

KEPRO
I/DD Waiver
Provider Review Tool



I/DD Provider Agency: _____

Review Number: _____

Provider Number: _____

Date of Review: _____

Provider Educator(s): _____

Review Period: _____

Files Reviewed--Persons Who Receive Services: _____

Files Reviewed--Staff: _____

Total # Served--Persons Who Receive Services: _____

CEO/Responsible Person to Whom Reports Will Go (include mailing address)	Email Address

The Office of Program Integrity (OPI) may be contacted for referral to the Medicaid Fraud Control Unit and disallowances may be recommended for:

- *Services delivered to individuals who are not medically and/or financially eligible
- *Services delivered related to an invalid IPP
- *Services delivered with no (or insufficient) supporting documentation
- *Services delivered by a staff or employee who is not qualified
- *Services delivered that exceed service limits
- *Services delivered that are not indicated as a need on the IPP
- *Services delivered outside the scope of the service definition

 Items highlighted in Red will be recommended for disallowance.

WV I/DD Waiver Policy is referenced for all items that may be recommended for disallowance.

KEPRO
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Identifier	Provider First Name	Provider Last Name	Provider Role (DCS, SC, BSP, RN, LPN, etc.)	Hire Date
P1				
P2				
P3				
P4				
P5				
P6				
P7				
P8				
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P10				
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P23				
P24				
P25				
P26				
P27				
P28				

QUALIFIED PROVIDER:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Qualified Provider		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
513.2.1.1 (CRIMINAL BACKGROUND CHECKS)											
1	<p>Criminal Background Check: BEFORE MARCH 1, 2016:</p> <ul style="list-style-type: none"> • A CIB was initiated upon hire and every 3 years thereafter for staff hired after 10/1/11 or later -OR- •initiated no later than 4/1/13 and every 3 years thereafter for staff hired 9/30/11 or before. <p>MARCH 1, 2016 AND LATER:</p> <ul style="list-style-type: none"> • A CIB was initiated via the WV CARES system and a fitness determination of eligible was made -OR- • A variance of employment fitness was requested and <ul style="list-style-type: none"> • direct supervision occurred/is occurring of the provisional employee until a fitness determination of eligible was made -OR- • a waiver from WV CARES granting an exception to the direct supervision requirement for the period of provisional employment is in the file 										
2	<p>Monthly Registry Check: Office of the Inspector General List of Excluded Individuals and Entities Check (OIG LEIE): BEFORE MARCH 1, 2016: Monthly registry checks for the past 12 months or from the date of hire (whichever is longer) indicate employee was not on the list of excluded individuals maintained by the Office of the Inspector General. <i>(Note: acceptable evidence of monthly registry check completion includes either a print-out from the website www.exclusions.oig.hhs.gov/ verifying that the check occurred monthly for each employee or the printed LEIE database for each month, which has been cross-referenced with a list of agency employees. With either option, the employee's name and date of check, as well as any exclusions, must be clear.)</i> MARCH 1, 2016 AND LATER: Documentation from the WV CARES system of the monthly registry check for the past 12 months or from the date of hire (whichever is longer) indicates employee was not on the list of excluded individuals maintained by the Office of the Inspector General.</p>										
513.3.3.1 (Staff Qualifications and Training Requirements)											
*Annually is defined as within the month the training expires, unless otherwise specified.											
**Competency is defined as receiving a score of 80% or greater on a post-test. Competency requirement effective 8/1/16 and after.											
3	Employee was 18 years of age or older on date of hire.										
4	Competency-based** Confidentiality training occurred upon hire and annually* thereafter.										
5	Competency-based** training on Rights of persons who receive services occurred upon hire and annually* thereafter.										
6	Training on Emergency Procedures, such as Crisis Intervention and Restraints was conducted upon hire and thereafter only if the IDT has agreed such training is necessary.										
7	Training on Emergency Care to include person-specific Crisis Plans and Emergency Disaster Plans occurred upon hire and annually* thereafter. <i>(Note: applies to direct care staff only.)</i>										
8	Competency-based** training on Infectious Disease Control occurred upon hire and annually* thereafter.										
9	First Aid training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency.										
10	CPR training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency. <i>(Note: training must include required components identified in policy manual, including manual demonstration and relevance to the age of the population.)</i>										
11	Training on Person-Specific Needs, including health/welfare, medical, and habilitation needs, occurred upon hire and annually* thereafter. <i>(Note: this requirement can be waived by parents who provide PCS Family services only. Applies to direct care staff only.)</i>										
12	Competency-based** training on Recognition and Reporting of Abuse/Neglect/Exploitation occurred upon hire and annually* thereafter.										
13	Competency-based** training on Direct Care Ethics occurred upon hire and annually* thereafter. <i>(Note: applies to direct care staff only.)</i>										
14	Training on either the facilitated WVAPBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview occurred upon hire.										

Qualified Provider		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
The following subset is applicable only to those providing Transportation Services											
513.3.17 (Transportation Services Agency Staff Qualifications)											
15	There is documentation that staff providing Transportation Services has valid driver's license.										
16	There is documentation that staff providing Transportation Services has current, valid proof of vehicle insurance.										
17	There is documentation that the vehicle used by the staff providing Transportation Services is in compliance with state inspection laws in the state where the vehicle is registered.										
The following subset is applicable only to those providing Service Coordination											
513.3.12 (Service Coordination)											
18	Training on Conflict Free Service Coordination occurred upon hire and annually* thereafter.										
19	There is documentation that Service Coordinator meets degree and experience requirements.										
The following subset is applicable only to those providing Behavior Support Professional I Services											
513.3.1.1 (Behavior Support Professional I)											
20	There is documentation that Behavior Support Professional I meets degree and experience requirements.										
	There is documentation that Behavior Support Professional I completed an approved curriculum no later than 11/30/16.										
	FOR NEW HIRES:										
21	There is documentation that Behavior Support Professional I completed an approved curriculum no later than 6 months after date of hire. <i>(Note: verify that an approved curriculum and mentoring process were used.)</i>										
The following subset is applicable only to those providing Behavior Support Professional II Services											
513.3.1.2 (Behavior Support Professional II): 100% of staff who are billing BSP II services will be included in the sample of staff files reviewed.											
22	There is documentation that the Behavior Support Professional II meets one of the following qualifications: <ul style="list-style-type: none"> Is a BCBA or BCBA-D and has completed the WVAPBS facilitated Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview, 3 years professional experience working with individuals with IDD Has a MA or MS degree, 3 years professional experience working with individuals with IDD, and has a PBS Endorsement by a recognized APBS Network or PBS Board of Review Has a BA or BS degree, Board of Regents degree or BCaBA credential, 3 years professional experience working with individuals with IDD, and has a PBS Endorsement by a recognized APBS Network or PBS Board of Review 										
The following subset is applicable only to those providing Skilled Nursing Services (RN and/or LPN)											
513.3.13 (Skilled Nursing: Licensed Registered Nurse)											
23	There is documentation that Registered Nurse meets licensing requirements.										
513.3.13 (Skilled Nursing: Licensed Practical Nurse)											
24	There is documentation that Licensed Practical Nurse meets licensing requirements.										

