

Ohio's Transition Plan HCBS Settings Evaluation

1. Does this individual currently reside in any of these settings that are not home and community-based?
 - a. Nursing Facility
 - b. Institution for mental disease
 - c. ICF
 - d. Hospital
 - e. A setting located in a building that is also a publicly/privately operated facility providing inpatient institutional treatment
 - f. A building on the grounds of or adjacent to a public institution
 - g. A setting that has institutional qualities
 - h. No

2. What is the most accurate description of the individual's current setting?

Guidance: Setting blends into neighborhood. No gates/signage that distinguish this from other nearby settings, no private information is posted.

- a. Has institutional qualities
 - b. No institutional qualities
 - c. Needs some improvement

3. Identify if the individual resides in a setting which isolates him/her from the community based on professional judgement:
 - a. Setting is physically isolated from the community
 - b. Setting is a disability-specific congregate setting
 - c. Day services are provided on or adjacent to the residential setting
 - d. N/A to this setting
4. Is the residential setting provider owned?

5. Does the provider, when providing services in multiple settings, have policies/practices that ensure that individuals can select the setting in which they want to receive services?

Guidance: If the provider offers multiple residential settings, the individual can select where they want to live. If the provider offers multiple day service settings, the individual can select where they want to receive day services.

6. Does the provider have policies/practices that assist people with getting help to move/change/explore alternative providers?

Guidance: The provider communicates with the individual's team, guardian, SSA, etc. to initiate assistance when requested by the individual. The provider has a system of assessing individual satisfaction with services and initiates change based on feedback.

7. Does the individual have full access to the community ;

Guidance: Transportation is available (public, provider-owned, within walking distance, other). Restrictions are noted in plans with appropriate oversight/approval for individuals whose access is limited. Evidence that people are participating activities in naturally occurring settings, rather than activities being brought into the location. People with complex physical/behavioral/medical needs are afforded equal access to community participation.

- a. Is transportation/access to the community available?
- b. Participation in Community Activities of Choice in Naturally Occurring Environments
- c. Is there engagement with members of the broader community?
- d. Are activities comparable to those of people with similar ages without disabilities?
- e. Are individuals with complex physical/behavioral/medical needs afforded equal access to community participation?
- f. If access is limited, is the limitation addressed in the plan?

8. What is the most accurate, based on the answers to the Question # 7, to describe the individual's current setting from the categories

Guidance: For settings that partially enable access at this time, is there evidence that the provider is making necessary changes to infrastructure to support enhanced access? Policies/practices promote involvement by the general public. When the setting does not fully promote community access, the provider has a plan for improvement which promotes development and maintenance of community connections. Staff training, position descriptions, evaluations reflect the expectation that staff support participant-direction, choice, and person-centered supports.

- a. Setting promotes community access

- b. Setting partially enables individual community access and the provider HAS submitted a remediation plan
- c. Setting partially enables individual community access and the provider HAS NOT submitted a remediation plan
- d. Setting does not promote individual community access and the provider HAS submitted a remediation plan
- e. Setting does not promote individual community access and the provider HAS NOT submitted a remediation plan

9. Does the individual have the freedom to manage activities of daily living e.g. cooking, eating, bathing, sleeping, cleaning, and recreational activities?

Guidance: Daily routines vary based upon individual choice. People have flexibility of schedules and ability to change their minds about what to do. Activities meet a range of different interests/abilities. Group participants change throughout the day. Activity locations vary to support personal interests/preferences (large/small groups, indoor/outdoor, etc. The setting's policies/practices promote individual choice. People participate in tasks/activities that are comparable to those people of similar ages without disabilities.

10. When necessary, are modifications made to the manner in which services are provided to help people be successful.

Guidance: Individuals have access to appropriate adaptive equipment e.g. communication devices, wheelchairs, adaptive utensils, etc. Staff are trained to provide services in a manner that facilitates success. Individuals have access to interpreter services, staff who understand sign language or native language. Staff are aware of and trained on the specific needs of individuals.

11. Is the setting physically accessible for the individual with no obstructions such as steps, barriers in a doorway, narrow hallways, etc., limiting the individual's mobility in the setting which has not been otherwise addressed through environmental adaptations?

Guidance: Individuals have full access to all areas of the setting.

12. Does the individual have visitors without disabilities, other than paid staff, who routinely come and go?

Guidance: When events/activities occur at the setting, members from the broader community encouraged to participate, as appropriate. People spend time with friends and family in the area of their choosing.

13. Does the setting offer the individual the means to communicate freely with family and friends similar to individuals in the community who are not in the setting, e.g. personal phone, house phone with privacy or computer?

If no, select reason(s):

Unique needs of the individual cannot be accommodated with available technology

No access to personal telephone or cellphone

Person does not have access to computer and/or internet services

14. Does the setting ensure privacy and confidentiality for individuals?

Guidance: Personal care, health-related activities, and other supports are provided in a manner that ensures privacy and dignity. Does the setting have signs, notes, or rules posted that infringe on privacy or reveal confidential information? Records are maintained in a location and manner that ensures privacy.

15. Does the setting incorporate comments/suggestions/input from internal and external customers (individuals/families/guardians/professionals/staff) into a continual process of improvement?

Guidance: The setting balances its mission with being a part of the broader community. The setting has a process for seeking comments/suggestions/input from customers. The setting has a quality improvement process through which feedback is gathered and evaluated.

Additional Comments:

Setting Address:

Type of Setting:

- a. Residential
- b. Day Services

Name of DODD Staff:

Date of On-Site:

OPSR USE ONLY:

REMEDIATION REQUIRED: