

HCBS Provider Self-Assessment

Companion Document

DD Waivers Services:

Group Home Residential, Sponsored Residential, Supported Living, Group Day Services

Provider self-assessments will be completed and submitted to DMAS through an online self-assessment portal. Guidance and instructions for accessing the portal and completing the provider self-assessment will be provided when the self-assessment portal is goes live in June 2017.

This self-assessment companion document provides instructions and guidance for responding to questions and determining evidence.

Evidence means the types of documentation that confirm narrative responses and demonstrate compliance with the HCBS requirements. Evidence will be used to validate provider narrative responses and assist with compliance determinations. Such evidence/documentation includes but is not limited to, the following:

- Provider Policies & Procedures
- Participant Handbook
- Staff Training Curriculum
- Training Schedules
- Activity Schedules
- Sample Menus
- Sample of an Individualized Service Plan (ISP)
- Pictures
- Google Map of service location
- Individual and Family Survey Results
- Documentation Records
- Sample Forms
- Sample Lease/Resident Agreement
- Meeting Agendas/Minutes

Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.

Note: This companion document is for the following HCBS waiver services settings being assessed:

- Supported Living Settings
- Sponsored Residential Settings
- Group Home Residential Settings
- Group Day Service Settings

This companion document is designed to be used as a side-by-side tool while completing the provider self-assessment.

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HCBS Self-Assessment Part 1: Provider Information	
Provider Information	Instruction
DBHDS Licensed Provider Number Provider Name Address, City, State, Zip Provider NPI/API Number *HCBS Contact person Name Title Email Phone	Complete all information Requested information is required and necessary to complete to advance the self-assessment. If you have more than one NPI and/or API number, enter each number used to bill HCBS Waiver services being assessed separated by a semi-colon (;).
HCBS Services Provided	Check all services provided by your organization. Where prompted, using a number value record the number of unique settings (addresses) where you provide the service. If you provide more than one service type enter the number of settings for each service type.
HCBS Self-Assessment Part 1: Provider Questions	
Questions:	Instructions: Evidence for some questions may be duplicative. You do not need to upload the same evidence multiple times. Simply reference in the narrative response that the evidence was uploaded, reference the question associated with the uploaded evidence and indicate how the evidence demonstrates compliance. Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.

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<p>Question 1: Are ANY settings in which HCBS are provided located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (e.g. NF, IMD, ICF/IID, hospital)?</p>	<p>Publically or privately operated facilities include a public or private:</p> <p><u>Nursing Facility (NF)</u> – a Medicaid Nursing Facility – (42 CFR 488.301)</p> <p><u>Institution for Mental Disease (IMD) Facility</u> - defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. (42 CFR 435.1010)</p> <p><u>Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)</u> – ICF/IID means an institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or rehabilitation of individuals with intellectual disability or with related conditions. (42 CFR 435.1010)</p> <p><u>Hospital</u> - hospital is primarily engaged in providing, by or under the supervision of physicians, to inpatients (A) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons. (SEC. 1861. [42 U.S.C. 1395x])</p>
<p>Question 2: Are ANY settings in which HCBS are provided located in a building on the grounds of, or immediately adjacent to a public institution?</p>	<p>Settings that are located on the same or contiguous property to a public institution or are sharing space with a public institutional setting such as a Virginia State Training Center, public hospital setting, Virginia State Psychiatric Hospital, Nursing Facility.</p> <p><i>Public institution</i> (42 CFR 435.1010) means the public institutional setting is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.</p>
<p>Question 3: Are ANY settings in which HCBS are provided in a gated/secure “community” solely for people with disabilities?</p>	<p>Gated communities are settings that are isolated from the community at large, may be a residential community, housing estate or boarding school that is disability specific containing controlled entrances.</p>

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<p>Question 4: Are ANY settings in which HCBS are provided co-located and/or clustered on a street or property?</p>	<p>Co-located and/or clustered settings are a group of multiple settings co-located and/or clustered and operationally related.</p> <p>A cluster is a grouping of two or more settings in the same vicinity/geographic location in which predominantly people with DD and/or people receiving Medicaid HCBS are served. Co-located settings are those that are located on the same address/property or different floors. They may be units within the same building or different buildings on the same property where predominantly people receiving Medicaid HCBS are served. Settings are operationally related.</p> <p>(e.g., group home located on same property as a group day services setting; group homes located on same property as administration building of the agency; group homes clustered/collocated congregating people with developmental disabilities; day settings co-located with other service types such that people who participate do not leave the site/participate in the broader community.</p>
<p>Question 5: Are ANY settings in which HCBS are provided located in a farmstead community for people with disabilities?</p>	<p>A farmstead or disability specific community is often described as a life sharing community for individuals with disabilities. These settings typically encompass both a home and work environment along with recreational and social activities occurring at the setting. Farmstead communities for people with disabilities tend to be segregated settings where people receiving HCBS may work, live and recreate with limited opportunities to work side by side with people who do not have disabilities and to engage in the broader community.</p>
<p>Question 6: Do ALL individuals receiving services in ALL HCBS settings have the opportunity to use community services? For example, do individuals access services such as medical services, recreational activities, meals out, barber/beauty salon, in the broader community – meaning outside of the HCBS setting and where individuals not receiving HCBS would access similar community services.</p>	<p>A YES response indicates this statement is true.</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Evidence may include provider policies, provider community integration practices, a list of community service options provided to individuals, examples of community services accessed, a listing of transportation and other supports provided to facilitate community participation, etc...</p>
<p>Question 7: As an organization, do you have policies outlining the HCBS specific rights of individuals receiving services?</p>	<p>A YES response indicates this statement is true.</p> <p>Provide a narrative description of how policies are made available and identify your evidence. <i>Evidence of Compliance.</i> As evidence attach policies outlining HCBS rights of individual receiving services.</p>