SERVICE PLAN:											
Scoring: 1= The item is compliant. 0 = The item is not compliant. Items highlighted in RED will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.											
Service Plan		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.8 (Annual, Quarterly and Six-Month IDT Meetings)											
1	The Annual IPP was held within 30 days prior to the anchor date, or there is documentation from KEPRO to grant an exception.										
2	The 6 month IPP was held within 30 days prior to the 6 month anniversary of the anchor date, or there is documentation from KEPRO to grant an exception.										
		Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo
3	IPPs ARE COMPLETE DOCUMENTS:										
3A	Cover/Demographics										
3B	Meeting Minutes										
3C	Goals and Dreams										
3D	Summary of Assessment and Evaluation Results										
3E	Medications										
3F	Individual Service Plan										
3G	I/DD Waiver Services										
3H	Non-I/DD Waiver Services and Natural Supports										
3I	Individual Habilitation Plan and Task Analysis (if applicable)										
3J	Tentative Weekly Schedule										
3K	Behavior Support Plan or Protocol (if applicable)										
3L	Crisis Plan										
3M	Individual Spending Plan (if applicable)										
3N	Budget (from CareConnection©)										
3O	HRC Approval for Electronic Monitoring (if applicable)										
3P	Signature Sheet and Rationale for Disagreement (if applicable)										
4	The IPP reflects personal Goals and Dreams.										
5	The names of staff members providing direct care and respite services other than Licensed GH PCS, Unlicensed Residential PCS, Facility-Based Day Hab, Pre-vocational Training, Job Development, and Supported Employment, are identified in the ISP section.										
6	Assessment-driven habilitation recommendations are reflected in the ISP and IHP.										
7	Natural supports are identified in the ISP with specific responsibilities outlined.										
8	Medication Administration is documented in the IPP to include name(s), dosage, frequency, purpose and parties responsible for administration.										
9	Type, scope, duration, amount, and frequency of services are specified.										
513.19 (Service Coordination: Health and Safety Needs)											
10A	100% of Health/Safety Issues (identified in CareConnection©) are addressed as documented in the IPP.										
10B	All assessed needs (from available assessments) are addressed in the IPP and a plan is present for any necessary follow-up.										
513.10.1 (Behavior Support Professional: Traditional Option)											
11A	Task Analysis methodology clearly identifies how to train the person receiving services.										
11B	Task Analysis methodology is individualized and specific to the training task.										
11C	Behaviors identified for intervention are listed in the ISP section as well as the methods to address the person's assessed maladaptive behavioral need(s).										

Service Plan		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.8.1 (The Interdisciplinary Team)									
12	Person receiving services attended (in person) and signed (if applicable) IPP or there is documentation from KEPRO to grant an exception.								
13	Legal Representative attended (in person or via teleconference) and signed IPP or there is documentation from KEPRO to grant an exception.								
14	Service Coordinator attended (in person) and signed IPP.								
15	Medley Advocate attended and signed IPP (if applicable).								
16	A representative from ALL agencies providing I/DD Waiver services attended and signed IPP.								
17	RN/LPN attended IPP (in person) and signed document when nursing services are requested/provided (if applicable/if medical issues are discussed at the meeting). <i>(Note: if RN is not available in person, meeting minutes and signature sheet should reflect the RN's participation via teleconference. Note that if the RN attends via teleconference, this is not billable.)</i>								
18	A BSP attended IPP (in person) and signed document when service is requested/provided (if applicable). <i>(Note: if BSP is not available in person, meeting minutes and signature sheet should reflect the BSP's participation via teleconference. Note that if the BSP attends via teleconference, this is not billable.)</i>								
19	Documentation exists that the Service Coordination agency forwarded copies of IPP to ALL participating IDT members/agencies within 14 days.								
20	The IPP was uploaded to CareConnection© within 14 days. <i>(Note that 6 month IPP must only be uploaded if modifications to existing services are requested.)</i>								
21	Meeting notice was provided to IDT within 30 calendar days of scheduled meeting.								
513.8.1.4 (Critical Juncture IDT Meeting)									
22	IPP was updated as a result of a Critical Juncture: Occurred because of a change in the person's medical/physical status, behavioral status, availability of supports, or other change in need as identified by the team and as outlined in the current I/DD Waiver Manual.								
23	Person receiving services attended (in person) and signed (if applicable) the Critical Juncture IPP.								
24	Legal Representative attended (in person or via teleconference) and signed Critical Juncture IPP.								
25	Service Coordinator attended (in person) and signed Critical Juncture IPP.								
26	A representative from ALL agencies providing I/DD Waiver services attended (in person or via teleconference) and signed the Critical Juncture IPP.								
27	Service Coordination agency forwarded copies of all Critical Juncture IPPs to ALL participating IDT members/agencies within 14 calendar days.								
28	The IPP was uploaded to CareConnection© within 14 days if any modifications to services were requested.								
513.8.1.1 (Seven Day IDT Meeting) - Initial IPP (when slot is received)									
29	Initial IPP was completed prior to the initiation of ANY services being billed.								
30	Initial IPP was completed within seven calendar days of Intake Interview.								
31	Person receiving services attended (in person) Initial IPP. <i>(Note: May be N/A if exception was granted by KEPRO).</i>								
32	Legal Representative attended (in person or via telephone) and signed Initial IPP.								
33	Service Coordinator attended (in person) and signed Initial IPP.								
34	Comprehensive/Annual IPP was completed within 30 days of Intake Interview. <i>(Note that if all services are finalized at the initial meeting, the 30 day meeting is not required.)</i>								
35	Documentation exists that the Service Coordination agency forwarded copies of Initial IPP to ALL participating IDT members/agencies within 14 calendar days.								

Service Plan		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.8.1.3 (Transfer/Discharge IDT Meeting)						
36	I/DD-10 indicates effective date of Service Coordination transfer (<i>Note: both agencies should have a copy of the I/DD-10</i>).					
37	I/DD-10 contains appropriate signatures (person completing form, person who receives services/guardian, witness) (<i>Note: both agencies should have a copy of the I/DD-10</i>).					
38	Transfer IPP (or meeting minutes) indicates effective date of Transfer of Service Coordination provider/services (<i>Note: both agencies should have a copy of the Transfer IPP</i>).					
39	Person receiving services attended (in person) and signed (if applicable) Transfer IPP.					
40	Legal Representative attended (in person or via teleconference) and signed Transfer IPP.					
41	TRANSFER TO AGENCY:					
41A	Representative attended (in person or via teleconference) and signed Transfer IPP (<i>Note: if team member is not present, meeting minutes and signature sheet should reflect the representative's participation</i>).					
41B	7-day IPP was completed within 7 days of Transfer effective date on I/DD-10. (<i>Note that if all services are finalized at the initial meeting, the 30 day meeting is not required.</i>)					
45C	Comprehensive IPP was finalized within 30 days of Transfer effective date on I/DD-10. (<i>Note that if all services are finalized at the initial meeting, the 30 day meeting is not required.</i>)					
46	TRANSFER FROM AGENCY:					
46A	Representative attended (in person or via teleconference) and signed Transfer IPP (<i>Note: if team member is not present, meeting minutes and signature sheet should reflect the representative's participation</i>).					
46B	Service Coordinator attended (in person) and signed Transfer IPP.					
46C	Documentation exists that the Service Coordination agency has forwarded copies of all Transfer IPPs to ALL participating IDT members/agencies within 14 calendar days.					
513.9 Description of Service Options						
47	A signed and current Freedom of Choice Form (I/DD-2) designating a Service Delivery Model is in the file.					
48	A signed and current Freedom of Choice Form (I/DD-2) designating a Service Coordination Agency is in the file.					
49	If the person receiving services had a change in Freedom of Choice options (SDM, ICF vs. IDD Waiver, SC agency) the form was processed within 2 business days.					
50	Total number of claims (within the review period) reflected in the person's IPP.					
51	Total number of claims for the review period.					

