

PA HCBS Residential Provider Self-Assessment – DRAFT FOR PUBLIC COMMENT

PA Residential Services Provider Self-Assessment

Page description:

Background information, Definitions, Due Dates, Next Steps

14

BACKGROUND:

In March 2014, the Centers for Medicare and Medicaid Services (CMS) implemented a final rule related to Home and Community Based Settings (HCBS). This final rule requires that states assess all residential and non-residential settings which receive funding or payment through an approved HCBS waiver. The purpose of the final rule is to ensure that individuals receiving services are provided personal choice and control over the services in which they participate. The goal is to provide individuals the opportunity to control personal resources and achieve integration into their local community in the manner, and to the degree, which the individual chooses. This includes opportunities to seek employment, 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 waiver services.

CMS required states to develop a Statewide Transition Plan describing the process for bringing all HCBS settings into compliance with the rule no later than March 17, 2019. As part of the Statewide Transition Plan, ODP must initially assess each HCBS setting to determine compliance. ODP has chosen a self-assessment for non-residential and residential service providers. This self-assessment will assist in identifying potential areas of non-compliance and allow the provider to develop a corrective action plan outlining how they plan to achieve full compliance. While CMS has given states an extension to ensure all settings have achieved compliance with the rule by March of 2022, various requirements and effective dates have been built into ODP's waivers and upcoming regulations which will impact the dates by which full compliance must be achieved.

It is important to note that the goal of this self-assessment is not to close or terminate residential services but instead, to work with individuals, providers, and other stakeholders to transition these waiver services to meet compliance with the HCBS final rule and the vision of ensuring individuals are fully integrated into the community, afforded choice, and have their health and safety needs met.

Many individuals participate in residential services through ODP waivers. In order to continue receiving

waiver funding, the settings in which services are provided must be considered “home and community based”. This means the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community - including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS (ensuring people in the HCBS programs have the same chances as anyone else).

DEFINITIONS:

For the purposes of this self-assessment:

- ‘Services’ refers to the array of services an individual may receive as part of their Residential Habilitation or Life Sharing service.
- ‘Service location’ refers to the address of the individual's home.
- ‘Residential habilitation’ services are the direct and indirect services provided to participants who live in licensed or unlicensed provider owned, rented or leased residential settings.
- ‘Life sharing’ services are direct and indirect, provider agency managed services that occur in the licensed or unlicensed home of a host family or the participant.

Instructions:

You have been identified as a current provider of waiver-funded residential services under the ODP. Pennsylvania is currently assessing these settings as required by the HCBS Final Rule and as established in Pennsylvania’s Statewide Transition Plan. *A separate self-assessment should be completed for each residential service location for which the provider was enrolled on the date of publication of this self- assessment. If individuals in Consolidated or Community Living Waiver and Adult Autism Waiver share a home (service location), only one (1) self-assessment needs to be completed for that location.*

ODP encourages, as best practice, that each self-assessment is conducted at the actual service location by people directly supporting the individuals in that location and directly involved in the operations of that residential setting.

You Are Required to Respond. Your responses to this self-assessment are due by XXXX XX, 2018.

This self-assessment is one component of the HCBS compliance determination process. ODP will review your responses and provide feedback to you identifying any areas in need of a transition plan by XXXX XX, 2018.

Compliance

This self-assessment will assist ODP in determining compliance with the HCBS final rule.

Non-compliance

For areas identified as non-compliant, ODP will work with your agency to develop a plan to support the effective transition to become HCBS compliant. When working with your agency, ODP will provide sufficient time for you to demonstrate compliance, and ensure minimal interruption in service delivery to individuals being supported.

All Agency Residential Service Locations Must Be Included

Each service location provided must be self-assessed by XXXX XX, 2018. *Service locations that are not reported by this date and are not confirmed compliant by ODP will be deemed non-compliant.* It is absolutely critical for providers to respond to the self-assessment thoroughly and accurately. Information submitted in this self-assessment will be verified, and in some cases an on-site visit will be scheduled to confirm the self-assessment responses. Unless otherwise noted in the question, each question should be answered using the current status at the service location.

