

IN FSSA DDRS Non-Residential Self-Assessment

Day Services Settings Questions – for Providers of Adult Day, Pre-Vocational, Community Habilitation, Facility Habilitation

Page description:

Background, Definitions, Due Dates, Compliance, Non-Compliance, Examples, Next Steps

BACKGROUND:

In March 2014, the Centers for Medicare and Medicaid Services (CMS) implemented a [final rule](#) related to Home and Community Based Settings. This final rule requires that states assess all residential and non-residential settings which receive funding or payment through an approved home and community-based services (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.

CMS is requiring states to develop a Transition Plan that describes the process for bringing all HCBS settings into compliance with the rule no later than March 17, 2019. **As part of the Transition Plan, Division of Disability and Rehabilitative Services (DDRS) must assess each HCBS setting in order to determine compliance. DDRS has chosen a self-assessment for non-residential service providers. This self-assessment will assist in identifying potential areas of non-compliance and allow the provider to develop a transition plan outlining how they plan to achieve full compliance by 2018.**

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

Many individuals participate in non-residential services through waivers operated by DDRS. In order to continue receiving waiver funding, these sites must be considered “home and community-based” as defined in federal regulations under 42 CFR 440.180. 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 opportunities as anyone else**).

DEFINITIONS:

For the purposes of the self-assessment:

- 'Services' refers to the array of services a member may receive, including adult day services, case management, prevocational services, respite, and individual/group community-based habilitation. Note: this list is not all-inclusive of services available under the waiver
- 'Setting' refers to the general location of where the member may receive services, such as in the home, in the community, or in a facility
- 'Site' refers to the physical location/specific address where the service is delivered

INSTRUCTIONS:

You Are a Day Service Provider

You have been identified as a current provider of BDDS waiver-funded HCBS day program services under the Division of Disability and Rehabilitation Services (DDRS). Indiana is currently assessing these day services (**Facility Based Habilitation, Community Based Habilitation, Adult Day Services, Prevocational Services**) as required by the HCBS final rule and as established in Indiana's Statewide Transition Plan.

You Are Required to Respond

DUE DATE:

Your responses to this self-assessment are due by October 13, 2016.

This self-assessment is one component of the HCBS compliance determination process. DDRS will review your responses and provide feedback to you identifying any areas in need of a transition plan by December 30, 2016.

COMPLIANCE:

This survey self-assessment will assist DDRS with determining site specific compliance with the HCBS final rule.

NON-COMPLIANCE:

For areas identified as non-compliant, DDRS will work with your agency to develop a plan to support the effective transition of the site to become HCBS compliant by July of 2018. This timeframe is to provide necessary time and planning for the providers to demonstrate compliance, and ensure minimal interruption in service delivery to individuals being supported by an HCBS waiver service.

All Agency Day Service Site(s) Must Be Included

Each site must be self-assessed by 10/13/2016. Sites that are not reported by this date, that are not confirmed compliant by DDRS, and that do not have accompanying documentation will be deemed non-compliant and will be subject to immediately meeting HCBS final rule compliance. Therefore, it is absolutely critical for providers to respond to the survey realistically, and accurately. Site information will be verified, and in some cases an on-site visit will be scheduled to confirm the self-assessment responses.

For assistance related to the Day Service Self-Assessment, please email questions to inbdds@pcgus.com.

EXAMPLES:

Each provider could be part of multiple settings and could have multiple sites related to each setting. In order to gather the necessary information from you in this self-assessment, **we ask that you complete this self-assessment for each set of company policies/procedures that establish the rules of conduct within your organization's settings and sites.** For example, Provider Smith has determined they have 2 settings and 5 sites. Sites 1-4 operate under Provider Smith company-policy-A, but site 5 operates under Provider Smith Company-Policy-B. Provider Smith will complete this self-assessment two times; once responding to the questions given policy A and once responding to the questions given policy B.

