Day and Vocational Provider Self-Assessment of Compliance with the CMS HCBS Settings Rules

1. **Introduction**

This self-assessment is intended to guide a critical self- review of provider policies, procedures, protocols, and practices regarding compliance with the CMS Home and Community Based Settings (HCBS) rule.

1. **General Instructions**
	1. Providers must complete one survey for each service they provide. For example, a provider may be required to prepare one assessment for its day habilitation program, a second for its supported employment service, and a third for its individualized day supports program.
	2. Providers shall assemble an assessment team that includes a cross section of their organization, including at least one executive, middle manager, and direct support professional, in addition to people supported and their family members. Providers are encouraged to include advocates and other stakeholders in their self-assessment process.
	3. Providers shall upload their self-assessment surveys into MCIS, along with specific evidence of compliance, for further review by DDS no later than July 1, 2015. Additional evidence may be requested or further reviews conducted as needed to further assess and validate compliance with these rules.
	4. Providers may contact Erin Leveton, Program Manager, State Office of Disability Administration at (202) 730-1754 or erin.leveton@dc.gov with questions.
2. **Preliminary Information** (This Section Applies to All Providers.)
	1. Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Provider Contact Information: (Phone number and Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Service Type: (e.g., Supported Employment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Please list your assessment team. Note that you may have more than one person listed in each category. You may add lines, as needed. Please attach evidence of participation, for example, sign in sheets or meeting minutes.

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| **Name** | **Title** |
|  | Executive (Mandatory) |
|  | Mid-level Manager (Mandatory) |
|  | Direct Support Professional (Mandatory) |
|  | Person who Receives Supports (Mandatory) |
|  | Family Member of a Person who Receives Supports (Mandatory) |
|  | Advocate (Encouraged) |
|  | Other Stakeholder (Encouraged) |

* 1. Please provide a description of your self-assessment process.
1. **Exploratory Questions for Providers of Day and Vocational Supports**

The following is a set of questions adapted from the CMS HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0 and CMS Exploratory Questions to Assist States in Assessment of Non-Residential Settings. Please see <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-statewide-transistion-plan.pdf> and <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf>.

For each indicator below, please select from the following choices the statement which most closely represents your agency’s current status:

1. Our policy or practices restrict or impede the opportunity for this to occur.
2. Our policy or practices do not prevent this, but in practice may limit this, therefore this statement is true only for a few of the people we support.
3. This is true for approximately half of the people we support, at least some of the time.
4. Our policy neither supports nor hinders this, but, in practice encourages this indicator, therefore, this indicator is true for many of the people we support.
5. Our policy supports this and yes for many of the people we support.
6. N/A = not applicable. (For example, the question asks about choice of meals and no meals are provided in this setting.)

Please provide specific evidence, where available, about how your policies, procedures, trainings, practices, etc., support or create a barrier for each question. Include the policy name and a hyperlink, if possible. If there is no documentary evidence available, please indicate that.

We have also included a comment section. Please use this section to help us identify areas of systemic support for or barriers to achieving compliance with the HCBS Settings Rule. For examples, if you find that DDS’s policies, procedures, practices, waiver regulations, etc., create a barrier in this area, please let us know. This is also a good place to recommend areas for training, technical assistance and capacity building. Please also use this section for any needed explanations of your self-assessment score.

DDS thanks its HCBS Settings Advisory Group for its assistance with drafting this document.

