# 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 Prov	ided at the Setting	
Heightened Scrutiny P	rong	
Prong 1: Setting is in a	publicly or privately operated fac	ility that provides inpatient institutional treatment.
☐ Prong 2: Setting is in	a building on the grounds of, c	or adjacent to, a public institution.
Prong 3: Setting has t	the effect of isolating individua	als 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	,

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ection Two ommunity Integration Observations and Input from Individuals, Family Members/Guardians, and Staff						
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## **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.			

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## **Section Four**

**Public Comments Summary** 

able comments summary	
Public Comment Period	
Summary of Public Comments Received	

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

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