HEALTH & WELFARE:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Health & Welfare		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
BMS Policy and Procedure (Coordination of Healthcare Needs)						
1	Coordination of Healthcare Needs is identified on the IPP.					
BMS Policy and Procedure (Acknowledgement of Reporting Abuse/Neglect/Exploitation)						
2	Signed document, signifying that person who receives services or their Legal Representative knows how to report abuse, neglect, and exploitation, is present in the file. (Note: n/a for service only agencies.)					
513.8 Individual Program Plan(IPP)						
3	CRISIS PLANS ARE COMPLETE DOCUMENTS:					
3A	Was completed for the person receiving services.					
3B	Addresses no call/no show of staff or supports.					
3C	Addresses if primary caregiver becomes unavailable/unable to provide continued support.					
3D	Addresses disaster and weather related issues (flood, fire, etc.)					
3E	Addresses health/medical issues (medication administration, serious allergies, seizure protocol; all if applicable).					
3F	Addresses termination of I/DD Waiver services.					
3G	Addresses bed bug infestations, including relocation plan and financially responsible party(s).					
3H	Addresses any other person-specific issues.					
BMS Policy and Procedure (House Bill 2885)						
4	"Motion for Authorization to Receive Compensation for Services Rendered to the Incapacitated Person Order" is present in file.					
513.19.1 (Service Coordination)						
6A	Service Coordinator verified Medicaid Eligibility status by indicating on the home visit form for six out of the last six months.					
6B	File includes documentation supporting that the individual is financially eligible.					
7	Service Coordinator updated services as needed (per Critical Juncture, Addendum and modifications through CareConnection®).					
8	Service Coordinator, or agency designee, informed person receiving services and/or legal representatives of the agency's internal grievance and appeal process.					
9	Service Coordinator informed the person receiving services and/or their legal representative of their rights at least annually.					
10	Person receiving services received a monthly home visit by a Service Coordinator six out of the last six months or has documentation from KEPRO to grant an exception for any month a home visit was not completed.					
11	Person receiving services received a bi-monthly day visit by a Service Coordinator for the past six months (if applicable) or has documentation from KEPRO to grant an exception for day hab/supported employment visits that were due and not completed.					

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Health & Welfare		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.10.1 (Behavior Support Professional)						
12	TRAINING SUMMARIES ARE ASSESSED AND EVALUATED 6 out of 6 MONTHS:					
12A	6 summaries were completed for the past 6 months of program data.					
12B	Clinical opinion is included.					
12C	Other significant issues are identified with documented follow up, if applicable.					
13	BEHAVIOR SUMMARIES ARE ASSESSED AND EVALUATED 6 out of 6 MONTHS:					
13A	6 summaries were completed for the past 6 months of behavioral data.					
13B	Clinical opinion is included.					
13C	Other significant issues are identified with documented follow up, if applicable.					
14	The clinical reason for and the intended benefit of any direct observation are clearly documented.					
15	PERSON SPECIFIC TRAINING ON HABILITATION PLANS FOR ALL DCS (ANNUALLY* OR MORE FREQUENTLY AS INDICATED BY NEED).					
15A	Training occurred on program objectives.					
15B	Training occurred on Behavior Support Plan, if applicable.					
15C	Training occurred on Crisis Plan.					
16	Individual Habilitation Plan/Task Analysis sheets were updated at least annually or more often, as identified by timelines set by IDT.					
17	POSITIVE BEHAVIOR SUPPORT PLAN:					
18	If needed, there is a Positive Behavior Support plan which was developed and implemented within 90 days of the date it was identified by the IDT.					
18A	Signatures of developer and person who receives services/legal representative are included and consent of person who receives services/legal representative is indicated.					
18B	Date the plan was initiated and approved, as well as date of next review, are included.					
19	Behavior Support Plans that include restrictive interventions were approved by the Human Rights Committee (HRC).					

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UTILIZATION GUIDELINES:							
Scoring: 1= The item is compliant. 0 = The item is not compliant.							
All deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.							
Utilization Guidelines			Score				
513.2.3.7 (Utilization Guidelines for IDDW)							
Agency Policy							
1	The Utilization Guidelines policy minimally addresses the following:						
1A	Staff are trained in appropriate utilization and billing practices, including prior authorization requirement for all services before service delivery.						
1B	Provider education on how services will be delivered throughout the service year, including tentative schedule, units of service authorized, averages of usage, individualized training as needed, and requirements and limitations of services provided.						
1C	Empowering and educating persons and families so that they are able to make informed choices about their services and supports.						
1D	Assessing needs of the person receiving services and basing service requests on assessed need rather than for contingency purposes.						
1E	Choosing services based on assessed need and within the annual individualized budget.						
1F	Monitoring service utilization throughout the service year.						
1G	Monitoring the needs of the person receiving services and updating services as needed.						
1H	Delivering services based on assessed need, within budget, agreement by the IDT, and IDD service limitations.						
2	For any Service Coordination caseload that exceeds 30 at any time during the past 12 months, there is an approved exception from KEPRO.						
Utilization Guidelines			RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
Person Specific							
3	The number of units used and still available were reported at each review of the IPP.						
4	Services were chosen based on assessed need.						
5	Services were chosen within the individualized budget or a clear rationale, such as a change in need from the time of the assessment, is documented.						
6	Services delivered are reflected in the IPP and CareConnection© and are not being over- or under-utilized based on the current juncture in the service year.						

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WV IMS:
Scoring: 1= The item is compliant. 0 = The item is not compliant.
All deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

	WV IMS	RECOR D ID	RECOR D ID	RECOR D ID	RECOR D ID	RECOR D ID
513.4 (Reporting Requirements)						
1	IMPLEMENTED FOR INCIDENTS THAT OCCURRED IN THE PAST 365 DAYS:					
1A	Incident reporting in IMS occurred within required timelines and to all applicable entities (OHFLAC, Protective Services-48 hours to submit written report for Abuse / Neglect / Exploitation).					
1B	Monitoring occurred.					
1C	Follow-up by appropriate persons occurred.					
1D	Legal representative was notified.					
1E	Incident was addressed by IDT.					
2	Critical Incidents and reports of Abuse / Neglect / Exploitation were followed up on by the provider within 14 calendar days. Follow-up might include: internal investigation, medical follow-up, staff training etc.					
3	For each incident reported in IMS, there is an available report in the corresponding persons file.					
4	For each incident report in the file, a corresponding report was entered into the IMS.					

