

## HCBS Settings Rule Provider Self-Assessment

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### Introduction

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term care services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following self-assessment is designed to measure HCBS non-residential providers' current level of compliance with these HCBS Setting rules and provide a framework for assisting those providers with the necessary steps to compliance.

### Instructions:

Provider assessment period: 5/6/15 - 6/12/15

\*\*Please make sure all assessments are completed by Friday, June 12, 2015

- Providers of Adult Day Health Care services provided through the Community Choices or Adult Day Health Care waivers must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.

- The following self-assessment contains a set of questions designed to measure each provider's level of compliance with HCBS rules. The following section includes a series of "YES/NO" questions and requests for documentation, additional information, or evidence to demonstrate current level of compliance may be requested by OAAS following completion of the assessment. Following each question, a text box is provided if you wish to provide additional information (this is OPTIONAL).

\*\*If you have any questions or experience technical problems while completing the survey, please email [Brian.Bennett@LA.GOV](mailto:Brian.Bennett@LA.GOV)

1. Before beginning your self-assessment process, please indicate if you intend to meet or work towards meeting all HCBS Setting Rule compliance requirements. Compliance with this rule is required to continue to provide services to participants enrolled in the Adult Day Health Care or Community Choices waivers.\*

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2. If "No", enter the total number of individuals served through a 1915(c) Medicaid waiver (Adult Day Health Care or Community Choices) that will need to be transitioned to another provider.

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### Section A - Provider Information

3. Name of ADHC:\*
  
  4. Number of individuals currently served under the Adult Day Health Care or Community Choices waiver:\*
  
  5. Name and 'Role' of Stakeholder Group:\*
- Each provider is required to conduct this self-assessment with a stakeholder group that includes at a minimum provider staff and a participant(s) and/or a participant family member(s). The group may also include a support coordinator, an advocate from an advocacy organization, or other stakeholders of your choosing. For purposes of this self-assessment, 'Role' is defined as consumer, family member, agency staff, support coordinator and community advocate. In this section, enter the first and last names and role (consumer, family member, etc.) of each individual involved in your self-assessment process. You may list up to ten individuals.

Name

Role

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## 6. Methodology for Completing Self-Assessment:

In this section, please briefly describe your agency's approach to completing the self-assessment process. For example, how did you determine the persons selected to represent the required roles of the stakeholder group? Did you convene meetings or conference calls? Was each member of the stakeholder group provided with a copy of the self-assessment tool? Who was responsible for which aspects of the self-assessment? Did you get unanimous agreement on results of the self-assessment before submission?

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**Section B - Physical Location of Service Setting**

The following items are designed to demonstrate that the setting has access to integrated community living in which individuals' abilities to interact with the broader community are not limited.

7. The service setting is NOT 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 Hospital).\*

A "YES" response indicates agreement with this statement.

## 8. Comments

9. The service setting is NOT located in a building, on the grounds of, or immediately adjacent to, a public institution that has the effect of isolating individuals receiving Medicaid HCBS.\*

A "YES" response indicates agreement with this statement.

## 10. Comments

11. The provider does NOT own or operate multiple locations on the same street.\*  
A “YES” response indicates agreement with this statement.

12. Comments

13. Is the setting in a community or building located among other residential buildings, private businesses, retail businesses, restaurants, doctor’s offices, etc. that facilitates integration with the greater community?\*

14. Comments

15. The service setting is NOT in a gated/secured ‘community’ for people with disabilities.\*  
A “YES” response indicates agreement with this statement.

16. Comments

**Section C - Individual Choice**

17. Do you allow waiver participants to visit the center before they have selected their ADHC provider?\*

18. Comments

19. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?\*

20. Comments

21. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?\*

22. Comments

23. Does the setting ensure the individual is supported in developing plans to support her/his needs and preferences?\*

24. Comments

25. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?\*

26. Comments

27. Does the setting post or provide information to individuals about how they may request changes to their current services?\*

28. Comments

29. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive home and community based services?\*

30. Comments

## Section D - Community Integration

31. Does the setting reflect individual needs and preferences of its participants?\*
32. Comments
33. Does the setting make materials and/or resources available to its participants to increase awareness of activities occurring outside of the setting?\*
34. If yes, please provide an example(s).
35. Are individuals, within reason, able to come and go at any time (e.g. can a family member check them out during the day)?\*
36. Comments
37. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, OR is there a staff person with this knowledge who is available to assist participants?\*
38. Comments

39. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, are family members or friends allowed or encouraged to visit)?\*

40. Comments

41. Does the setting make available information to access public transportation, such as buses, taxis, etc., and is the information available in a convenient location?\*

42. Comments

43. Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?\*

44. Comments

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**Section E - Rights and Privacy**

45. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet?\*
46. Comments
47. Does the setting 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 during the regular course of daily activities?\*
48. Comments
49. Do the setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?\*
50. Comments

51. Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?\*

52. Comments

53. Does the setting offer a secure place for the individual to store personal belongings?\*

54. Comments

55. Does the setting support individuals who need assistance with their personal appearance and is personal assistance, provided in private, as appropriate?\*

56. Comments

## Section F - Individual Autonomy and Independence

57. Are there gates, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? \*
58. If answering Yes to any of the above examples is to ensure safety of participants please explain.
59. Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?\*
60. Comments
61. Does the setting afford opportunities for participants to choose with whom to do activities (i.e. their interaction is not restricted to a certain group of people)? \*
62. Comments
63. Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?\*

64. Comments

65. Does the setting provide for an alternative meal and/or private dining if requested by the individual?\*

66. Comments

67. Does the setting post or provide information on individual rights?\*

68. Comments

69. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?\*

70. Comments

71. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?\*

72. Comments

73. 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? \*

74. Comments

75. Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or ramp to ameliorate the obstructions?\*

76. Comments

## Section G - Policy Enforcement

77. Do paid and unpaid staff receive new hire training and continuing education related to the rights of individuals receiving services?\*

78. Comments

79. Are provider policies outlining rights of individuals receiving services made available to participants?\*

80. Comments

81. Are provider policies on participant experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?\*

82. Comments