

Louisiana Office of Aging and Adult Services

Site Specific Assessment Validation of Non-Residential Providers

Instructions: Information collected from this tool will be used to validate the corresponding self-assessment already submitted by the provider. For each assessment item, choose a response and the type of evidence reviewed to determine the response. Responses that may require remediation will prompt you to include additional information. You may also enter additional information to clarify or support responses. The response for each item may be gathered using several methods which include but are not limited to direct observation, review of provider documentation, and staff and/or participant interviews.

Date of Site Validation: [Click here to enter a date.](#)

Section A – Provider Information			
A.1.	Name of ADHC	Click here to enter text.	
A.2.	ADHC Representative Contact	Name: Click here to enter text.	Phone: Click here to enter text. Email: Click here to enter text.
A.3.	Region	Choose an item.	

Section B – Physical Location of Service Setting				
<i>Demonstrate that the setting is integrated within the general community and does not possess qualities of an institutional setting</i>				
	Assessment Item	Response	Evidence Reviewed	Additional Information & Comments
B.1.	Is the setting located in a building that is also a publicly or privately operated nursing facility, institution for mental disease, intermediate care facility for individuals with developmental disabilities, or a hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide additional information.	Choose an item.	
B.2.	Is the setting located in a building, on the grounds of, or adjacent to a publicly-operated institution that has the effect of isolating individuals receiving Medicaid HCBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide additional information.	Choose an item.	
B.3.	Is the service setting in a building or neighborhood that is located among other residential buildings, private businesses, retail businesses, restaurants, doctor’s offices, etc. that facilitate integration with the greater community?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
B.4.	Is the service setting in a gated/secured community for people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide additional information.	Choose an item.	

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Section C – Individual Choice & Participant-Centered Planning				
<i>Ensure that participants have exercised their choice in selecting the service setting and are supported in expressing their needs and preferences</i>				
	Assessment Item	Response	Evidence Reviewed	Additional Information & Comments
C.1.	Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
C.2.	Does the setting ensure the individual is supported in developing plans to support her/his needs and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
C.3.	Are provider staff knowledgeable about the capabilities, interests, preferences, and needs of individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
C.4.	Does the setting post or provide information to participants about how they may request changes to their current services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	

Section D – Community Integration				
<i>Ensure that the service setting is integrated and supports access to the broader community</i>				
	Assessment Item	Response	Evidence Reviewed	Additional Information & Comments
D.1.	Does the setting make materials and/or resources (e.g. community calendar) available to its participants to increase awareness of activities occurring outside of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
D.2.	Are individuals, within reason, able to come and go at any time (i.e. can a family member check them out during the day)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
D.3.	Does the setting facilitate or provide information on accessing/attending activities outside of the setting that are important to the participant (e.g. shopping, attending religious services, medical appointments, dining out, etc.) OR is there a staff person who is available to assist the participant with accessing these?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	

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D.4.	Does the setting encourage visitors or other people from the greater community (aside from paid staff)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
D.5.	Does the setting make available information to access public transportation, such as buses, taxis, wheelchair accessible vans, etc., and is the information available in a convenient location?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	

Section E – Rights and Privacy				
<i>Ensure that the service setting ensures individual rights or privacy, dignity, respect, and freedom from coercion and restraint</i>				
	Assessment Item	Response	Evidence Reviewed	Comments (Evidence Reviewed, Clarifying Information, etc.)
E.1.	Is all information about individuals kept private? Do staff follow appropriate confidentiality policies/practices? For example, there are no publicly posted schedules of individual's medications, dietary restrictions, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
E.2.	Does the ADHC assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed while providing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
E.3.	Is there a policy and/or evidence to support that individual service plans are specific to the individual and not the same for everyone. Are specific supports or plans to address behavioral issues tailored to individual participants and not applied across the entire setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
E.4.	Does the setting offer a secure place for participants to store personal belongings if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
E.5.	Does the setting support individuals who need assistance with their personal appearance and is this personal assistance provided in a private setting when appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
E.6.	Does the setting post or provide information on participant rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	

Section F – Individual Autonomy and Independence				
<i>Ensure that the service setting optimizes autonomy and independence in making life choices</i>				
	Assessment Item	Response	Evidence Reviewed	Additional Information & Comments
F.1.	Are there gates, locked doors, fences, or other barriers preventing individuals’ entrance to or exit from certain areas of the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide additional information.	Choose an item.	<i>If yes, identify areas that are restricted and why (is this to ensure participant safety).</i>
F.2.	Does the physical environment support a variety of individual goals and needs (i.e. does the setting provide indoor and outdoor gathering spaces; larger group activities as well as solitary activities; or stimulating as well as calming activities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
F.3.	Does the setting allow participants to choose with whom to do activities (i.e. their interaction is not restricted to a certain group of people)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
F.4.	Does the setting allow for individuals to have a meal/snack at the time and place of their choosing? For instance, does the setting afford individuals full access to the dining area with comfortable seating, opportunity to converse with others, and dignity to the participant (i.e. individuals are treated age-appropriately and not required to wear bibs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information.	Choose an item.	
F.5.	Does the setting provide for an alternate meal and private dining if requested by the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	
F.6.	Does the setting afford the opportunity for tasks and activities matched to individuals’ skills, abilities, and desires?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	
F.7.	Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	
F.8.	Is the setting physically accessible, including access to bathrooms and break rooms? Are their obstructions that limit participants’ mobility in the setting (i.e. narrow	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	

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	hallways, doorway lips which would limit movement for those in wheelchairs)?			
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Section G – Policy Enforcement

	Assessment Item	Response	Evidence Reviewed	Comments (Evidence Reviewed, Clarifying Information, etc.)
G.1.	Do paid and unpaid staff receive new hire training and continuing education related to the rights of individuals receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	
G.2.	Are provider policies outlining rights of individuals receiving services made available to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	
G.3.	Are provider policies on participant experience and HCBS rules regularly assessed for compliance and effectiveness? If changes are needed, are policies amended to reflect these?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , provide additional information	Choose an item.	