FUNCTIONAL BEHAVIOR ASSESSMENT:
A score of 21 or greater is required for the FBA to be considered complete. Those that do not receive a score of at least 21/26, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Positive Behavior Support Plan Compliance (Functional Behavior Assessment)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
(BMS Policy and Procedure) (Association of Positive Behavior Support Standards: http://www.apbs.org/about/APBS.htm#standards_of_practice)									
1	Functional Behavior Assessment (FBA) results include information related to the person's communication and learning needs, as well as, an analysis of routines. The results must also address relevant history, diagnoses, living situation, health and safety concerns, personal preferences and interests, community involvement, and onset of current challenging behavior.	Less than 6 of the listed areas are addressed in the FBA.	More than 6 of the listed areas are addressed in the FBA but not all.	All areas are sufficiently assessed in the FBA results.					
2	Person centered planning should include more than hopes and dreams. It should also include lifestyle enhancements, development of relationships, and social inclusion.	No mention of hopes/dreams or other Person-Centered Planning information.	Hopes, dreams and other Person-Centered Planning information are identified but there's no explanation of how these were assessed.	Clear statements of objectives from hopes, dreams and other Person-Centered Planning information are included.					
3	The FBA process must be completed by the person who receives services, their family and treatment team and it must reflect the person's gifts and strengths.	No evidence of team involvement or no information about the person's gifts and strengths were included in the FBA results.	The FBA results reflect team involvement or information about the person's gifts and strengths but not both.	The person's FBA process was completed by a team and the person's gifts and strengths are included in the FBA results.					
4	Quality of Life Assessment (QoLA) utilizes interviews and biographical information to identify opportunities for choice, social interaction, and goal development.	A Quality of Life Assessment (QoLA) is not included.	Some baseline data related to Quality of Life (QoL) are provided, however, the assessment does not include all areas.	Quality of Life Assessment (QoLA) data is clearly defined and includes information about opportunities for choice, social interaction, and goal development.					
5	Baseline data must be clear, accurate, and meaningful.	Baseline data is not provided.	Baseline data is unclear, inaccurate or not meaningful.	Baseline data is clear, accurate, and meaningful.					
6	Indirect assessment data is obtained and described using at least 2 of the following: interviews, record reviews, checklists, rating scales, inventories.	No information is provided or assessment methods are implied without reporting results or only significant others are interviewed.	All information from one assessment method is provided or results are listed but not explained.	Results from at least 2 methods are explained in detail. Specific assessment tools are identified.					
7	Direct observation must occur and be applied to the hypothesis statement.	No information regarding direct observation is available.	Direct observation conducted by only one person and/or completed on only one occasion.	Direct observation is conducted on more than one event and by different individuals.					

FUNCTIONAL BEHAVIOR ASSESSMENT:
A score of 21 or greater is required for the FBA to be considered complete. Those that do not receive a score of at least 21/26, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Positive Behavior Support Plan Compliance (Functional Behavior Assessment)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
(BMS Policy and Procedure) (Association of Positive Behavior Support Standards: http://www.apbs.org/about APBS.htm#standards of practice)									
8	All challenging behaviors targeted for intervention in the BSP must be defined in observable and measurable terms.	None of the targeted challenging behaviors are defined in observable measurable terms.	Not all targeted challenging behaviors are defined in observable and measurable terms.	Targeted challenging behaviors are defined in observable and measurable terms.					
9	Setting events and antecedents of challenging behavior are identified and analyzed.	No information on setting events and antecedents is provided or the information provided is difficult to understand.	Setting events and antecedents of challenging behavior are provided, however they are not related to assessment data.	The information on setting events and antecedents of challenging behavior is clearly explained and analyzed.					
10	The reinforcing consequences of challenging behavior are identified and analyzed.	No information about the reinforcing consequences is provided or the information provided is difficult to understand.	The reinforcing consequences of challenging behavior are provided, however they are not related to assessment data.	The information about the reinforcing consequences of challenging behavior is clearly explained and analyzed.					
11	The context(s) in which challenging behaviors are likely to occur and least likely to occur is identified.	No information is provided on context or the information provided is difficult to understand.	Some information on context is provided; however the information does not analyze how these factors influence behavior.	The contextual description of challenging behaviors must be an in-depth analysis which includes location, time of day, people present, and activities that have occurred. The description must also identify the context in which the person is least likely to utilize the					
12	All hypothesis statements are comprehensive and include relevant setting events, antecedents, consequence(s) and operationally defined challenging behavior, as well as, the perceived function(s) of the challenging behavior.	No hypothesis statements are included or all the included hypothesis statements are missing the required components (relevant antecedents, setting events, consequence(s), perceived function(s), and operationally defined challenging behavior.)	Some of the hypothesis statements do not contain the required components.	Each hypothesis statement contains all of the required components.					
13	A summary of how data supports each hypothesis is provided.	Data presented is disorganized and without a clear explanation of its relationship to hypothesis.	Data presented does not support each hypothesis.	Data is provided in an organized format (table, graph) and clearly explains/supports the hypothesis.					
A total score of at least 21 out of 26 is required to be considered a complete FBA.					Total Score:				

BEHAVIOR SUPPORT PLAN:
A score of 24 or greater is required for the BSP to be considered complete. All BSP services provided during the period that the plan is incomplete will be disallowed. In addition, those that do not receive a score of at least 24/30, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Positive Behavior Support Plan Compliance (Behavior Support Plan)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
(BMS Policy and Procedure) (Association of Positive Behavior Support Standards: http://www.apbs.org/about APBS.htm#standards of practice)									
1	Plan includes evidence that a team-based process was used.	Plan not developed with a team or evidence is not presented.	Evidence of team involvement in collection of information, however, not for selection of interventions to be used. (Team participation evidenced by participant signatures and limited evidence of team involvement.)	Evidence of team involvement in collection of information and selection of all interventions used.					
2	Plan identifies and defines functionally equivalent replacement behaviors or alternative behaviors for all targeted challenging behaviors.	No functionally equivalent replacement behaviors or alternative behaviors are identified and defined.	Functionally equivalent replacement behaviors or alternative behaviors are not identified or defined for all targeted challenging behaviors.	Plan identifies and defines all functionally equivalent replacement behaviors or alternative behaviors for all targeted challenging behaviors.					
3	Plan identifies the method and timeline for team review of data and progress.	No plan for team review is identified.	Plan for team review of data and progress is identified but there is no timeline or it is more than six months before team review.	Plan identifies the method and timeline for team review of data and progress on an ongoing basis (at least quarterly.)					
4	The plan describes methods for providing opportunities for choice and social interaction.	No intervention in the plan addresses these areas.	Interventions do not adequately address opportunities for choice or social interaction.	Interventions for choice and social interaction are clearly addressed.					
5	The plan describes setting event and antecedent interventions based on the targeted challenging behaviors.	No setting event or antecedent interventions are included.	Setting event and/or antecedent interventions are included but are not clearly described or based on the targeted challenging behaviors.	Setting event and antecedent interventions are clearly described and based on the targeted challenging behaviors.					
6	Positive consequence interventions include an explanation of how they relate to the perceived function stated in the hypothesis.	Positive interventions do not address the perceived function in the hypothesis statements.	Positive interventions do not relate or relate incorrectly to the perceived function in the hypothesis statement.	Each positive intervention specifically states how it relates to the perceived function in the hypothesis statement.					

BEHAVIOR SUPPORT PLAN:
A score of 24 or greater is required for the BSP to be considered complete. All BSP services provided during the period that the plan is incomplete will be disallowed. In addition, those that do not receive a score of at least 24/30, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Positive Behavior Support Plan Compliance (Behavior Support Plan)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
(BMS Policy and Procedure) (Association of Positive Behavior Support Standards: http://www.apbs.org/about APBS.htm#standards of practice)									
7	Safety/emergency procedures for what to do if/when crisis occurs is addressed.	There is no crisis plan noted and the severity of the behavior warrants one.	There is a crisis plan noted but the description is incomplete or it is inappropriate given the severity of the behavior.	There is a specific crisis intervention plan described and the components are appropriate given the severity of the behavior. If safety/emergency procedures are not necessary, it is so stated.					
8	Measurement method of each targeted challenging behavior and what data will be gathered for intervention effectiveness assessment are described (including replacement behaviors once data are collected on them.)	There is no description of how any targeted challenging behavior will be measured nor is there mention of data collection of any kind to assess intervention effectiveness.	Mention is made that data will be collected on the targeted challenging behavior but there is no concrete description of the data collection method that will be used, or there is not a description for each of the challenging behaviors targeted, or it is unclear which data collected will be used for intervention effectiveness assessment, or it is unclear how	The data collection method for each targeted challenging behavior is described and exactly which data are collected, and how they will be collected, to assess intervention effectiveness, is stated.					
9	Process for monitoring the intervention plan is described and includes, at a minimum, the timeline for meetings, what needs to be completed, when it must be done and by whom (responsibilities.)	There is no indication that the plan will be monitored at all.	A process for monitoring is included but not clearly defined and/or does not include clear timelines and responsibilities.	described for the team to meet and for specific individuals to monitor the plan. The plan identifies that implementation data will be analyzed and shared with the team, at least monthly, as well as discussed in team meetings at least every three months.					
10	Selecting effective reinforcers and/or maximizing positive reinforcement for desired behavior is included.	The plan does not include a description of positive reinforcement to be used.	The intervention(s) includes a positive reinforcement component but does not describe how to implement the intervention(s). (e.g. Praise desired behavior.)	The intervention(s) includes specific positive reinforcement for desirable behavior and describes how/when the reinforcer will be used.					

