

On-Site Visit Tool Reference Chart 6.9.20

Question	Examples	Action Considerations
1. Is the environment clean, safe and appropriate to individual needs?	(e.g., no evidence of infestation or unpleasant odor, no observable concerns with the environment such as torn carpets, unsafe throw rugs, a lack of toilet paper, food, soap or other needed supplies, and the setting is physically accessible to the individual with no barriers noted, etc.)	Determine the severity of the issue; Ask about recent changes; Assist with referrals as needed; Call 911 if emergency; Inform Adult Protective Services if abuse, neglect, or exploitation is suspected; Contact the DBHDS Offices of Licensing and Human Rights; Inform your supervisor and document; Update ISP as necessary
2. Are environmental modifications or assistive technologies needed to increase independence or prevent institutionalization?	(e.g., there is an appropriate integration of setting and supports available to promote the individual's independence and/or access to the greater community, wheelchair, walker, communication device, etc.)	Assess whether there are any immediate health or safety needs that must be addressed; Convene a team meeting to discuss the need for an AT or EM evaluation; Assist with linking the individual to a specialist to receive the evaluation; Support the individual to obtain any items recommended by the specialist; Update ISP as necessary
3. Does the person appear healthy/safe?	(e.g., is there a new diagnosis from the past 90 days that could increase risk, such as going to the emergency room for an accident, injuring oneself and without effective behavioral services, signs of inadequate care like skin breakdown or choking that could have been avoided, or other changes in physical appearance: hygiene, weight, physical marks, etc.)	Determine the severity of the issue; Ask about recent changes; Assist with referrals as needed; Call 911 if emergency; Inform Adult Protective Services if abuse, neglect, or exploitation is suspected; Contact the DBHDS Offices of Licensing and Human Rights; Inform your supervisor and document; Update ISP as necessary
4. Have there been any changes observed or reported in health since the last visit?	(e.g., changes that create a new risk such as a new medical diagnosis, having remaining teeth removed for a person on a special diet, has lost five pounds in 90 days or has not been weighed properly when weight has been of concern, or other changes in medical, behavioral, and/or mental health)	Ensure any concerns have been addressed and resolved; Confirm actions have been taken to reduce chances of reoccurrence; Make referrals if needed; Update the ISP to reflect any change in needs
5. Does the person have meals that match his needs and preferences?	(e.g., physician's order, equipment, individual choice is observed with menu selections and/or cultural or religious preferences are honored, no policies indicating food restrictions, set meal times, etc. Any modifications are supported, justified and documented in the person-centered plan.)	Convene a team meeting if necessary; Ensure any concerns have been addressed and resolved; Confirm actions have been taken to reduce chances of reoccurrence; Make referrals if needed; Update the ISP as needed
6. Have there been any significant life changes that impact services?	(e.g., the loss of a day, residential, or behavioral service provider, change in financial status, benefits, eligibility for services, or a change in waiver status, etc.)	If moved to a less integrated setting, ensure informed choice and complete an RST referral; If individual has lost a needed service, determine and initiate next steps; if guardianship has changed, obtain paperwork; if income has decreased, discuss employment and