For example: Provider Smith provides Community Based Habilitation, Facility Based Day, and Pre-Vocational services under the waiver. There are two physical buildings and three hubs. The physical buildings provide Facility Based Day services in one building and Pre-Vocational services in another building that is it a sheltered work shop. The hubs are where the individuals utilizing Community Based Habilitation meet prior to going into the community. While Provider Smith may have overarching policies in place, each site that services are delivered in must be assessed for compliance. For this example, Provider Smith has 5 sites total. The facilities that provide Facility Based Day and Pre-Vocational services as well as the three addresses of the hubs. Regardless of the services provided at the site, the site itself must be assessed for compliance with the final rule.

Provider Smith has separate policies in place that address Facility Based Day services and Pre-Vocational services so they will complete one survey for those settings and list the two sites that are governed by those policies. Their Community Based Habilitation operates under a different set of policies, so a separate survey must be completed with the three sites listed.

Survey 1

Provider Smith	Facility Based Day site	Pre-Vocational site
	123 S. Vine St	123 S. Vine St

Survey 2

Provider Smith	Community Based Hub site 1	Community Based Hub site 2	Community Based Hub site 3
	123 1 st St	456 2 nd St	789 3 rd St

Another example would be Provider Jones provides Facility Based Day services in three different physical locations as well as Community Based Habilitation operating out of the same locations. All operate under the same polices. Provider Jones would complete one survey, listing out each site.

Provider Jones	Facility Based Day/ Community Based habilitation site 1	Facility Based Day/ Community Based habilitation site 2	Facility Based Day/ Community Based habilitation site 3
	123 B Street	456 C Street	789 D Street

NEXT STEPS:

This self-assessment will identify sites that would benefit from an in-person evaluation to allow DDRS to provide additional guidance/feedback as to how the provider can achieve full compliance with the HCBS final rule. At the time of the on-site assessment, providers must be prepared to provide evidence to the assessor to support the information provided in the self-assessment. Providers must be able to provide evidence at the time of an onsite assessment to support the responses on this self-assessment. Evidence includes, but is not limited to:

1. Provider policies/procedures:

- Service descriptions – and how services are planned for each individual (ISP/PCP)
- Participant Rights Policies
- Any policies/procedures that address choice
- Any Policies/procedures that address community integration and community access
- Any policies/procedures that address restrictions, risk plans, etc.

2. Participant handbook

3. Staff training curriculum specific to rights, consumer choice, ISP implementation, and Person Centered Planning

4. Training schedule

1. Contact information for the individual completing this survey:

*

Name

Title

Phone number

Email address

2. Provider/Company Information

Corporate Name

Mailing Contact Name

Mailing Street Address

Mailing City

Mailing State

Mailing Zip Code

3. What waiver services do you provide? Please select all that apply. *

- Facility Based Hab
- Community Based Hab
- Adult Day Services
- Prevocational Services
- Occupational Therapy
- Physical Therapy
- Music Therapy
- Extended Services
- Recreation Therapy
- Individual Therapy
- Group Therapy

4. Please identify where these services are performed. Please select all that apply. *

- In a facility that serves individuals with disabilities
- Location within the community (Please explain)
- Both
- Other

*

5. Do you have a site that supports both facility habilitation AND community habilitation?

- Yes
- No

6. Please provide the requested contact information for each site that you are including in this self-assessment.

If you are including more than 4 sites in this self-assessment, you will be given opportunity to provide additional site contact information in the following question. *

	Site 1	Site 2	Site 3	Site 4
Site Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Street Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site City:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Contact Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Contact Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Contact Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Which funding sources are used by your agency? Select all that apply. *

- CIH
- FSW
- TBI Waiver
- A&D Waiver
- Private Pay
- State Line Item
- Other

*

Section B - Self Assessment

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 non-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 sites included in this self-assessment.