BEHAVIOR SUPPORT PLAN:
A score of 24 or greater is required for the BSP to be considered complete. All BSP services provided during the period that the plan is incomplete will be disallowed. In addition, those that do not receive a score of at least 24/30, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Positive Behavior Support Plan Compliance (Behavior Support Plan)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
(BMS Policy and Procedure) (Association of Positive Behavior Support Standards: http://www.apbs.org/about APBS.htm#standards of practice)									
11	At minimum one intervention relates specifically to increasing Quality of Life based on the Quality of Life Assessment.	There are no Quality of Life interventions.	Quality of Life interventions do no directly relate to the Quality of Life Assessment or the person's dream.	An intervention that directly relates to improving the person's quality of life, as identified in a Quality of Life Assessment, is clearly explained.					
12	At least one intervention supports minimizing reinforcement for challenging behavior.	There is no intervention to minimize reinforcement for challenging behavior.	Intervention includes decreasing reinforcement of targeted challenging behavior but does not describe specifically how to implement.	Intervention describes specifically how to stop or minimize reinforcement of challenging behaviors.					
13	The plan includes how each intervention will be implemented and step-by-step directions that include the sequence of actions for implementation.	The plan does not include the sequence of interventions or step-by-step directions that include the sequence of actions for implementation.	The plan includes the sequence for interventions and directions for implementation; however either the plan is unclear or it is impossible to follow.	All interventions in the plan are clearly described, logical, and presented sequentially.					
14	Plans for staff training, generalization of skills, and dealing with life changes are included to sustain success.	There is no mention of staff training, generalization of skills or dealing with life changes.	Plan identifies staff training, generalization of skills or dealing with life changes, but not all three areas.	Plan specifically addresses the need for staff training, generalization of new skills, and strategies to sustain success.					
15	The plan is clear, well-organized, and grammatically correct, which permits the reader to follow the plan.	Serious organizational or grammatical issues interfere with the reader's ability to follow the plan.	The plan has organizational or grammatical issues; however, the issues don't interfere with the reader's ability to follow the plan.	The plan is well-organized and grammatically correct, with only minimal spelling, grammar, or punctuation errors.					
A total score of at least 24 out of 30 is required to be considered a complete Positive Behavior Support Plan.									
					Total Score:				

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ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS/PARTICIPANT DIRECTED GOODS AND SERVICES:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Environmental Accessibility Adaptation (EAA)		RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.14 (Environmental Accessibility Adaptations)						
1	Service is indicated on the IPP.					
2	Prior authorization for each service was obtained before services were delivered.					
3	Activity documented reflects a valid EAA service and is provided within the guidelines identified in the I/DD Waiver Manual.					
4	Original Request for Environmental Accessibility Adaptations form is present.					
5	Proof of purchase including any receipts or invoices pertinent to the EAA is present.					

ELECTRONIC MONITORING:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

513.1.3 Electronic Monitoring

Electronic Monitoring	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
1 Service is indicated on the person's IPP.					
2 Prior authorization for each service was obtained before services were delivered.					
3 Service is only utilized when there is no paid staff in the person receiving services home.					
4 Service is installed in residential setting in which residing adult, their legal representatives (if applicable) and their IDT request such surveillance and monitoring in place of paid staff.					
5 Electronic monitoring systems or companies used or contracted by the I/DD Waiver provider meet the standards set by Bureau for Medical Services (BMS) and have been pre-approved by BMS before providing any services and approved annually thereafter.					
6 Approval of the HRC must be documented and attached to the IPP.					
7 SERVICE COORDINATOR CONDUCTS A HOME VISIT THAT INCLUDES A REVIEW OF THE SYSTEM AND A DRILL THAT CONSISTS OF TESTING EQUIPMENT AND RESPONSE TIME:					
7A Drill conducted at 7 days of implementation.					
7B Drill conducted at 14 days of implementation.					
7C Drill conducted at least quarterly thereafter.					
8 PROVIDER STAND-BY INTERVENTION STAFF:					
8A Responds by being at person's residential living site within 20 minutes or less when an incident is identified by the remote staff and acknowledged by stand-by staff. <i>(Note: The IDT has authority to set a shorter response time based on need of person who receives services.)</i>					
8B Assists the person in the home as needed to ensure the urgent need/issue that generated a response has been resolved.					
8C Incident report is submitted to the WV IMS by the provider.					

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SKILLED NURSING--REGISTERED NURSE:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Skilled Nursing RN	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.20.2 (Skilled Nursing: Licensed Registered Nurse)					
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient. <i>(Note: if an item is found to be deficient, specific information will be documented in the "notes" section of this tool).</i>					
1 Service is indicated on the person's IPP.	<p>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p><u>OR</u></p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE "NOTES" SECTION.</p>				
2 Prior authorization for each service was obtained before services were delivered.					
3 Activity documented reflects a valid Skilled Nursing RN service and is provided within the guidelines identified in the I/DD Waiver Manual.					
4 Name of person receiving services is included on service note.					
5 Date of service is included on service note.					
6 Start/stop time are included on service note.					
7 Service code is included on service note.					
8 Signature and credentials of provider are included on service note.					
9 Duration of service is included on service note.					
10 The amount of time documented for the activity is reasonable .					
11 Description of service is included on service note.					

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SKILLED NURSING-- LICENSED PRACTICAL NURSE:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Skilled Nursing: LPN	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient <i>(Note: if an item is found to be deficient, specific information will be documented in the "notes" section of this tool):</i>					
1 Service is indicated on the person's IPP.	<p>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p><u>OR</u></p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE "NOTES" SECTION.</p>				
2 Prior authorization for each service was obtained before services were delivered.					
3 Activity documented reflects a valid Skilled Nursing LPN service and is provided within the guidelines identified in the I/DD Waiver Manual.					
4 Name of person receiving services is included on service note.					
5 Date of service is included on service note.					
6 Start/stop time are included on service note.					
7 Service code is included on service note.					
8 Signature and credentials of provider are included on service note.					
9 Duration of service is included on service note.					
10 The amount of time documented for the activity is reasonable .					
11 Summary of service is included on service note.					

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SERVICE COORDINATION NOTES:

Scoring: 1= The item is compliant. 0 = The item is not compliant.
Items highlighted in **RED** will be recommended for disallowance.
All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Service Coordination	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.19 (Service Coordination)					
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient <i>(Note: if an item is found to be deficient, specific information will be documented in the "notes" section of this tool):</i>					
1 Service is indicated on the person's IPP.	<p>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p style="color: blue; font-size: 1.2em; font-weight: normal;">— OR —</p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE "NOTES" SECTION.</p>				
2 Prior authorization for each service was obtained before services were delivered.					
3 Activity documented reflects a valid Service Coordination service and is provided within the guidelines identified in the Title XIX I/DD Waiver Manual.					
4 Name of person receiving services is included on service note.					
5 Date of service is included on service note.					
6 Start/stop time are included on service note.					
7 Service code is included on service note.					
8 Signature and credentials of provider are included on service note.					
9 Duration of service is included on service note.					
10 The amount of time documented for the activity is reasonable .					
11 Type of service provided is included on service note.					
12 Type of activity (assessment, service planning, linkage, referral, advocacy, crisis response planning, service plan evaluation, and travel) conducted is included on service note.					
13 Type of contact (face-to-face, phone, written) is included on service note.					
14 Summary of service delivered is included on service note.					
15 Outcome and/or result of service is present and specific.					