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| **CMS Recommended Assessment Question** | **#** | **Indicator** | **Prevalence in Provider Setting (Select 1-6, above )** | **Provide name and hyperlink, if available, for specific evidence of compliance. If no specific evidence is available, please indicate that.**  | **Comments & Feedback: Please use this section to help us identify systemic support and barriers to achieving compliance with the HCBS Settings Rule; areas in which training, technical assistance and capacity building would be helpful; explanations, if needed, of your self-assessment score; etc.** |
| *Sample: People are free from coercion.* | *1* | *People are comfortable discussing their concerns*  | *5* | *See Client Satisfaction Survey at www.dayprovider.com/cssurvey.*  | *Our policy supports this for many of the people we support. We ask whether the people we serve are comfortable discussing their concerns with staff in our Client Satisfaction Survey.* |
| 1. The program ensures a person’s rights of privacy, dignity, respect and freedom from coercion and restraint.
 | The following PCR question(s) may be helpful in responding to this section: * CQ.25 – Is the person and/or their representative able to communicate and/or demonstrate their rights as a consumer of waiver services? (for 1 below)
* CQ.2- Is the person’s right to privacy acknowledged and practiced? (for 1 below)
* CQ.3 – Is the person and/or their representative aware of actions they can take if they feel they have been treated unfairly, have concerns or are displeased with the services being provided? (for 2 below)
* OO.CQ.20- Does the provider ensure proper handling of all consumer records including security, confidentiality, and retention in accordance with DDS and federal policies? (for 3 below)
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| 1 | People are provided personal care assistance in private, as appropriate. |  |  |  |
| 2 | Information is provided to people on how to make an anonymous complaint. |  |  |  |
| 3 | People’s health and other personal information (e.g., mealtime protocols, therapy schedules) are kept private. |  |  |  |
| 4 | Staff do not talk about people’s private information front of other people. |  |  |  |
| 5 | Staff address people by their names or preferred nicknames. |  |  |  |
| 1. The program optimizes a person’s initiative, autonomy, and independence in making life choices.
 | The following PCR question(s) may be helpful in responding to this section: * CQ.1- Do the staff and the organization promote an environment that respects the person and treats them in a dignified manner? (for 6 and 7 below)
* CQ.28- Are the tools and supplies needed to implement the plan available and in working condition? (for 6 below)
* CQ.13 – Does the provider create an environment in which self-advocacy and choice is encouraged, supported and taught? (for 7 below)
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| 6 | People have access to things and activities that interest them and can use them or participate when they would like to do so. |  |  |  |
| 7 | People are supported to engage in self-advocacy and self-determination. |  |  |  |
| 1. The program facilitates individual choice regarding services and supports, and who provides them.
 | The following PCR question(s) may be helpful in responding to this section: * CQ.14 – Do the goals/objectives the person is working on match their priorities regarding their hopes, dreams and values? (for 8 below)
* Domain 8 (questions 1-10) related to satisfaction. (for 8 &9 below)
* CQ.13 – Does the provider create an environment in which self-advocacy and choice is encouraged, supported and taught? (for 9 below)
* CQ.15-Is there evidence that the staff assigned to the person is acceptable to the person? (for 9 below)
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| 8 | Staff learn about what is important to and for a person and ensure that their preferences and support needs are met. |  |  |  |
| 9 | People are supported to make an informed choice of providers, including clinicians. |  |  |  |
| 1. The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
 | The following PCR question(s) may be helpful in responding to this section: * SE.JP.2 (SE.JTS.2)- Is the person supported to learn skills essential to maintaining employment such as effective use of community resources and transportation systems? (for 10 & 11 below)
* SE.JP.3(SE.JTS.3) - Are the staff aware of the supports the individual requires to develop the skills needed to interact with co-workers and are those supports provided? (for 10 & 11 below)
* SE.JP.4 (SE.JTS.4)- Are the staff aware of the supports the individual requires to develop the skills needed to interact with supervisors/management and are those supports provided? (for 10 & 11 below)
* ER.C.1-2 – Does the person perform volunteer work? While volunteering is the person working on employment skill development to further employment goals that are outlined in the ISP? Does the volunteer location meet the requirements outlined by DDS in the Employment Readiness service rule? (for 11 below)
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| 10 | People who desire to work are supported to pursue work in the community. |  |  |  |
| 11 | People engage in meaningful non-work activities in the community. |  |  |  |
| 1. The program is integrated and supports access to the greater community.
 | The following PCR question(s) may be helpful in responding to this section: * PV.3 – Is the provider aware of the support the person will require regarding transportation to a work site? (for 12 below)
* PV.6- Are there strategies in place to assist the person in developing transportation skills? (for 12 below)
 |
| 12 | The program is located among local shops, businesses and recreational areas.  |  |  |  |
| 13 | People are encouraged to learn travel skills so that they can use public transportation. |  |  |  |
| 1. The program provides opportunities to engage in community life.
 | The following PCR question(s) may be helpful in responding to this section: * ER.C.1-2 – Does the person perform volunteer work? While volunteering is the person working on employment skill development to further employment goals that are outlined in the ISP? Does the volunteer location meet the requirements outlined by DDS in the Employment Readiness service rule?
* DH.20-Are opportunities provided for socialization and leisure activities in the community?
* DH.21- Are staff aware of the person's desire for socialization and leisure activities in the community?
* DH.22- Are opportunities provided for training and skill development that will increase participation in the community?
* DH.10- Does the person spend time with people who have similar interests?

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|  | 14 | People have access to activities including competitive work, volunteer work, scheduling appointments, having lunch with friends and family, etc. in the community, as they choose. |  |  |  |
| 1. The program provides opportunities to control personal resources.
 | 15 | As applicable, people are able to access their funds, when they want to, and without advanced notice. |  |  |  |
| 1. The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
 | 16 | People use community resources, such as parks, recreational centers, etc. |  |  |  |
| 1. The program is selected by the person from among options including non-disability specific settings.
 | 17 | People are informed about how to choose or change their day / vocational supports.  |  |  |  |
| *Note: CMS questions (j) to (l) are not applicable to day or vocational settings*.1. If provider-owned or controlled, the program provides each person with privacy to attend to their personal needs.
 | 18 | People have access to use a phone or computer privately, with or without support, based on person’s preference, during breaks or lunch-times. |  |  |  |
| 19 | Staff knock and receive permission prior to entering a bathroom and/ or changing facility. |  |  |  |
| 1. If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys as needed.
 | 20 | People have a secure place to store their personal items during the day. |  |  |  |
| *Note: CMS questions (o) to (p) are not applicable to day or vocational settings*1. If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time.
 | 23 | People have meals at the time and place of their choosing. |  |  |  |
|  | People have individual schedules that focus on their needs and desires and that offer an opportunity for individual growth. |  |  |  |
| 24 | People engage in activities that match their individual skills, abilities and preferences.  |  |  |  |
| 26 | Snacks are available and accessible at any time unless there is documentation of a medical condition that requires restrictions. |  |  |  |
| 1. If provider-owned or controlled, the program allows people to have visitors at any time.
 | 27 | The program encourages visitors and there are regular visitors. |  |  |  |
| 1. If provider-owned or controlled, the program is physically accessible to the person.
 | The following PCR question(s) may be helpful in responding to this section: * CQ.9.- If the person has restricted mobility needs through the use of a wheelchair or other medical equipment, is there a clear and consistent plan for its use regarding positioning, and physical transfers, when equipment should be worn, etc.? (for 28 &29 below)
* CQ.D1-3-Does the person have an identified need to use adaptive equipment or durable medical supplies? Is the adaptive equipment or durable medical supplies in good repair? Do staff know how to support the person in using the adaptive equipment or durable medical supplies? Does the person use the adaptive equipment or durable medical supplies to meet the prescribed need? (for 29 below)
 |
| 28 | People have full access to the all common areas of the program setting. |  |  |  |
| 29 | The program is fully accessible to meet the needs of the people attending the program, including all common areas and supports as needed, such as grab bars and ramps. |  |  |  |

END ###