10. Are any of your sites co-located or adjacent to any of the following? Check all that apply. *

- Skilled Nursing Facility (SNF)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
- Institute for Mental Disease (MD)
- Hospital
- My program is not co-located or adjacent to any of the above.

11. Who is served in your setting(s)? Your response should reflect only the sites included in this self-assessment. Please provide percentages. Your responses should sum to 100%. *

% with Developmental Disability

% with Physical Disability

% with No Disability

12. How many consumers served in your setting(s) are within each of the age ranges listed below? Your response should reflect only the sites included in this self-assessment. *

Age 0-18

Age 19-35

Age 36-60

Age 61+

13. How many individuals meet the following conditions? If an individual meets more than one condition, please include him/her in all applicable counts. Your response should reflect only the sites included in this self-assessment. *

Number of individuals on pathway to employment who receive pre-vocational services and are paid under a DOL 14C certificate

Number of individuals working in the community but spending non-work time at the program, setting or site (facility habilitation)

Number of individuals working on skill development (not working in a community setting)

14. Does the site(s) provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services? Your response should reflect only the sites included in this self-assessment. *

Yes

No

15. Which of the following best describe the physical location of the site(s)? Your response should reflect only the sites included in this self-assessment. Check all that apply. *

- Retail
- Residential Neighborhood
- Commercial
- Industrial
- Other

*

Section C

Page description:

The 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)

The section below includes questions about an individual's access to services and opportunities in a community setting. Answers should be based on the extent to which these services/opportunities are available to the same degree of access as individuals not receiving Medicaid HCBS.

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

16. Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the amount of time desired by consumers? *Examples of meaningful non-work activities can include socialization, volunteering through work or work outings. These activities should be the same types of activities that individuals not receiving Medicaid HCBS may participate in.* *

- Yes
- No

17. Do the individuals served in this setting regularly interact (4 times or more per week) with members of the community (not staff or volunteers)? *

- Yes
- No

18. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth? *

- Yes
- No

19. Does the setting allow individuals the freedom to move about the setting, including the freedom to go outside as they chose? *

- Yes
- No

20. Does the setting allow individuals the freedom to move about **based on the individuals identified needs?** *

- Yes
- No

21. Is public transportation available to/from the setting? *

- Yes
- No

22. If public transportation is not available, are there other resources available for individuals to access the setting/service? *

- Yes

*

- No

23. Is information regarding transportation available to individuals in a convenient manner such as participant handbooks, handouts, or public postings? *

- Yes
- No

24. Are resources other than public transportation available for individuals to access the setting? *

- Yes
- No

25. Does the setting assure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages? *

- Yes
- No

26. Does the program include any of the below? If the Activity is offered, check the "Offered? Check if Yes" box for that Activity. Check the remaining boxes in that row only if the column applies to that Activity.

	Offered? Check if Yes	Disability specific program	Offered to the general community	Provided to only an individual
Access to post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activism/advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arts/crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural/diversity events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily living skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment - minimum wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment - above minimum wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclave - minimum wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclave - above minimum wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office/community offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious events/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewing/knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping and commercial transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing/choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D

Page description:

The setting is selected by the individual from among setting options including non-disability specific settings. The settings options are identified and documented in the person-centered plan and are based on the individual's needs and preferences. Citation: 42 CFR 441.301(c)(4)(iii)

The section below includes questions about choices offered to an individual. Answers should be based on whether these choices allow flexibility to the same degree as individuals not receiving Medicaid HCBS.

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

27. Does the setting provide individuals with flexibility in their schedule? *

- Yes
- No

28. Are individuals given flexibility in when they take breaks/lunch times? *

- Yes
- No

29. Are activities adapted to individuals' needs and preferences? *

- Yes
- No

Section E

Page description:

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. Citation: 42 CFR 441.301(c)(4)(iii)

The section below includes questions about an individual's right to privacy. Answers should be based on whether an individual's expectation of privacy is ensured to the same degree as individuals not receiving Medicaid HCBS.