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BEHAVIOR SUPPORT PROFESSIONAL NOTES:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Behavior Support Professional	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
513.10.1 (Behavior Support Professional)					
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient <i>(Note: if an item is found to be deficient, specific information will be documented in the "notes" section of this tool).</i>					
1 Service is indicated on the person's IPP.	<p>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p style="color: blue; font-size: 1.2em; margin: 10px 0;"><u>OR</u></p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE "NOTES" SECTION.</p>				
2 Prior authorization for each service was obtained before services were delivered.					
3 Activity documented reflects a valid Behavior Support Professional service and is provided within the guidelines identified in the I/DD Waiver Manual.					
4 Name of person receiving services is included on service note.					
5 Date of service is included on service note.					
6 Start/stop time are included on service note.					
7 Service code is included on service note.					
8 Signature and credentials of provider are included on service note.					
9 Duration of service is included on service note.					
10 Amount of time documented for the activity is reasonable .					
11 Description of service is included on service note.					
12 Analysis of the data collected or problem identified is included on service note.					
13 Clinical outcome of the service provided is included on service note.					
14 Plan of intervention as the result of the analysis completed is included on service note.					

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DIRECT CARE SERVICES:

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Direct Care Services	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient <i>(Note: if an item is found to be deficient, specific information will be documented in the "notes" section of this tool).</i>					
1 Service is indicated on the person's IPP. <i>(Note: For F/EA services provided must be reflected on the spending plan.)</i>	<p>ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.</p> <p style="color: blue; font-size: 1.2em; font-weight: normal;">___OR___</p> <p>THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE "NOTES" SECTION.</p>				
2 Prior authorization for each service was obtained before services were delivered. <i>(Note: For F/EA items billed must be reflected on the IPP.)</i>					
3 Activity documented reflects a valid Direct Care Service and is provided within the guidelines identified in the I/DD Waiver Manual.					
4 FULL NAME of person receiving services is included on service note.					
5 Date of service is included on service note.					
6 Start/stop time are included on service note.					
7 Service code is included on service note.					
8 Signature and credentials of provider are included on service note. <i>(Note: may be staff title for direct support employees).</i>					
9 Duration of services is included on service note.					
10 Ratio of staff to person who receives services is included on service note.					
11 Task analysis is completed.					
12 Transportation log is included with direct care notes, as applicable.					
13 Transportation was provided exclusively for the person receiving service's need.					

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, JD, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
HCBS NON-RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
Observations During Site Visit				
1	The setting is integrated in and supports full access of persons 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
1A	The setting provides opportunities for regular, meaningful non-work activities in integrated community settings for the period of time desired by individuals. <i>(Guidance: Activities that are "busy-work" such as putting buttons in a box, emptying and refilling the box, are unacceptable.)</i>			
1B	The setting affords opportunities for individual schedules that focus on the needs and desires of an individual and offer an opportunity for individual growth.			
1C	The setting affords opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc., outside of the setting. <i>(Guidance: Who in the setting facilitates and supports access to these activities?)</i>			
1Ci	Who in the setting facilitates and supports access to these activities?			
1D	The setting allows individuals the freedom to move about inside and outside of the setting (as opposed to one restricted room or area within the setting.)			
1E	Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid.			
1F	The setting is in a community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctors' offices, etc. (to facilitate integration with the greater community.)			
1G	The setting encourages visitors or other people from the greater community (aside from paid staff) to be present. There is evidence that visitors have been present at regular frequencies. For example, customers in a pre-vocational setting. <i>(Guidance: visitors greet/acknowledge individuals with familiarity when they encounter them; visiting hours are unrestricted; the setting otherwise encourages interaction with the public.)</i>			
1H	The employment setting provides individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid-funded HCBS.			
1I	In settings where money management is part of the service, the setting facilitates the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. <i>(Guidance: It is clear that individuals are not required to sign over his/her paychecks to the provider.)</i>			
1J	The setting provides individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc., and these public transportation schedules and telephone numbers are available in a convenient location.			
1K	Alternatively where public transportation is limited, the setting provides information about resources for individuals to access the broader community, including accessible transportation for individuals who use wheelchairs.			
1L	The setting assures that tasks and activities are comparable to task and activities for people of similar ages who do not receive HCBS.			
1M	The setting is physically accessible, including access to bathrooms and break rooms, and appliances, equipment, and tables/desks and chairs are at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., that may limit individuals' mobility in the setting.			
1N	If obstructions are present, there are environmental adaptations, such as a stair lift or elevator to ameliorate the obstructions,.			
Comments/Findings				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, JD, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
2	The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a) (1)(ii)			
2A	The setting reflects individual needs and preferences.			
2B	The setting options offered include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at the YMCA. <i>(Guidance: List non-disability specific setting options offered.)</i>			
Comments/Findings				
3	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)			
3A	All information about individuals is kept private. <i>(Guidance: Do paid staff/providers follow confidentiality policy/practices? Does staff within the setting ensure that, for example, there are no posted schedules for PT, OT, medications, restricted diet, etc., in a commons or general open area?)</i>			
3B	Staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of activities.			
3C	Staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if he/she were not present.			
3D	The setting supports individuals who need assistance with their personal appearance to appear as they desire, and personal assistance is provided in private, as appropriate.			
3E	The setting offers a secure place for the individual to store personal belongings.			
Comments/Findings				
4	The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
4A	There are no gates, Velcro strips, locked doors, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting. <i>(Guidance: Note any restricted areas.)</i>			
4B	The setting affords a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals. <i>(Guidance: Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities?)</i>			
4C	The setting affords opportunities for individuals to choose with whom to do activities in the setting or outside the setting. <i>(Guidance: Are individuals assigned only to be with a certain group of people?)</i>			
4D	The setting allows for individuals to have a meal/snacks at the time and place of their choosing.			
4Di	The setting affords individuals full access to a dining area with comfortable seating.			
4D ii	The setting affords individuals the opportunity to converse with others during break and meal times.			
4D iii	The setting affords dignity to the diners (for example individuals are treated age-appropriately and not required to wear bibs. The individuals have access to food at any time consistent with individuals in similar and/or in the same setting who are not receiving Medicaid funded services and supports.			
4Dv				
4D iv	The setting providers for an alternative meal and/or private dining area if requested by an individual.			
4E	The setting posts or provides information on individual rights.			
4F	The setting affords the opportunity for tasks and activities matched to the individual's skills, abilities, and desires.			
Comments/Findings				

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I/DD Waiver
Provider Review Tool

HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, JD, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)			
5A	The setting posts or provides information to individuals about how to make a request for additional HCBS, or changes to their current HCBS.			
5B	Setting staff are knowledgeable about the capabilities, interests, preference, and needs of individuals.			
Comments/Findings				
Record Review (Policies and Procedures)				
1	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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
1A	The setting policies/procedures assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS. <i>(Guidance: Cite policy or procedure number.)</i>			
Comments/Findings				
2	The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)			
2A	The setting policies and procedures ensure the informed choice of the individual. <i>(Guidance: Cite policy or procedure number.)</i>			
2B	As reflected in policy, the setting options offered include non-disability specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA. <i>(Guidance: Cite policy or procedure number.)</i>			
2C	As reflected in policy, the setting options include the opportunity for individuals to choose to combine more than one service delivery setting or type of HCBS in any given day/week (for example, combine competitive employment with community habilitation.) <i>(Guidance: Cite policy or procedure number.)</i>			
Comments/Findings				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, JD, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
3	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)			
3A	As reflected in policy, all information about individuals is kept private. <i>(Guidance: Cite policy or procedure number.)</i>			
3B	Policies and procedures for the setting provide assurance that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of activities. <i>(Guidance: Cite policy or procedure number.)</i>			
3C	Policies and procedures for the setting assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if he/she were not present. <i>(Guidance: Cite policy or procedure number.)</i>			
3D	The setting policy requires that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and that there is documentation of these interventions in the person-centered plan. <i>(Guidance: Cite policy or procedure number.)</i>			
3E	The setting policy ensures that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting.			
3Ei	The setting's policy ensures that each individual's supports and plans are not restrictive to the rights of every individual receiving support within the setting.			
Comments/Findings				
4	The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
4A	The setting policy/procedure does not prohibit individuals from engaging in legal activities (ex. Voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports. <i>(Guidance: Cite policy or procedure number.)</i>			
4B	The setting policy/procedure affords an individual opportunity for tasks and activities matched to the individual's skills, abilities, and desires. <i>(Guidance: Cite policy or procedure number.)</i>			
Comments/Findings				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, JD, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)			
5A	The setting policy/procedure assures individual choice regarding the services, provider, and settings and the opportunity to visit/understand the options. <i>(Guidance: Cite policy or procedure number.)</i>			
5B	The setting policy/procedure affords individuals the opportunity to regularly and periodically update or change their preferences. <i>(Guidance: Cite policy or procedure number.)</i>			
5C	The setting policy/procedure ensures individuals are supported to make decisions and exercise autonomy to the greatest extent possible. <i>(Guidance: Cite policy or procedure number.)</i>			
5D	The setting policy ensures the individual is supported in developing plans to support his/her needs and preferences. <i>(Guidance: Cite policy or procedure number.)</i>			
Comments/Findings				
Attendee Interview--include any additional information in comments/findings below				
1	The setting ensures and individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301©(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)			
1A	If you need help with getting dressed or bathing, for instance, what would you do? <i>(Guidance: Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate?)</i>			
Comments/Findings				
2	The setting 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. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)			
2A	Do you have chances to do other things while here? <i>(Guidance: Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?)</i>			
Comments/Findings				
3	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)			
3A	Were you provided a choice regarding the services, provider and settings before you came here?			
3Ai	Did you have the opportunity to visit/understand these choices/options?			
3Aii	Can you change your mind about these choices?			
3Aiii	How do you do that?			
3B	Do you decide what you do here?			
3Bi	Does anyone help? If so, who?			
3C	Do you know how to make a request for additional help or services, or change the services you have right now?			
Comments/Findings				

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Provider Review Tool

HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
Observations During Site Visit				
1	The setting is integrated in and supports full access of persons 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
1A	Individuals are not isolated from individuals not receiving Medicaid HCBS in the broader community.			
1B	Individuals receiving HCBS do not live/receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS.			
1C	The setting is in the community among other private residences and retail businesses. <i>(Guidance: See CMS Settings that Have the Effect of Isolating.....page 3.)</i>			
1D	The community traffic pattern is consistent around the setting. For example, individuals do not cross the street when passing to avoid the setting.			
1E	Individuals on the street greet/acknowledge individuals receiving services when they encounter them.			
1F	Visitors are present.			
1G	Visiting hours are posted.			
1H	Bus and other public transportation schedules and telephone numbers are posted in a convenient location.			
1I	The individuals have access to materials to become aware of activities occurring outside of the setting.			
1J	The setting affords the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences.			
Comments/Findings				

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
2	The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a) (1)(ii)			
2A	The setting is an environment that supports individual comfort, independence, and preferences.			
2B	Individuals have full access to facilities in the home, such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas.			
2C	Informal (written and oral) communication is conducted in a language that the individual understands.			
2D	Assistance is provided in private, as appropriate, when needed.			
2E	The individual has unrestricted access in the setting.			
2Ei	Gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting			
2Eii	Individuals receiving Medicaid Home and Community-Based services are facilitated in accessing amenities such as a pool or gym used by others on-site.			
2Eiii	The setting is physically accessible and there are no obstructions such as steps, lips in doorways, narrow hallways, etc. Limiting individuals' mobility in the setting. <i>(Guidance: If these are present, there are environmental adaptations such as a stair lift of elevator to ameliorate the obstruction.)</i>			
2Fi	The physical environment meets the needs of those individuals who require supports. <i>(Guidance: For those who need support to move about the setting, are there such provisions as grab-bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.? Are appliances accessible to individuals? Are tables/chairs at convenient heights and locations so that individuals can access them?)</i>			
2Fii	For those individuals who need supports to move about the setting as they choose, supports are provided such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.)			
2Fiii	Appliances are accessible to individuals. For example, the washer/dryer are front loading for individuals who use wheelchairs.			
2Fiv	Tables and chairs are at a convenient height and location so that individuals can use them.			
2Gi	Individuals have full access to the community. <i>(Guidance: Can individuals come and go at will? Can individuals move about inside and outside the setting as opposed to all sitting by the front door or other area? Do individuals have access to public transportation? Are there bus stops or taxis available in the area? Is an accessible van available to transport individuals to appointments, shopping, etc.?)</i>			
2Gii	Individuals come and go at will.			
2Giii	Individuals move about inside and outside the setting as opposed to all sitting by the front door or other areas.			
2Giv	Individuals in the setting have access to public transportation.			
2Gv	There are bus stops nearby or taxis are available in the area.			
2Gvi	An accessible van is available to transport individuals to appointments, shopping, etc.			
Comments/Findings				

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HCBS RESIDENTIAL SITE REVIEW			
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)	
Address:			
Is License Posted?		# of individuals receiving services at the site?	# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>			

HCBS RESIDENTIAL SITE REVIEW

1 = YES 0 = NO

3	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)	
3A	The individual has access to make private telephone calls/text/email at the individual's preference and convenience.	
3Ai	Individuals have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time.	
3Aii	The telephone or other technology device is in a location that has space around it to ensure privacy.	
3Aiii	Individuals' rooms have a telephone jack, WI-Fi, or Ethernet jack.	
3B	Individuals are free from coercion.	
3Bi	Information about filing a complaint is posted in an obvious location and is in an understandable format.	
3Bii	Individuals have different haircuts/styles and hair color.	
3C	The individual's right to dignity and privacy is respected. <i>(Guidance: Is health information kept private? Are schedules for PT, OT, medications, restricted diet, etc., posted in a general open area? Is assistance provided with grooming so that individuals are groomed as they desire? Are individuals' nails trimmed and clean?)</i>	
3Ci	Health information about individuals is kept private.	
3Cii	Schedules of individuals for PT, OT, medications, restricted diet, etc., are not posted in a general open area.	
3Ciii	Individuals' who need assistance with grooming are groomed as they desire.	
3Civ	Individuals' nails are trimmed and clean.	
3D	Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual	
3Di	Individuals do not wear bathrobes all day long.	
3Dii	Individuals are wearing clothes that fit, are clean, and are appropriate for the time of day, weather, preferences.	
3E	Staff communicates with individuals in a dignified manner.	
3Ei	Individuals greet and chat with staff.	
3Eii	Staff converse with individuals in the setting while providing assistance and during the regular course of the day.	
3Eiii	Staff do not talk to other staff about an individual as if the individual was not present or within earshot of other persons living in the setting.	
3Eiv	Staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'.	
3F	Individuals have privacy in their sleeping space and toileting facility.	
3Fi	The furniture is arranged as individuals prefer and the arrangement assures privacy and comfort.	
3Fii	The individual can close and lock his/her bedroom door.	
3Fiii	The individual can close and lock the bathroom door.	
3Fiv	Staff or other residents always knock and receive permission prior to entering a bedroom or bathroom.	
3G	The individual has privacy in his/her living space.	
3Gi	Cameras are present in the setting, in individual living spaces.	

