

Ohio Department of Medicaid  
HEIGHTENED SCRUTINY EVIDENCE PACKAGE

**Setting Information**

Provider's Name		
Location of the Setting	Type of Setting	Number of Individuals Served at the Setting
Waiver Services Being Provided at the Setting		

**Heightened Scrutiny Prong**

<input type="checkbox"/> Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.
<input type="checkbox"/> Prong 2: Setting is in a building on the grounds of, or adjacent to, a public institution.
<input type="checkbox"/> Prong 3: Setting has the effect of isolating individuals from the broader community.

**Recommendation**

As required by 42 CFR 441.301 (c) (5), the State of Ohio submits this request for heightened scrutiny review for the setting identified above. The State has compiled evidence that the setting is integrated and supports full access of individuals to the greater community, is selected by the individual from among disability and non-disability-specific settings, ensures individual rights, and promotes individual initiative, autonomy, choice, and independence.

**Section One**

On Site Visit Observation

Date(s) Conducted	State Agency that Conducted the On-Site Visit
Description of the Setting	



## Section Two

Community Integration Observations and Input from Individuals, Family Members/Guardians, and Staff

### Section Three

#### Additional Evidence

The following evidence has been compiled that demonstrates the setting is integrated in and supports full access of individuals receiving HCBS into the greater community.

**Section Four**

Public Comments Summary

Public Comment Period

Summary of Public Comments Received

Summary of the State's Response to the Public Comment Received