

SETTING:

RESIDENTIAL SITE VISIT REPORT

Name
Address

Date of Site Visit:

MSU-IHP Site Reviewer:

Survey Question Number	Survey Question	Site Visit Impression/Supporting Evidence
2.1	Is the residence located in the same building or on the same campus as an institutional treatment option?	Description: Evidence: <ul style="list-style-type: none"> •
2.2	Does the provider operate or manage multiple home settings which are (1) on the same campus, (2) located close together, or (3) offer a continuum of care?	Description: Evidence: <ul style="list-style-type: none"> •
2.3	Is the residence intended for people with the same diagnoses or disabilities?	Description: Evidence:
2.4	Provide additional information to support responses in Section 2: Physical Location and Operations of Residential Setting:	Description: Evidence:
3.1	Are there options for using services and supports outside of the residence instead of onsite services?	Description: Evidence: <ul style="list-style-type: none"> •
3.2	Have individuals receiving Medicaid funded HCBS been provided with the opportunity to receive services and supports or participate in social and/or recreational activities in the same manner as individuals who are not receiving Medicaid funded HCBS?	Description: Evidence:
3.3_1	Do individuals receiving Medicaid funded HCBS participate in Individual shopping?	Description: Evidence:
3.3_2	Do individuals receiving Medicaid funded HCBS participate in Religious or spiritual services?	Description: Evidence:

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3.3_3	Do individuals receiving Medicaid funded HCBS participate in scheduled appointments (personal or medical)?	Description: Evidence:
3.3_4	Do individuals receiving Medicaid funded HCBS participate in meals with friends or family?	Description: Evidence:
3.3_5	Do individuals receiving Medicaid funded HCBS participate in recreation activities?	Description: Evidence: •
3.3_6	Do individuals receiving Medicaid funded HCBS participate in community events?	Description: Evidence: •
3.3_7	Do individuals receiving Medicaid funded HCBS participate in volunteer community services?	Description: Evidence:
3.3_8	Do individuals receiving Medicaid funded HCBS participate in community employment?	Description: Evidence:
3.3_9	Do individuals receiving Medicaid funded HCBS participate in school/education?	Description: Evidence:
3.3_10	Do individuals receiving Medicaid funded HCBS participate in other activities?	Description: Evidence:
3.4.1	Does the residence have restrictions on visitor hours or schedules?	Description: Evidence: •
3.4.2	Does the residence allow for exceptions to the visiting hours to address special circumstances?	Description: Evidence:
3.5	Can the MI Choice support coordinator or MI Health Link Care Coordinator visit at any time without permission?	Description: Evidence:

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3.6	Provide additional information to support responses in Section 3: Community Integration of Residential Setting:	Description: Evidence:
4.1	Does each individual have a lease or residential agreement for the residential setting?	Description: Evidence: •
4.2	Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS with information on the eviction process and a means to appeal an eviction?	Description: Evidence:
4.3	Are provider policies outlining individual rights, protections, and expectations of services and supports provided to individuals in an understandable format?	Description: Evidence:
4.4	Is information about filing a complaint posted in an obvious location in an understandable format?	Description: Evidence: •
4.5	Are individuals informed about how to discuss their concerns with residence staff?	Description: Evidence: •
4.6	Do individuals know the person to contact for completing an anonymous complaint?	Description: Evidence: •
4.7	Does the setting protect the privacy of an individual's health and personal information?	Description: Evidence:
4.8	Does staff discuss individual resident issues in public spaces?	Description: Evidence:
4.9	Does staff address individuals in the manner in which the individual would prefer to be addressed?	Description: Evidence: •
4.10	Do individuals have access to their personal funds as appropriate?	Description: Evidence:

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4.11	Do individuals have control over their personal funds as appropriate?	Description: Evidence:
4.12	Do individuals have a secure place (e.g. locker or lockbox) to store their personal belongings?	Description: Evidence: •
4.13	Do individuals have options within the setting to choose who provides their services and supports?	Description: Evidence:
4.14	Are individuals able to update or change their services and supports that they receive based on their preferences and needs?	Description: Evidence:
4.15	Does the setting allow individuals to participate in legal activities as appropriate? (e.g. voting in public elections when 18 years of age or older)?	Description: Evidence: •
4.16	Does staff receive training and continuing education on individual rights and protections?	Description: Evidence:
4.17	Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person-centered plan)?	Description: Evidence: •
4.18	Provide additional information to support responses in Section 4: Individuals Rights of Residential Settings:	Description: Evidence:
5.1.1	Can individuals close and lock their bedroom door?	Description: Evidence: •
5.1.2	Do individuals have keys to their bedroom doors?	Description: Evidence:
5.1.3	Do bedroom doors have doorknobs that may be unlocked from inside with one motion (automatically unlocks with one turn of the knob)?	Description:

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		Evidence: •
5.1.4	Can individuals close and lock their bathroom door?	Description: Evidence:
5.1.5	Do bathroom doors have doorknobs that may be unlocked from inside with one motion (automatically unlocks with one turn of the knob)?	Description: Evidence: •
5.1.6	Do staff members have a key or keypad access to individual bedroom doors?	Description: Evidence: •
5.1.7	Do staff members have a key or keypad access to individual bathroom doors?	Description: Evidence: •
5.1.8	Do staff members respect individual privacy when entering an individual's personal space?	Description: Evidence:
5.2.1	Does the setting allow for individuals to have meals/snacks at the time and place of their choosing?	Description: Evidence: •
5.2.2	Can individuals choose what they eat, as appropriate? (yes = 1, no = 0)	Description: Evidence: •
5.2.3	Can individuals choose to eat alone or with other housemates?	Description: Evidence: •
5.3.1	Can individuals choose what clothes to wear?	Description: Evidence: •
5.3.2	Can individuals receive assistance with dressing if necessary?	Description: Evidence: •