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
3G				
ii	In individual personal space, the furniture is arranged as individuals prefer to assure privacy and comfort.			
3G				
iii	Staff or other residents always knock and receive permission before entering an individual's personal living space?			
3G				
iv	Staff only use a key to enter a personal living area or privacy space under limited circumstances agreed upon with the individual.			
3H	The individuals have comfortable places for private visits with family and friends.			
3Hi	The furniture is arranged to support small group conversations.			
3I	Individuals furnish and decorate their sleeping and/or living units in the way that suits them.			
3ii	The individuals personal items, such as pictures, books, and memorabilia are present and arranged as the individual desires.			
3I				
ii	The furniture, linens, and other household items reflect the individuals' personal preference.			
3I				
ii	Individuals living areas reflect their interests and hobbies.			
Comments/Findings				

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
4	The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
4A	Individuals have his/her own bedroom or share a room with a roommate of choice.			
4B	Married couples share or not share a room by choice.			
Comments/Findings				
5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)			
5A	Individuals are not required to adhere to a set schedule for waking, bathing, eating, exercise, and other activities.			
5B	Individuals have access to such things as a television, radio, and leisure activities that interest him/her and he/she can schedule such activities at his/her convenience.			
5C	Individuals can choose when and what to eat.			
5D	Snacks are accessible and available at any time.			
5E	The dining area affords dignity to the diners and individuals are not required to wear bibs or use disposable cutlery, plates, and cups.			
5F	The individual chooses with whom to eat or to eat alone.			
5Fi	Individuals are not required to sit at an assigned seat in a dining area.			
5F ii	Individuals converse with others during meal times.			
5F iii	If an individual desires to eat privately, he/she can do so.			
5F iv	Staff ask the individual about his/her needs and preferences.			
5F v	Requests for services and supported are accommodated as opposed to ignored or denied.			
5F vi	Individual choice is facilitated in a manner that leaves the individual feeling empowered to make decisions.			
5G	The individual chooses from whom they receive services and supports.			
Comments/Findings				

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
Record Review (Policies and Procedures)				
1	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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
1A	The record/log confirms that the individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS. <i>(Guidance: Do individuals regularly access the community? Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as each individual chooses and determined by the IDT? Can individuals come and go at any time as determined by the IDT?)</i>			
1Ai	Individuals regularly access the community.			
1Aii	The individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community as each individual chooses and as determined by the treatment team.			
1Aiii	Individuals may come and go at any time as determined by the treatment team.			
1B	The setting's policy/procedure ensures that each individual is employed or active in the community outside of the setting as determined by the IDT. <i>(Guidance: This includes volunteer services. Refer to ISPs. Do individuals work in integrated community settings? If individuals would like to work, is the option pursued? Do individuals participate regularly in meaningful non-work activities in integrated community settings for the period of time desired?)</i>			
1Bi	Individuals work in integrated community settings.			
1Bii	If individuals would like to work, there is activity that ensures this option is pursued.			
1Biii	Individuals participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by each individual.			
1C	The setting's policy/procedure ensures that each individual controls his/her personal resources.			
1Ci	Each individual has a checking or savings account or other means to control his/her funds.			
1Cii	Each individual has access to his/her funds.			
1Ciii	The individual is not required to sign over his/her paycheck to the provider.			
1D	The setting's policy/procedure assures that visitors are not restricted to specific visiting hours.			
1E	There is evidence of the training of individuals in the use of public transportation.			
1F	If public transportation is limited, the policies and procedures of the setting assure that other resources are provided for the individual to access the broader community.			
1G	State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices. <i>(Guidance: Do state regulations prohibit access to food at any time? Do state laws require restrictions such as posted visiting hours or schedules? Are individuals prohibited from engaging in legal activities?)</i>			
1Gi	Do state regulations prohibit individuals' access to food at any time?			
1Gii	Do state laws require restrictions such as posted visiting hours or schedules?			
1Giii	Are individuals prohibited from engaging in legal activities?			
Comments/Findings				

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				

HCBS RESIDENTIAL SITE REVIEW	1 = YES 0 = NO
Attendee Interview--include answers in space to the right of questions	

1	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. 42 CFR 441.30 (c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i) <i>(Guidance: Interview at least 2 members residing in the setting, or his/her legal representative.)</i>	
1A	Do you have a job? <i>(Guidance: Is the job setting integrated?)</i>	
1Ai	If no, what do you do during the day?	
1A ii	Who works at your job with you?	
1B	Would you like to work? <i>(Guidance: Is there activity that ensures the option is pursued?)</i>	
1Bi	If yes, is anyone helping you find a job?	
1C	Do you go out of your home?	
1Ci	How often?	
1C ii	Where do you go?	
1C iii	Do you get to choose where and when you go?	
1D	Tell me about how you handle your money. <i>(Guidance: Does the individual control his/her personal resources?)</i>	
1E	Do you know about activities occurring outside your home?	
1Ei	How do you find out about these activities?	
1E ii	Do you go shopping, attend religious services, schedule appointments, have lunch with family and friends, etc. in the community when you want to do so?	
1F	Can you leave and come back any time you want?	
1G	Tell me about your usual day. What happens? <i>(Guidance: Does the individual talk about activities occurring outside the setting?)</i>	
1H	Do you have a checking or savings account? <i>(Guidance: How does the individual access his/her money? Does the individual have to sign his/her paycheck over to the agency?)</i>	
1Hi	How do you get access to your money?	
1H ii	Do you have to sign over your paycheck to the provider?	

Comments/Findings

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				

HCBS RESIDENTIAL SITE REVIEW

1 = YES 0 = NO

2	The setting is selected by the individual from among setting options including non-disability specific settings...The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, 42 CFR 441.30(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)
2A	Did you get to choose this setting/house to live in ?
2Ai	Tell me about that.
2Aii	Did you choose your roommate?
2Aiii	Where would you like to live?

Comments/Findings

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3	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. CFR 42 441.301©(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)
3A	If you needed help, with getting dressed or bathing for instance, what would you do? <i>(Guidance: Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided, in private, as</i>

Comments/Findings

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4	The setting 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. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)
4A	Can you have visitors any time you want?
4B	Is there a special place you have to meet when someone visits you?
4C	Does anyone train you or show you how to ride a bus or taxi?

Comments/Findings

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5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)
5A	Were you provided a choice regarding the services, provider, and settings before you came here?
5B	Did you have the opportunity to visit/understand these choices/options?
5C	Can you change your mind about these choices?
5D	How do you do that? <i>(Guidance: Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?)</i>
5E	Do you decide what to do here?

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HCBS RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (ISS x1, ISSx2, ISSx3, GH)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
Does each resident have an individual lease? <i>(Guidance: Obtain copies of all.)</i>				
HCBS RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
5F	Does anyone help?			
5G	Do you know how to make a request for additional help or services, or change the services you have right now?			
Comments/Findings				

