



**ELEMENT #1**

**Heightened Scrutiny Assessment Tool for Facility Based Day**

**INSTRUCTIONS:** In order to assess your agency’s compliance with the Home and Community Based Settings (HCBS) Rule, TennCare is requesting the following information as part of the Heightened Scrutiny Review Process (HS element #1). Please review the questions in their entirety and collect the information needed to provide your answers. Then, using the link provided by your designated reviewer (DIDD), enter the requested information into the WuFoo portal. If you have any questions, please contact your designated reviewer.

Setting Type:

Agency Name:

DBA Agency Name:

Provider ID/Medicaid Number:

Service Type:

Contact Name:

Contact email address:

Contact Phone Number:

Site Street Address:

Site Street Address 2

City:

Zip Code:

County:

Data Request	Provider Response
1. How many people do you serve enrolled in a HCBS waiver (CHOICES/Statewide/CAC/SD)?	
2. How many people do you serve not enrolled in a HCBS waiver?	
3. Of those enrolled in a HCBS waiver (Statewide/CAC/SD), how many receive FB Day services (regardless of the amount of time or how you bill for services)?	
4. Of those receiving FB Day, how many people never leave the FB Day center?	
5. Of those receiving FB Day, how many people spend half their day in CB Day (more than 3 hours a day)?	
6. Of those receiving CB Day, how many people are supported individually to engage in community activities?	
a. Do the activities include interaction between the individual and other people who are not affiliated with agency program? Y/N	

7. Of those receiving Community-Based Day (CB Day), how many people are supported in small groups to engage in community activities?	
a. Do the activities include interaction between an individual (within the small group) and other people who are not affiliated with agency program? Y/N	
8. Is sheltered employment part of the FB Day setting? Y/N If yes, answer the following questions:	
a. Of those enrolled in a HCBS waiver (Statewide/CAC/SD), how many people participate in sheltered employment?	
b. Of those participating in sheltered employment, how many have been in sheltered employment for the time periods below?	
≤ 1 year	
> 1 year but ≤ 2 years	
> 2 years but ≤ 5 years	
> 5 year	
c. Of those participating in sheltered employment, what is the <b>longest</b> length of time to date that someone has been in sheltered employment?	
d. Of those participating in sheltered employment, what is the <b>average</b> length of time to date that participants have been in sheltered employment?	
e. Of those participating in sheltered employment, how many also participate in CB Day?	
f. Of those participating in sheltered employment and CB Day, how many participants spend the number of hours below in CB Day?	
≤ 1 hour a day	
> 1 hour but ≤ 2 hours a day	
> 2 hours but ≤ 3 hours a day	
> 3 hours a day	
9. Of those people participating in sheltered employment, how many have <b>tried</b> competitive employment in the community?	
10. How many people has your agency transitioned from sheltered employment to integrated, competitive employment in the last year (January 1, 2015 through December 31, 2015)?	
a. The last 2 years?	
b. The last 5 years?	
11. How many people do you plan to transition from sheltered employment to integrated employment this year (January 1, 2016 through December 31, 2016)?	
12. Of those participating in sheltered employment, how many are also employed outside the facility in a competitive job making at least minimum wage?	
a. Individual Employment	
b. Small group (2 or 3)	
c. Group/enclave (4 or more)	

13. Of those employed in competitive jobs, how many hours do they work in a week?	
> 1 hour but $\leq$ 10 hours a week	
> 10 hour but $\leq$ 15 hours a week	
> 15 hours but $\leq$ 25 hours a week	
> 25 hours a week	
Upload required documents.	