

The Developmental Disabilities Administration New Site Visit Checklist

Provider Name: _____

Provider Representative Name: _____

Provider Representative's contact information: _____

Site Address: _____

Site Visit Date: _____

Choose the regional office for this provider site:

- CMRO
- ESRO
- SMRO
- WMRO

Regional Office Reviewer: _____

Service (s) to be provided at this site:

- Community Living Group Home
- Community Living Enhanced Supports
- Day Habilitation
- Career Exploration-Facility Based



MARYLAND
Department of Health
Developmental Disabilities Administration

Institutional and Isolating Characteristics¹
**(Setting is in an institution or in close proximity to public institutions or inpatient treatment facilities;
or the setting has isolating effects on participants.)**

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
1a. The site is located somewhere other than one of the following: a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, or a hospital.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
1b. The site is located somewhere other than on the grounds of, or immediately adjacent to, a public institution.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
1c. The site is located somewhere other than a publicly or privately owned facility that provides inpatient institutional treatment.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

¹ Gold cells are heightened scrutiny questions.

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
<p>1d. The site is located somewhere other than near other sites that your organization operates, or this organization does not operate any other sites.</p> <p><i>(Ask staff/observe: Are there other settings operated by this provider on the same street or block?)</i></p>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
<p>1e. The site is located somewhere other than a gated or secured community.</p>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
<p>1f. Multiple types of services (e.g., housing, day services, medical, behavioral, and/or social and recreational activities) are NOT provided at this site.</p> <p><i>(Ask staff/observe: Does the setting appear to be a "one-stop shop"? Do participants engage in other services or activities outside of this setting?)</i></p>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
1g. The site is physically integrated with the greater community (i.e., the site is close to other residences and/or businesses).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

Setting is integrated in the community and supports the integration of the participants in the greater community (i.e., seek employment, engage in community life, control resources, and receive services in the community).

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
2a. Provider has policies in place to support that opportunities will be continually provided by the site daily for ALL participants to engage in activities in integrated community settings (visiting entertainment and cultural sites in the community, volunteering in the community, etc.).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

<p>2b. The provider will provide transportation and/or information and training on how to access transportation.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	
<p>2c. When participants are NOT accessing the community, policies are in place that require the provider to document their attempts at getting the participant integrated into the community.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
<p>2d. The Provider has policies in place that mention that participants are supported (including assistance from a person of their choosing) in controlling their own funds (i.e., participants are given information regarding bank accounts and supported in their use as appropriate).</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p> <p><input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	

**The setting is selected by the individual from among setting options,
including non-disability-specific settings and an option for a private unit in a residential setting.²**

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
3a. The Provider has policies in place that mention that participants choose the service setting site from other options presented to them (including non-disability-specific settings).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
3b. The Provider has a policy in place that mentions that the setting options made available to participants are documented in each participant’s person-centered plan.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
3c. The Provider has a policy in place that mentions participants were given the choice of a private unit.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

² Gold cells are heightened scrutiny questions.

The setting ensures an individual's rights to privacy, dignity, respect, and freedom from coercion and restraint.³

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
<p>4a. The site is free of the use of unauthorized restraint interventions such as seclusion, physical restraints, chemical restraints, or locked doors.</p> <p><i>(Ask staff: Is informed consent received from participants and/or their legal guardians regarding the use of restraints or restrictive procedures? Are due process measures followed regarding the use of restraints or any restrictive procedures?)</i></p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	
<p>4b. The Provider has a policy in place and a designated private space to have personal care activities and health-related discussions with participants.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	
<p>4c. The Provider has a policy in place and secure/private space to keep participant’s personal information(e.g., participants’ schedules for PT, OT, medications, dietary restrictions, etc. are kept private).</p> <p><i>(Observe: No PHI should be left out in the open or posted in places visible to the public. Participant information should be kept under lock and key.)</i></p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	

³ Gold cells are heightened scrutiny questions.

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
<p>4d. Information regarding participants' rights is provided to participants in an easy to understand format.</p> <p>(Ask: Are copies of participants' rights available to review?)</p>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

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. The setting facilitates individual choice regarding services and supports, and who provides them.

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
<p>5. The Provider has policies in place to address the following:</p> <ul style="list-style-type: none"> a. Participants will spend the majority of their time in activities of their choice, which includes opportunities to participate in the community per their interests and preferences. b. Participants will be asked how often they want to take part in community activities. c. Participants will be encouraged to interact with different groups of people (i.e., community members as well as other participants in the service setting) 	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

<p>d. Participants know how to request changes to their current service plan.</p> <p>e. Participants know how to file a complaint.</p>			
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The setting is physically accessible.

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non Compliance
<p>7a. The site has physically accessible furniture and appliances (e.g., toilets, stoves, cabinets, washing machines, tables and desks that allow room for wheelchairs, etc.) for participants to use.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	
<p>7b. The Provider has a policy in place that mentions that accessibility modifications will be provided as needed so that participants have full access to the site (i.e., stair glides, ramps, barrier-free rugs, railings, lever door handles, and clearance to navigate around furniture).</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p><input type="checkbox"/> Visual Observation</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Documentation</p> <p><input type="checkbox"/> Other</p>	

Additional Residential Requirements for Provider-Owned or Controlled Settings

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
8a. Participants have a residential agreement or other legally enforceable document that describes their rights.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
8b. Entry doors are lockable.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
8c. Participants have keys (or the key code or card) to the entry doors.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

Question	Compliance Response	Source of Compliance Response	Comments/Evidence of Compliance or Non-Compliance
8d. Bedroom doors are lockable by participants.	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
8e. Bathroom doors are lockable by participants.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	
8f. Policies are in place that specify that only appropriate staff have access to keys, key codes, or cards to lockable doors (i.e., entry, bedroom, and bathroom).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	

Question	Compliance Response	Source of Compliance False Response	Comments/Evidence of Compliance or Non-Compliance
<p>8g. The Provider has policies in place to address the following:</p> <ul style="list-style-type: none"> ● Participants will be able to choose their roommates if/when rooms are shared. ● Participants will be able to decorate their rooms. ● Participants will be supported in developing their own personal schedules. ● Participants will be able to access food of their choosing at any time (e.g., a participant missed lunch due to an appointment, so they can get a snack). ● Participants will be able to have visitors at any time of the day. ● Participants will have full access to all areas of the residence (i.e., common areas, kitchen, laundry room, etc.). ● Participants have a private space to talk to friends and family (i.e., either in person or by phone or an electronic device). ● If there are any modifications made to the residential requirements listed above, documentation is required in the participant's Person-centered plan (based on an individual's unique needs). 	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> N/A	<input type="checkbox"/> Visual Observation <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Documentation <input type="checkbox"/> Other	