 4d. When choices interfere with staffing ability or schedule, how is this resolved and documented? |  |  |  |

**Federal Requirement #4 Additional Comments:**

**Federal Requirement** 5: **The setting facilitates individual choice regarding services and supports, and who provides them.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 5a. Is it documented in the ISPs that all are asked if they have any concerns about or praise for a staff member at each quarterly meeting? |  |  |  |
| 5b. Does staff have examples of how they support an individual’s choice of who provides their care (to the extent that alternative staff are available)? |  |  |  |
| 5c. Confirm the grievance policy includes escalation to the regional center if an individual’s concern is not settled to their satisfaction by staff.How are grievances recorded and filed? |  |  |  |
| 5d. Describe when staff reviews the grievance policy with each individual at least annually.  |  |  |  |
| 5e. Describe how and where the grievance policy is posted in a *meaningful* way. Does it have illustrations if needed? |  |  |  |

**Federal Requirement #5 Additional Comments:**