For assistance related to the PA ODP Residential Self-Assessment, please email questions to: PAODPHCBS@pcgus.com

This self-assessment will identify service locations that would benefit from an in-person assessment to allow ODP to provide additional guidance/feedback as to how the provider can achieve full compliance with the HCBS final rule. To complete this self-assessment and prepare for a potential onsite assessment, providers should review current documentation for each service location and service that could potentially demonstrate compliance and support the responses provided below. Evidence includes, but is not limited to:

1. Provider policies/procedures:
 - a. Descriptions of how services are planned for each individual
 - b. Participant Rights Policies
 - c. Any policies/procedures that address choice
 - d. Any Policies/procedures that address community integration and community access
 - e. Any policies/procedures that address restrictions, risk plans, etc.
2. Participant handbook
3. Staff training curriculum specific to rights, participant choice, Individual Support Plan implementation, and Person-Centered Planning
4. Training schedule
5. Claim and service documentation
6. Room and board agreements

Section A - Provider Information

ID 139

1. Contact information for the individual completing this survey *

Name

Title

Phone Number

Email Address

ID 140

2. Provider/Company Information *

Corporate Name

Mailing Contact Name

Mailing Street Address

Mailing City

Mailing State

Mailing Zip

MPI ID

Service Location Code
(4 digit code)

ID 141

3. Which waiver residential service(s) do you provide at this service location? Please check all that apply. *

- Residential habilitation (Consolidated Waiver)
- Life sharing (Consolidated Waiver or Community Living Waiver)
- Family Living (AAW)
- Residential habilitation (AAW)

ID 107

4. Please provide the requested contact information for the service location you are including in this self-assessment.

*

Service Location

Service Location ID:

Street Address:

City:

Zip:

Contact Name:

Contact Phone:

Contact Email:

Page description:

This setting is integrated in and supports full access of people receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as people not receiving Medicaid HCBS. Citations: 42 CFR 441.301(c)(4)(i)

Reminder: Your response should reflect only the service location included in this self-assessment.

27

5. Are all individuals receiving these services offered opportunities for, and provided support to, participate in regular meaningful non-work activities in integrated community settings for the amount of time desired by the individuals? *Examples of "meaningful non-work activities" can include socialization, volunteering or community outings. These activities should be the same types of activities in which individuals not receiving waiver services may participate.* *

- Yes
- No

28

6. Do all of the individuals receiving this service regularly interact (3 days per week or more) with members of the community other than family members, relatives, staff or volunteers? *

- Yes
- No

ID 147

7. Please provide examples of such interactions and the frequency with which they occur.

ID 148

8. Please list any conditions or other barriers that prevent individuals from interacting more frequently with members of the community.

ID 30

9. Are all individuals receiving these services offered opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth? *

- Yes
- No

ID 154

10. If an individual chooses not to participate in an activity in the community but makes a request to attend a different activity, does the service location make arrangements to accommodate the individual's request to attend the activity of their choice? Example: A group of individuals goes to the local community center every Tuesday to play bingo. One individual wants to attend a celebration for a local college basketball team's regional championship win. *

Yes

No

ID 204

11. Please identify the reason(s) the service location is not accommodating individual choice in community activities. Check all that apply. *

Agency staffing ratios do not support individual choice in this scenario

Agency staffing policies do not support individual choice in this scenario

Agency staffing ratios and/or policy do support individual choice but the agency is not always able to arrange sufficient resources to support individual choice in this scenario

Other

ID 31

12. Are all individuals receiving this service allowed the freedom to move about the home and property? *

Yes

No

ID 203

13. Do you have an ODP-approved restrictive procedure in place? *

- Yes
- No

ID 33

14. For individuals residing at this service location, indicate the modes of transportation they use to access community activities (check all that apply).

*

- Public transportation
- Family and friends
- Ride service (e.g. Uber, Lyft)
- Residential provider
- Taxi
- Bicycle
- Walking
- Other (please specify)

Section C -

Page description:

The HCBS Settings Rule identifies settings that are presumed to have institutional qualities and, therefore, may not meet the rule's requirements. This residential provider self-assessment will be used to confirm that settings are not considered institutional in nature and do not have the effect of isolating people receiving HCBS from the broader community. Citations : 42 CFR § 441.301(c)(5)(v) and 42 CFR § 441.301(c)(4)(I)

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 15

15. Does the service location meet any of the following? Check all that apply.

*

- The service location shares one common party wall with another human service residential location.
- The service location shares more than one common party wall with other human service residential locations.
- The service location is adjacent to another human service residential service location.
- The service location is adjacent to another human service day service location.
- None of the above apply.

ID 171

16. When more than one individual resides in this home, do all of the individuals see the same medical professional(s)?

- Yes
- No
- Only 1 individual resides in this home

ID 172

17. Is there a discussion at least on an annual basis about the individual's choice of medical professional(s) based on available resources?