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5.4	If an individual has access to a personal communications device (e.g., cell phone, landline phone, personal computer, tablet), can he or she use this device in private at any time?	Description: Evidence: •
5.5	If an individual has access to a shared communication device (e.g., cell phone, landline phone, personal computer, tablet), can the device be used in a location that allows for private communication?	Description: Evidence: •
5.6	Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?	Description: Evidence: •
5.7	If there are cameras and visual/audio monitors pre-letter sent in the individual's bedroom or bathroom, was the equipment installed to meet an assessed or documented need for the individual?	Description: Evidence:
5.8	If an individual needs assistance with personal care, does he or she have privacy when receiving this support?	Description: Evidence: •
5.9	Do individuals who share a personal space/bedroom have a choice of roommate(s)?	Description: Evidence: •
5.10	Do individuals have the freedom to furnish or decorate their own bedrooms?	Description: Evidence: •
5.11	Do individuals arrange and control their personal schedule of daily appointments and activities?	Description: Evidence: •
5.12_1	Do individuals have full access to the home's kitchen?	Description: Evidence: •
5.12_2	Do individuals have full access to the home's dining area?	Description: Evidence:
5.12_3	Do individuals have full access to the home's laundry room?	Description: Evidence:

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5.12_4	Do individuals have full access to the home's comfortable seating area? (yes = 1, no = 0)	Description: Evidence:
5.12_5	Do individuals have full access to the bathroom?	Description: Evidence: •
5.12_6	Can individuals access the kitchen at any time?	Description: Evidence:
5.12_7	Can individuals access the dining area at any time?	Description: Evidence:
5.12_8	Can individuals access the laundry room at any time?	Description: Evidence: •
5.12.9	Can individuals access the comfortable seating area at any time?	Description: Evidence: •
5.12_10	Can individuals access the bathroom at any time?	Description: Evidence: •
5.12	If the setting does not provide full access to the home's common areas, please explain why there are restrictions:	Description: Evidence:
5.13	Is there space within the home where individuals may meet with visitors to have private conversations?	Description: Evidence:
5.14	Does the setting place restrictions on an individual's ability to come and go from the home setting?	Description: Evidence:
5.15	Does the setting place restrictions on an individual's ability to freely move about the inside space of the home setting?	Description:

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		Evidence: •
5.16	Does the setting place restrictions on an individual's ability to freely move about the outside space of the home setting?	Description: Evidence: •
5.17	Is the residence physically accessible to all individuals?	Description: Evidence:
5.18	Are there environmental adaptations (grab bars, shower chairs, wheelchair ramps) within the setting to enhance the physical accessibility of the setting?	Description: Evidence: •
5.19	Are the household appliances within the setting physically accessible to all individuals?	Description: Evidence: •
5.20	Is the furniture at a height and location that is accessible and comfortable to all individuals?	Description: Evidence:
5.21	Does the home have gates, locked doors, or other barriers preventing entrance or exit from common areas of the home (i.e. kitchen, dining area, laundry, comfortable seating area, and bathroom)?	Description: Evidence:
5.22	If available, do individuals who are receiving Medicaid funded HCBS have the same access to features of the housing community (e.g. pool, gym) the same as individuals who are not receiving Medicaid funded HCBS?	Description: Evidence:
5.23	Is accessible transportation available for individuals to make trips within the community?	Description: Evidence: •
5.24	Do individuals have access to nearby public transportation?	Description: Evidence: •
5.25	If public transit is available, do individuals receive training or assistance with using public transit?	Description: Evidence: •

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5.26	If public transit is limited or unavailable, do individuals have other resources to access the broader community?	Description: Evidence: •
5.27	Provide additional information to support responses in Section 5: Individual Experience within Residential Setting:	Description: Evidence: •
6.1	Did individuals have the opportunity to choose a residential setting from a variety of options?	Description: Evidence: •
6.2	Did individuals have an option of choosing a residential setting with a private bedroom?	Description: Evidence: •
6.3	Have individuals been provided with information on how to request new housing?	Description: Evidence: •
6.4	Do all individuals in the setting have a documented service plan and/or person-centered plan (e.g. Plan of Care or Individual Integrated Care and Supports Plan (IICSP))?	Description: Evidence: •
6.5	Provide additional information to support responses in Section 6: Waiver Administration and Policy Enforcement of Residential Settings:	Description: Evidence:

SETTING:**REQUESTED DOCUMENTATION:**

- A. Copy of current licensure for this facility
- B. Documentation of board of directors/governance for this facility which shows activity separate from other facilities on the campus, e.g., most recent board meeting minutes or current board membership roster for this facility.
- C. Copy of current licensure for any adjoining or adjacent facility located on the same campus
- D. A campus map showing locations of all campus facilities and names of each.
- E. Job descriptions for all staff and administrative positions at this facility.
- F. Evidence of staff trainings held since April 1, 2018, for those currently employed by this facility that is specific to the non-residential, adult care population it serves. Evidence could include course or presentation outlines, records of attendance at the training, etc. Training topics could include, but are not limited to:
 - a. Person-centered care
 - b. Culturally competent care
 - c. Implementing/modifying a person-centered plan of care
 - d. How to appropriately impose and lift restrictions within the person-centered plan of care approach
- G. Current facility/staff policies, procedures or protocols related to:
 - a. What is meant by and how to deliver person-centered care
 - b. What is meant by and how to deliver culturally competent care
 - c. How to implement and modify a person-centered plan of care
 - d. How to appropriately impose and lift restrictions using a person-centered plan of care approach
 - e. Visiting hour restrictions
 - f. Respect for individual's privacy
 - g. Restricting client ability to enter or exit the facility at will.