Residential 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 residential habilitation program, a second for its supported living service, and a third for its host home 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 Living) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	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 Residential 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 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-re-settings-characteristics.pdf>.

For each indicator below, please select from the following choices the statement which most closely represents your agency’s current status with respect to compliance with the requirements of the HCBS Settings Rule:

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 complianceIf 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: The home is physically accessible to the person.* | *1* | *The home is physically accessible and there are no obstructions limiting mobility in the setting.* | *5* | *Provider Human Rights Policy on-line at \_\_\_\_\_\_\_\_\_\_\_\_.* | *Our policy supports this for all of the people we support currently but scheduled renovations potentially could cause temporary barriers in mobility to people who use wheelchairs.* |
| 1. The home 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.2- Is the person’s right to privacy acknowledged and practiced? (for 1 & 4 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)
* CQ.25 – Is the person and/or their representative able to communicate and/or demonstrate their rights as a consumer of waiver services? ( 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 home 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.13 – Does the provider create an environment in which self-advocacy and choice is encouraged, supported and taught? (for 6 & 7 below)
* CQ.28- Are the tools and supplies needed to implement the plan available and in working condition? (for 6 below)
 |
| 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 home 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)
* SL.5, HH.5, RH.5 – Are staff able to identify the interests and preferences of the person? (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)
 |
| 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 physicians and clinicians. |  |  |  |
| 1. The home 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: * 5. (RH, SL, HH)-Are staff able to identify the interests and preferences of the person? (for 11 below)
* 6. (RH, SL, HH)-Does the provider ensure that the supports being provided are individualized and tailored to meet the person's interests and desired outcomes? ( for 11 below)
* 7(RH, SL, HH,) IH.2 -Are staff aware of how often the person would like to engage in community integration activities? (for 11 below)
* 8. (RH, SL, HH) IH.3 -Are opportunities offered that promote and encourage integration that are meaningful to the person? (for 11 below)
* 9. (RH, SL, HH) IH.4-Does the provider create an environment that supports the person to enhance their social network by participation in groups, clubs, organizations, etc.? (for 11 below)
* OO.2 (RH, SL, HH)- Does the provider have and implement a policy that ensures protection of individual’s money, but does not limit access to it? (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 home is integrated and supports access to the greater community.
 | The following PCR question(s) may be helpful in responding to this section: * SL.8, HH.8, RH.8 - Are opportunities offered that promote and encourage integration that are meaningful to the person? (for 13 below)
* SL.9, HH.9, RH.9 – Does the provider create an environment that supports the person to enhance their social network by participation in groups, clubs, organizations, etc? (for 13 below)
* SL.10, HH.10, RH.10 – Does the person have transportation options i.e. public, contracted, etc., available to gain access to waiver services and other community services and activities? (for 14 below)
 |
| 13 |  People receive the supports they need to see family and friends and spend time doing activities of their choosing in the community. |  |  |  |
| 14 | People are encouraged to learn travel skills so that they can use public transportation. |  |  |  |
| 1. The home provides opportunities to engage in community life.
 | The following PCR question(s) may be helpful in responding to this section: * 12. (RH, SL, and HH) Are staff aware of the person’s desire and requirements for friendships?
* 13. (RH,SL,HH) Is the provider aware of what types of activities would offer an opportunity for the person to meet others with similar interests and are those activities made available to the person?
* 9. (RH, SL, HH) IH.4-Does the provider create an environment that supports the person to enhance their social network by participation in groups, clubs, organizations, etc.?
 |
|  | 15 | People shop, attend religious services, schedule appointments, have lunch with friends and family, etc. in the community, as they choose. |  |  |  |
| 1. The home provides opportunities to control personal resources.
 | The following PCR question(s) may be helpful in responding to this section: * OO.2.RH, OO.2.SL, OO.2.HH – Does the provider have and implement a policy that ensures protection of individual’s money, but does not limit access to it?
 |
| 16 | People are able to access their funds, when they want to, and without advanced notice. |  |  |  |
| 1. The home provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
 | 17 | People use community resources, such as parks, recreational centers, community health clinics, etc. |  |  |  |
| 1. The home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting.
 | 18 | People selected their home and know that they have a right to move.  |  |  |  |
| 19 | People who have a roommate are offered the choice of a private bedroom, if they have the ability to pay. |  |  |  |
| 1. If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement.
 | 20 | People have a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals as all tenants under relevant landlord/ tenant law in the jurisdiction.  |  |  |  |
| 1. If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity.
 | 21 | People know their rights regarding housing, as explained by their lease or written residency agreement, including when they could be required to relocate, and understand the eviction processes and appeals rights. |  |  |  |
| 1. If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.
 | 22 | People have a lease or written residency agreement that provides the same responsibilities and protections from evictions and addresses appeals comparable to relevant landlord/ tenant law in the jurisdiction.  |  |  |  |
| 1. If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space.
 | 23 | People have access to use a phone or computer privately, with or without support, based on person’s preference. |  |  |  |
| 24 | Staff knock and receive permission prior to entering a person’s living space. |  |  |  |
| 1. If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed.
 | 25 | People have lockable doors to their living space with appropriate staff having keys to doors as needed. |  |  |  |
| 1. If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates.
 | 26 | People choose their roommates and know how to request a roommate change. |  |  |  |
| 1. If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement.
 | 27 | People’s living space reflects their taste and preferences (*e.g.,* furniture, linens and other household items reflect people’s choices). |  |  |  |
| 1. If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time.
 | 28 | People have meals at the time and place of their choosing. |  |  |  |
| 29 | People set their own schedules and are supported to come and go as they please.  |  |  |  |
| 30 | People can request an alternative meal, if desired. |  |  |  |
| 31 | 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 home allows people to have visitors at any time.
 | 32 | Visitors are allowed whenever and wherever a person would like them. |  |  |  |
| 1. If provider-owned or controlled, the home is physically accessible to the person.
 | 33 | People have full access to the kitchen, dining area, living room, laundry, and all other common areas of their home. |  |  |  |
| 34 | The home is fully accessible to meet the needs of the people living there, including all common areas and supports as needed, such as grab bars and ramps. |  |  |  |

END ###