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		reconfirm eligibility; Update the ISP as needed
7. Does the person express satisfaction with current supports?	(e.g., the type, amount, who provides, interest in other services or supports, does the setting ensure individual privacy, dignity and freedom from coercion and restraints, optimize individual autonomy and independence in the setting, etc.)	Convene a team meeting to discuss improving current services and/or considering alternate service options; Report potential fraud to Medicaid and the DBHDS Office of Licensing; Make referrals if needed; Update the ISP as needed
8. Does the person express satisfaction with the progress being made?	(e.g., increased abilities, opportunities for inclusion, having more independence, etc.)	Convene a team meeting to discuss improving or exploring new opportunities and/or considering alternate service options; Make referrals if needed; Update the ISP as needed
9. Are the paid supporters qualified to provide the services?	(e.g., do the DSPs know the individual's needs and understand their role in providing support?)	Refer the provider to their Community Resource Consultant; Convene a team meeting to discuss improving current services and/or considering alternate service options
10. Are behavioral services available and occurring as needed, and as authorized?	(i.e., number of days and hours authorized)	Convene a team meeting to discuss improving current services and/or considering alternate service options; make referrals as necessary; if needed, request an updated plan from the provider
If no to question 10 for behavioral services, confirm the following:	An onsite assessment was completed? A behavioral plan designed to decrease negative behavioral and increase functional replacement behaviors? Caregivers are trained to implement the behavior plan? Presence of data collection/reviews to improve supports? Changes were made to the behavioral plan as needed?	
11. Are nursing services available and occurring as needed, and as authorized?	(i.e., number of days and hours authorized)	Convene a team meeting to discuss improving current services and/or considering alternate service options; make referrals as necessary; if needed, request an updated plan from the provider
If no to question 11 for nursing services, confirm the following:	Services were provided consistently for past 90 days? The hours provided are sufficient to ensure health and safety? The services provided meet the person's identified needs?	
12. Are other services available and occurring as needed, and as authorized?	(i.e., number of days and hours authorized)	Convene a team meeting to discuss improving current services and/or considering alternate service options; make referrals as necessary; if needed, request an updated plan from the provider
13. Do the services include skill-building if required?	(e.g., progress is occurring as expected, data is collected and reviewed by the provider; this is a required element in certain services to focus on increasing independence based on the ISP)	Refer the provider to their Community Resource Consultant; Convene a team meeting to discuss improving current services and/or considering alternate service options; Make referrals if

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		necessary; Request an updated plan from the provider
14. Does community involvement occur as described in the ISP?	(e.g., person has natural supports, are they being provided, do individual activity schedules and reports confirm that the individual is going out to places they choose and like as indicated in the ISP, he/she has access to reliable transportation, and any modifications are supported, justified and documented in the person-centered plan.)	Convene a team meeting to discuss improving current services and/or considering alternate service options; Make referrals if necessary
Determination	To be completed after Questions 1 through 14	
15. Was a change in status identified?	“Change in status” refers to changes related to a person’s mental, physical, or behavioral condition and/or changes in one’s circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, and type of services or waiver.	
16. Is the ISP implemented appropriately?	“ISP implemented appropriately” means that services identified in the ISP are delivered consistent within generally accepted practices and have demonstrated progress toward expected outcomes, and if not, have been reviewed and modified.	
17. Does the person (and substitute decision-maker if applicable) understand that he has a choice of providers and/or support coordination agency/support coordinator?	(i.e., does documentation shows that the setting was selected by the individual and SDM, if applicable?)	If necessary, review services and provider options to support an informed choice about options selected; update the Virginia Informed Choice form if needed
18. Do any concerns observed or reported require reporting to DBHDS or other state agency or your supervisor?	(i.e., safety concerns, does a scan of the physical setting indicate compliance with HCBS requirements: privacy in sleeping unit, lockable entrances with individual possessing keys, freedom to furnish and decorate living unit, choice of roommate, no restrictions on visitation, etc.)	If necessary, report findings to the appropriate agency or your supervisor; Once completed, upload the completed On-Site Visit Tool in WaMS under the current ISP attachments.

Helpful checklist for generally accepted practices

- A current assessment is available (within 1 year and for behavioral services conducted in the setting)
- A written plan is available
- Targeted changes are addressed (e.g. plans that focus on skill-development, increased independence, or targeted behavioral change)
- Supporters are adequately trained as applicable
- Data collection is available
- Data is summarized and reviewed as required
- Changes have been made as needed and requested
- Training of paid and unpaid supporters has been provided
- Routine documentation in notes and reviews correspond with the person's desired outcomes and describe progress and/or methods related to increasing a person's independence, integration, and/or quality of life