

Louisiana Non-Residential Provider Self-Assessment

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 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:

Non-Residential provider assessment process:

1. Providers of Day habilitation, Prevocational and Supported Employment must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.
2. Providers must demonstrate compliance with HCBS setting rules by providing evidence that policies and procedures are in place and regularly assessed for effectiveness AND made available to individuals receiving services. 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, or evidence, to 1) demonstrate current level of compliance or 2) submit a plan and timeline for reaching compliance.
3. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:
 - Advisory Council/Committee Assessment
 - Provider Policies/ Procedures
 - Consumer Handbook
 - Staff training curriculum and materials
 - Training Schedules
4. For every "YES" response you must provide evidence to support compliance. For every "NO" response you must address in your transition plan and include timeline for meeting compliance.

Before beginning your self-assessment process, please indicate if you intend to meet all HCBS Setting Rule compliance requirements:

Select: "YES or NO"

If “YES”, please continue beginning with Section A below.

If “NO”, please enter the total number of individuals served through Medicaid HCBS that will need to be transitioned to another provider.

NOTE: Questions in this document followed by an asterisk (*) indicate that there are instructions that accompany these questions to provide guidance for completing the self-assessment. Please see Attachment A, which immediately follows the Section B questions, to view the instructions.

Section A - Provider Information
Please indicate the HCBS Provider type*
Number of people served*
Name and ‘Role’ of Stakeholder Group*
Methodology for Completing Self-Assessment*

Section B		
<i>Demonstrate that the setting has access to integrated community living in which individuals’ abilities to interact with the broader community are not limited</i>		
Physical Location	YES/NO	Required Evidence of Compliance with HCBS rules
1. The service setting is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IDD, and Hospital)?*		
2. The service setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution?*		
3. The provider does NOT own or operate multiple locations on the same street?*		
4. The service setting is NOT in a gated/secured ‘community’ for people with disabilities?*		
5. The service setting is NOT located in a farmstead or disability-specific community?*		
6. The setting is NOT located in the same building as an educational program or school?		
7. The service setting is NOT designed specifically for people with disabilities?*		
8. Individuals who participant in services are NOT primarily or exclusively people with disabilities?*		
9. Does the provider provide options for community integration and utilization of		

community services in lieu of onsite services (including medical, behavioral, therapeutic or recreational services that may be offered on site)?		
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Individual Choice	YES/NO	Required Evidence of Compliance with HCBS rules
10. Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?		
11. Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?		
12. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?		
13. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?		
14. Does setting ensure the individual is supported in developing plans to support her/his needs and preferences?		
15. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?		
16. Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?		

Community Integration	YES/NO	Required Evidence of Compliance with HCBS Rules
17. Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?		
18. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?		
19. Does the individual regularly access the community and is he or she able to describe how he or she accesses the community, who assists in facilitating the activity and where he or she goes?		
20. Are individuals aware of or do they have access to materials to become aware of		

activities occurring outside of the setting?		
22. Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?		
23. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?		
24. Are individuals able to come and go at any time?		
25. Do individuals talk about activities occurring outside of the setting?		

Rights and Privacy	YES/NO	Required Evidence of Compliance with HCBS rules
26. 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?		
27. Does the setting assure that staff interacts 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?		
28. Do setting requirements assure that staff does 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?		
29. Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?		
30. 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?		
31. Does the setting offer a secure place for the individual to store personal belongings?		
32. Does the setting support individuals who need assistance with their personal		

appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?		
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Individual Initiative, Autonomy, and Independence	YES/NO	Required Evidence of Compliance with HCBS rules
33. Is the setting free from gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting.		
34. 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)?		
35. Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?		
36. 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)? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?		
37. Does the setting provide for an alternative meal and/or private dining if requested by the individual?		
38. Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?		
39. Does the setting post or provide information on individual rights?		
40. Does the setting allow individuals to engage in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner that is the same for individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?		

41. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?		
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Employment	YES/NO	Required Evidence of Compliance with HCBS Rules
42. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?		
43. 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, and who in the setting will facilitate and support access to these activities?		
44. 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? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?		
45. Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?		
46. 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, as customers in a pre-vocational setting)?		
47. Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?		
48. In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?		
49. Does the setting provide individuals with contact information, access to and training		

on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?		
50. 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?		
51. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?		
52. 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 elevator to ameliorate the obstructions?		

Policy Enforcement	YES/NO	Required Evidence of Compliance with HCBS Rules
53. Do paid and unpaid staff receive new hire training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?		
54. Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?		
55. Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?		

ATTACHMENT A

Instructions

The following sections contain instructions to provide guidance for completing the self-assessment. Each instruction is preceded by a short description of the corresponding question from Section A or B above.

Section A	
Section A Question	Instruction
Please select HCBS Provider type	Select ONLY ONE provider type per assessment.
Number of people served	Enter the total number of people served in the setting that is included in this self-assessment. Include only those for whom you receive Medicaid HCBS reimbursement.
Name and Role of Stakeholder Group	For purposes of this self-assessment, 'Role' is defined as consumer, family member, agency staff (including executive staff), support coordinator and community advocate. Each provider is required to conduct self-assessment activities with a stakeholder group that includes consumers, family members, agency staff, a support coordinator and an advocate from an advocacy organization not directly affiliated with the provider agency. In this section, enter the first and last names, and role (consumer, family member, etc.) of each stakeholder involved in your self-assessment process.
Methodology for Completing Self-Assessment	In this section, please 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? How did you get to unanimous agreement on results of the self-assessment before submission?

Section B	
Section B Questions	Instructions
Question 1	A YES response indicates agreement with the statement.
Question 2	A YES response indicates agreement with the statement.
Question 3	A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 4	A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 5	A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 7	A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 8	A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you

	<p>need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?</p>
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