- Yes
- No

ID 131

Farmstead or disability-specific farm community: These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. Individuals who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Individuals typically live in homes only with other people with disabilities and/or staff. Their neighbors are other individuals with disabilities or staff who work with those individuals. Daily activities are typically designed to take place on-site so that an individual generally does not leave the farm to access HCB services or participate in community activities. For example, these settings will often provide on-site a place to receive clinical (medical and/or behavioral health) services, day services, places to shop and attend church services, as well as social activities where individuals on the farm engage with others on the farm, all of whom are receiving Medicaid HCBS. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life. Thus, the setting does not facilitate individuals integrating into the greater community and has characteristics that isolate individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.

Gated/secured “community” for people with disabilities: Gated communities typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long-term services and supports all within the gated community. Individuals receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford individuals the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.

18. Which of the following best describes the physical location of this service location? Check all that apply. *

Retail (e.g. main street in town, strip mall, or area where the majority of the tenants are retail businesses)

Residential Neighborhood

Rural area

Farmstead

Gated Community

Commercial

Industrial

Campus

Other (please explain)

Section D

Page description:

The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential settings. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences and, for residential settings, resources available for room and board.

Citations: 42 CFR 441.301(c)(4)(ii)

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 185

19. Do all individuals control their own schedules and activities?

- Yes
- No

ID 55

20. Is each individual at the service location provided the opportunity for tasks and activities similar to their non-disabled peers, both inside and outside the setting, matching the following attributes? Check all that apply. *

- Age
- Skills
- Abilities
- Desires/Goals
- None of the above

Section E

Page description:

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.

Citations: 42 CFR 441.301(c)(4)(iii)

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 42

21. Does the service location ensure information about all individuals who receive these services is kept private/confidential? *

- Yes
- No

ID 43

22. Is personal care, when needed, provided in private or available privately for individuals who do not require assistance? *

- Yes
- No

ID 46

23. Do staff interact and communicate with individuals who receive these services at this service location respectfully and in a manner in which the individual would like to be addressed at all times? *

- Yes
- No

ID 173

24. If an individual communicates through non-traditional means, does the service location ensure staff can communicate with the individual in a manner the individual understands?

Non-traditional means of communication may include:

- Sign Language, including American Sign Language; Sign Language from other countries, such as Spanish
- Sign Language; Signed Exact English; or a mixture of American Sign Language and signed English.
- Lip Reading.
- Visual-Gestural Communication.
- Paralinguistics.
- Haptics / Touch cues.
- Artifacts, Texture Cues, and/or Objects of Reference
- Braille.
- Print and Symbol Systems.
- Speech, Voice and Language Interpretation.
- Eye-Gaze and Partner-Assisted Scanning
- Smart phone or tablet

- Yes**
- No**

ID 47

25. Are all individuals who receive these services provided the opportunity to use a phone, or comparable technology, to talk and/or text and open and read mail/email in private? *

- Yes**
- No**

ID 205

26. Are all individuals who receive these services provided the opportunity to visit with others in private? *

- Yes
- No

ID 48

27. Does the service location have a policy for responding to each individual's needs as defined in his/her Individual Support Plan?*

- Yes
- No

ID 49

28. Does the service location ensure that one individual's behavioral supports do not impede on the rights of other individuals? *

- Yes
- No
- Only 1 individual resides in this home

ID 50

29. Is there a secure place at the service location for each individual to store personal belongings? *

A secure place may include any lockable area, such as a nightstand, lock box, room, or closet.

- Yes
- No

ID 202

30. If there is not a secure place for each individual to store their belongings, please explain. *



ID 174

31. Does the service location staff inform individuals of their rights, including their right to file a formal grievance or complaint, including reminders when an individual expresses a verbal complaint about actions of the provider?

- Yes
- No

ID 175

32. Is independent living technology or remote monitoring used at this service location?

Examples of equipment and services considered independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology.

- Yes
- No

ID 176

33. Does the service location staff inform all impacted individuals and anyone identified by the individuals, of what impact the independent living technology will have on the individual's privacy?

- Yes
- No

ID 177

34. Has consent to use independent living technology been obtained from each impacted individual in writing?

- Yes
- No

Page description:

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. Citations: 42 CFR 441.301(c)(4)(iv)

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 178

35. Does the service location have a policy outlining how it shall educate, assist and provide the accommodation necessary for the individual to make choices and understand his or her rights?

- Yes
- No

ID 179

36. Does the service location have policies and procedures to ensure individual choices can be negotiated to resolve differences?

- Yes No
- Only 1 individual resides in this home

ID 180

37. How is the individual infmed about the policy? Check all that apply.

- Reviewed with the individual prior to receiving services in the home
- Reviewed with the individual at least annually
- Reviewed at meetings with all housemates present
- Other (please specify)*

ID 181

38. Does the service location have any of the following barriers restricting an individual's movement? Check all that apply.