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<p>Question 8: Do paid staff and volunteers receive HCBS training and education related to the rights of individuals receiving HCBS and member experience as outlined in HCBS rules?</p>	<p>A YES response indicates this statement is true</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Provider policies specific to HCBS rights of individuals, staff training policy and records, how member experience is documented...</p>
<p>Question 9: As a provider of Medicaid HCBS, do you ensure freedom from coercion and restraint? And, if yes, describe the actions you take.</p>	<p>A YES response indicates this statement is true</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Evidence may consist of staff training, policies and procedures, strategies and practice for determining individual choices and preferences, organizational practices related to Positive Behavioral Supports.</p>
<p>Question 10: Does the person centered service planning process ensure individuals' choices and preferences are honored and respected?</p>	<p>A YES response indicates this statement is true</p> <p>For example, how are choices and preference identified in the PCP meeting? And, how are an individual's choices and preferences incorporated into their services and life?</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> policies and procedures, staff training, forms and documentation, examples of choices and preferences being honored and how those examples represent an organizational practice, etc...</p>
<p>Question 11: Please describe your agency's approach to completing the self-assessment process.</p>	<p>Provide a narrative response detailing the approach taken to complete the self-assessment. Providers are strongly encouraged to include individuals and families in their provider self-assessment process. For example, this could be accomplished through a survey or telephone interviews and/or focus group discussions with individuals and families. In addition, feedback from community partners, direct support professionals, neighbors, support coordinators, and other community connections could be sought to gain meaningful insight and input for the provider self-assessment. The engagement of stakeholders when completing the provider self-assessment may serve as evidence of compliance.</p>

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<p>HCBS Self-Assessment Part 2 should be completed for EACH unique setting/address where HCBS services are provided. In other words, Part 2 may be completed multiple times if you operate HCBS services in multiple sites (group day sites or residential supports). The individual completing Part 2 may be different than the individual who completed Part 1. Please provide the requested provider and HCBS setting information.</p>	
Questions	Instructions
<p>Question 12: Is the location of the HCBS setting being assessed integrated into the community?</p>	<p>A YES response indicates this statement is true</p> <p>For the purposes of HCBS settings requirements integration includes both physical integration and social integration. If you are a provider of Group Day services and the services are 100% community based indicate this in your narrative response.</p> <p><i>Evidence of Compliance:</i> Evidence may consist of a pdf/scanned copy of a google map of the location, pictures of the setting, zoning information/certificate of occupancy, etc...</p>
<p>Question 13: Do individuals have the opportunity to regularly access the community as part of their service?</p>	<p>A YES response indicates this statement is true of the setting you are assessing.</p> <p>For a setting to be integrated into the community it must support the participation of people receiving HCBS in regular environments and community experiences. A setting that is integrated into the community provides opportunities for participation in careers/employment, relationships, leisure, and a variety of interests and lifestyles.</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Evidence may consist of a service plan demonstrating community access, calendar of activities, transportation logs, verification of community participation from individuals/families, etc...</p>
<p>Question 14: Are provider policies outlining the HCBS rights of individuals receiving services available to staff, volunteers and individuals receiving services?</p>	<p>A YES response indicates this statement is true of the setting you are assessing.</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Evidence may consist of sign off sheets/documentation of receipt of policy, notification of new policy, etc...</p>
<p>Question 15: Are relationships with community members/people not receiving Medicaid HCBS fostered?</p>	<p>A YES response indicates this statement is true in the setting you are assessing.</p> <p>Provide a narrative response and identify evidence. <i>Evidence of Compliance:</i> Evidence may consist of verification from individuals/families, strategies to facilitate relationship building, staff training on community inclusion, expectations set forth in staff position descriptions, etc...</p>

