MEMORANDUM

To: DDA HCBS Waiver Day and Residential Providers

From: Erin Leveton, Program Manager, State Office of Disability Administration

Date: May 4, 2015

Re: Provider Self-Assessments

I am writing to follow-up on our discussion at the April Provider Leadership meeting regarding Provider Self-Assessments.

Introduction

As you all know, the Centers for Medicare & Medicaid Services (CMS) issued a final rule effective March 17, 2014, that contains a new, outcome-oriented definition of home and community-based services (HCBS) settings. The purpose of the federal regulation, in part, is to ensure that people receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as people who do not receive HCBS.

CMS required states to develop a Transition Plan that would describe the process for bringing all HCBS settings into compliance with the rule no later than March 17, 2019. As part of DDS’s Transition Plan for the HCBS Waiver for People with Intellectual and Developmental Disabilities, we are requiring provider self-assessments. DDS’s Transition Plan is available on our website at: <http://dds.dc.gov/page/waiver-amendment-information>.

Provider Self-Assessments

DDS, in consultation with our HCBS Settings Advisory Group and Support Development Associates, Inc., has drafted both a residential and day/ vocational provider self-assessment tool to guide a critical self- review of provider policies, procedures, protocols, and practices. The assessments are by provider service-type and by individual setting. For example, if you have a day habilitation program and an employment readiness program and both programs use a building (setting), then you will need to complete the Day/ Vocational Provider Assessment Tool for each service. Provider self-assessments are only required for services with settings. They are not required for Individualized Day Supports; Supported Employment; In Home Supports; or any other Day or Vocational Program that operates totally in the community.

The tools are available on our website at: <http://dds.dc.gov/page/waiver-amendment-information> and we are in the process of programming them into MCIS. We will provide an update and instructions for how to complete on-line, once this is completed. We will also discuss this at the May Provider Leadership meeting. **Assessments are due to DDS via MCIS by July 1, 2015.**

*Assessment Teams*

If you have not already begun, you will need to assemble a team to conduct your self-assessment and give you input. You must include a cross section of your organization, including at least one executive, middle manager, and direct support professional, in addition to people supported and their family members. We encourage you to also include advocates and other stakeholders. You are not required to have regular meetings with all team members, just that you get input into your self-assessments from people in each of these categories. For example, some providers are planning to host focus-groups of people they support and of families to get input on the tools. We do ask that you describe your process for self-assessment.

*Assessment Questions and Scoring*

The provider self-assessment tools ask a series of questions adapted from CMS Exploratory Questions to Assist States in Assessment of Residential Settings and CMS Exploratory Questions to Assist States in Assessment of Non-Residential Settings. The assessments are cross-walked with: (1) DDS Provider Certification Review; (2) the CMS HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0; and (3) the Personal Experience Assessments. The CMS exploratory questions and review tool are available online at: [www.hcbsadvocacy.org](http://www.hcbsadvocacy.org).

For each question/ indicator on the tools, we ask that you rate the service type using the following scoring matrix:

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.)

*Specific Evidence of Compliance*

You will also have to provide us with information about specific evidence, where available, about how your policies, procedures, trainings, practices, etc., support or create a barrier for each question. For example, if you have a policy that governs the question, please include the policy name and a hyperlink, if possible. While you are not required to upload to MCIS all of the supporting documentation, DDS may request the specific evidence of compliance, and review of that evidence will be part of the Quality Management Division’s validation process.

*Comments*

The self-assessment tools include 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.

*Provider Transition Plans*

Providers who self-report that they are non-compliant or whom are assessed to be non-compliant with the HCBS Settings Rule will be required to submit a Provider Transition Plan identifying the areas of non-compliance and describing their proposed plan for coming into compliance along with associated timelines that ensure compliance with all aspects of the HCBS Settings Rule no later than March 17, 2019. For example, remedial actions might include, but are not limited to changes to operations to assure that people receiving supports have greater control over activities like access to meals, engagement with friends and family, choice of roommate, and access to activities of his or her choosing in the larger community, including the opportunity to seek and maintain competitive employment. Provider Transition Plans based upon the provider self-assessment results will be due by September 1, 2015 and will be incorporated into the Provider Performance Review process.

Conclusion

While you are engaged in the self-assessment process, it is important to recognize that DDS and CMS do not expect that our settings will be in full compliance with the rule today. The provider self-assessments, along with our state self-assessment and personal experience assessments will help us understand where we are now in terms of compliance with the HCBS Settings Rule; what capacity building and technical assistance would be helpful; and what we, as a system, need to do next to reach compliance with the rule by March 17, 2019. We expect and appreciate your honest and critical self-assessment and feedback to us. If you have any questions on this process, please contact me at [erin.leveton@dc.gov](mailto:erin.leveton@dc.gov) or (202) 730-1754.

Thank you!