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

30. Does the setting have policies to ensure all information about individuals is kept private/confidential? *

- Yes
- No

31. Is personal care assistance, when needed, provided in private? *

- Yes
- No

32. Does the setting have policies to ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times? *

- Yes
- No

33. Does the setting/service provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others in private? *

- Yes
- No

34. Does the setting policy ensure response to each individual's needs as defined in their individual service plan? *

- Yes
- No

35. Does the setting ensure that one person's behavior supports do not impede on the rights of other individuals? *

*

- Yes
- No

36. Does the setting offer a secure place for the individual to store personal belongings? *

- Yes
- No

Section F

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. Citation: 42 CFR 441.301(c)(4)(iv)

The section below includes questions about an individual's level of independence. Answers should be based on whether an individual has the freedom of movement and opportunity for independence in making life choices to the same degree as individuals not receiving Medicaid HCBS.

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

37. Does the setting have any of the following barriers preventing individuals' movement? Check all that apply. *

- Gates
- Locked Doors
- Fences
- Other
- No, we have no barriers preventing individuals' movement

38. If there are restrictions in place, please explain. *

39. Does the setting offer any of the following options for the consumers to meet physical environment goals and needs? Check all that apply. *

- Indoor gathering space
- Outdoor gathering space
- Large group activity space
- Small group activity space
- Private space
- Area for calming activities
- Area for stimulating activities
- None of the above

40. Does the setting afford the opportunity for tasks and activities that match to the following attributes for individuals: (check all that apply) *

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

41. Is the setting physically accessible, including access to bathrooms and break rooms? *

- Yes
- No

42. Does the setting provide for an alternative meal and/or private dining if requested by the individual? *

- Yes
- No

43. Do people have access to food at any time consistent with individuals in similar and/or the same setting? *

- Yes
- No

44. Does the setting allow people to choose with whom they spend their time while at the setting? *

- Yes
- No

45. Does the setting support individuals to do the following? (check all that apply) *

- Make decisions
- Vote
- Move about the community
- Associate with others
- Practice their religion
- Access 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. Citation: 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)

The section below includes questions about an individual's choice to select their services and supports based on their individual preferences. Answers should be based on whether an individual is offered such choices to the same degree as individuals not receiving Medicaid HCBS.

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

46. Are individuals provided a choice regarding the setting they participate in when they sign their Individual Service Plan? *

- Yes
- No

47. Does the setting allow individuals to choose which of the setting's employees provide his/her services? Example: An individual requests that all personal care services for her be conducted by female employees. Is that individual's request met? *

- Yes
- No

48. Does the setting allow prospective individuals the opportunity to tour the setting? *

- Yes
- No

49. Does the setting afford individuals the opportunity to regularly and periodically update or change their work/daily activities? *

- Yes
- No

50. Does the setting have person-centered policies to ensure individuals are supported in developing setting-specific plans to support his/her needs and preferences? *

- Yes
- No

51. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people? *

- Yes
- No

52. Does the setting provide information to individuals about how to make a request for additional services, or changes to their setting-specific plans? *

- Yes
- No

Section H

Page description:

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

53. Do all staff (paid and unpaid) receive new hire training related to company policies? *

- Yes
- No

54. Do all staff (paid and unpaid) receive continued education related to company policies? *

- Yes
- No

55. Are company policies regularly reassessed for compliance and effectiveness, and amended as necessary? *

- Yes
- No

56. Does the setting have documentation indicative of staff's adherence to policies, such as training documentation and sign-in sheets for relevant activities? *

- 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 provide insights, facts and circumstances relevant to DDRS 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 settings rule. Knowing what these barriers are will allow DDRS to provide guidance and ongoing technical assistance, as well as ensure transition plans are developed to allow sites to become fully compliant by March of 2019.

57. Additional comments:

Thank You!

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