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<p>Question 16: Do individuals receiving services, or a person of their choosing, have an active role in the development and update of their person-centered service plan?</p>	<p>A YES response indicates this statement is true in the setting you are assessing.</p> <p>Provide a narrative response and identify evidence.</p> <p><i>Evidence of Compliance:</i> Evidence may consist of an overview of the service planning process, verification from individuals/families of their participation, planning meeting letters (invitations) inviting participants, etc...</p>
<p>Question 17: Does the setting ensure freedom from coercion and restraint?</p>	<p>A YES response indicates this statement is true in the setting you are assessing.</p> <p>Describe specific actions and/or methods employed to ensure individuals' freedom from coercion and restraint.</p> <p><i>Evidence of Compliance:</i> Evidence may consist of, staff training, policies and procedures, etc...</p>
<p>Question 18: How are individuals' choices and preferences honored and respected? For example, in daily activities, with whom to interact, and with control of personal resources.</p>	<p>Describe person centered service planning and how choice and preferences are honored.</p> <p><i>Evidence of Compliance</i> will provide examples how choice and preference are honored and respected, such as - policies and procedures, staff training, forms and documentation, individual/family experience, etc...</p>
<p align="center">HCBS Self-Assessment Part 3: Must be completed for each provider owned/controlled residential setting</p>	
<p>Questions</p>	<p>Instructions</p>
<p>Question 19: Do ALL individuals in the home setting participate in services/activities such as such as group day support, spiritual/religious services, or non-HCBS medical service, such podiatry care, outside the home setting?</p>	<p>A YES response indicates this statement is true</p> <p>If yes, describe the types of services/activities individuals routinely participate in. This does not include home health services available in one's home setting.</p>
<p>Question 20: Are onsite services offered? (Part 1 of 2)</p> <p>Do Individuals have the opportunity to decline receiving on-site services? (Part 2 of 2)</p>	<p>A YES response to part 1 and/or part 2 indicates the statement is true of the setting you are assessing.</p> <p>Provide a narrative response describing onsite services offered, if applicable. Tell us how individuals are informed that they can decline receiving onsite services, if applicable. And, describe how community services are offered and accessed. This does not include home health services available in one's home setting.</p> <p><i>Evidence of Compliance</i> will provide examples of how options for community services are offered and respected, staff training, forms and documentation, policies, individual and family surveys, etc...</p>

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<p>Question 21: Do individuals have the opportunity to shop, socialize, schedule appointments, and have lunch with family and friends, etc., in the community, as they choose?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence <i>Evidence of Compliance</i> will include information verifying access to the community, such as – staff position descriptions that include expectation to support community integration, staff training, forms and documentation, individual/family experience, volunteer activities, photos, etc...</p>
<p>Question 22: Are individuals able to come and go at any time?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence <i>Evidence of Compliance</i> may include policies, forms and documentation, individual/family experience, lease/resident agreement, individualized service plan, etc...</p>
<p>Question 23: Do all individuals residing in the setting have a legally enforceable agreement with the setting landlord?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence <i>Evidence of Compliance</i> may include copy of a lease or legally enforceable agreement.</p>
<p>Question 24: Does each individual have lockable entrance doors to the home and their room, with the individual and appropriate staff only having keys to doors, as appropriate?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence <i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 25: Do individuals have the opportunity for privacy while in the bathroom?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence <i>Evidence of Compliance</i> may include policies, individual/family experience, copy of a lease or legally enforceable agreement, door lock, training material about privacy etc...</p>

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<p>Question 26: Do individuals have privacy in their sleeping or living space?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>Provide a narrative response and identify evidence. Questions to consider when determining privacy: Do staff routinely knock and wait for a response prior to entering someone’s bedroom? Is health information about an individual kept private? Are individuals who need support with grooming groomed as they desire and in private as appropriate? Are individuals afforded privacy when they have a guest or visitor?</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 27: Are individuals permitted to have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience surveys, photos, list of types devices or technology individuals have access to, a copy of a lease or legally enforceable agreement etc...</p>
<p>Question 28: Do individuals sharing units/bedrooms have a choice of roommates?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 29: Do Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 30: Do individuals move about the home freely with access to typical areas in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 31: Do individuals have access to food anytime, as appropriate?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement, etc...</p>

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<p>Question 32: Can individuals have visitors at any time?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include policies, individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 33: Is the setting physically accessible to all individuals who live there?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p>For example, there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environmental adaptations such as a stair lift or elevator to adapt to individual needs.</p> <p><i>Evidence of Compliance</i> may include individual/family experience, photos, copy of a lease or legally enforceable agreement etc...</p>
<p>Question 34: Where public transportation is limited, are other resources provided for the individual to access the broader community?</p>	<p>A YES response indicates this statement is true of the setting you are assessing</p> <p><i>Evidence of Compliance</i> may include a list of transportation options (including natural supports) provided, how transportation barriers addressed to assure opportunities for community integration etc...</p>