Gates

Locked doors

Fences

Other (please specify)

*

No, we do not have any barriers restricting individual movement

ID 182

39. Please explain the purpose of any restrictions or barriers present and how they restrict individual movement.

ID 183

40. Is the service location physically accessible, per ADA guidance, including access to bathrooms, common rooms, and outdoor areas?

Yes

No

ID 186

41. Do all individuals receiving services have access to food at any time?

- Yes
- No

ID 187

42. Do all individuals have flexibility in where they eat within the service location (e.g. individuals can eat in their bedroom versus a dining room if they choose)?

- Yes
- No

ID 61

**43. Is each individual given the choice to have support to do the following?
Check all that apply. ***

- Make decisions
- Vote
- Participate in community activities
- Associate with others
- Practice their religion
- Access, control and management of their money
- Make personal decisions
- None of the above

Section G

Page description:

The setting facilitates individual choice regarding services and supports, and who provides them. Citations: 42 CFR 441.301(c)(4)(v); 441.710(a)(1)(v)

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 63

44. When hiring and/or assigning staff, are the individual's staff preferences taken into consideration (e.g. male/female, language)? *

- Yes
- No

ID 188

45. In the process of developing an individual's support plan, the individual expresses interest in a specific community activity, but there are concerns with the individual's safety in accessing this activity. Please describe how the provider addresses this issue at this service location in the individual's support plan.

ID 64

46. Does the provider allow individuals who are considering receiving services at the service location the opportunity to tour the home? 'N/A' should only be selected if the residence is owned by the individual receiving services or is the home of a relative of the individual receiving services

- Yes
- No
- N/A

ID 65

47. Is choice given to the individual(s) to update or change their daily activities? *

- Yes
- No

ID 189

48. If any individuals in the home are of retirement age and are attending a day or work program, were they offered the right to retire and not attend a day or work program?

Retirement age is age 65 years and above.

- Yes
- No
- No individuals in this home are of retirement age

ID 66

49. Does the service location develop a plan containing a detailed description of the specific activities staff will implement to achieve the broader desired outcomes of the Individual Support Plan for each individual? *

- Yes
- No

ID 67

50. Does the service location ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of the individuals they support? *

- Yes
- No

ID 68

51. When individuals talk to the service location staff about the need for additional services or changes to their Individual Support Plan, do the staff inform individuals to contact their Supports Coordinator and assist them with the contact, if needed? *

- Yes
- No

Page description:

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 190

52. If individuals share bedrooms, did they choose the person with whom they share a bedroom?

- Yes
- No
- N/A (No bedrooms are shared.)

ID 191

53. Can individuals choose to decorate their bedroom?

- Yes
- No

ID 192

54. Can all individuals choose to decorate common areas of the home, such as a living room or other shared areas?

Decorations include individual personal items such as pictures, books, and memorabilia present and arranged as the individual desires. This also includes individual choice in furniture, linens, and other household items.

- Yes

ID 193

55. Are all individuals able to have visitors of their choosing at any time?

- Yes
- No

ID 194

56. Are visitors required to sign in/out?

- Yes
- No

ID 195

ID 196

58. Are any individuals who live in the home required to sign in/out when leaving/re-entering the home?

- Yes
- No

ID 197

59. Are all individuals given the option to lock their bedroom door if they so choose?

- Yes
- No

ID 198

60. Are all individuals given the option to lock their bathroom door if they so choose?

- Yes
- No

ID 199

61. Are all individuals given the option of a key or other means of entry (e.g. passcode/key card) to their home if they so choose?

- Yes
- No

ID 200

62. Does each individual have a signed ODP approved room and board agreement?

- Yes
- No

ID 201

63. Are all individuals informed of their rights and responsibilities as well as the agency's responsibilities as outlined in the room and board agreement?

- Yes
- No

Additional Comments

Page description:

Below is additional space to submit information on any barriers that may prevent meeting any component of the HCBS final rule. Please present insights, facts and circumstances relevant to assessing compliance with setting requirements.

You should also self-identify any areas of improvement or steps you need to take at any of your sites to come into compliance with the Final Rule. Knowing what these barriers are will allow ODP to provide guidance and ongoing technical assistance, as well as ensure transition plans are developed to allow sites to become fully compliant.

Reminder: Your response should reflect only the service location included in this self-assessment.

ID 100

64. Additional comments:

Thank You!

ID 1

Thank you for taking our survey. Your response is very important to us.