

**Department of Health Services
Division of Long Term Care**

Draft Non-Residential Provider Self-Assessment

The Centers for Medicare and Medicaid Services (CMS) requires states to evaluate current Home and Community Based Settings (HCBS) to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. CMS developed these rules to ensure that people receiving long-term care services and supports through HCBS waiver programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. This self-assessment is designed to measure HCBS providers' current level of compliance with the HCBS Setting rules and provide a framework for assisting providers with any necessary steps to come into compliance. A "No" response will not necessarily imply incompatibility with the HCBS rule. Comments may be included to present explanations, facts, and circumstances relevant to assessing compliance and to provide additional information. Respondents are encouraged to include sample service plans, prevocational goal setting tools, day center curricula, and other such documents as relevant to the demonstration of the setting's compliance, or ability to become compliant. All answers are subject to verification.

This survey must be submitted to DHS by _____. Please send all questions regarding this survey to (to be provided in final version).

Instructions:

- 1. Complete a self-assessment for EACH non-residential setting owned or operated.**
- 2. Return the completed self-assessment(s) to DHS at the address indicated below:**

To Be Provided in Final Version

The Department of Health Services (DHS) will choose a stratified sample of provider settings to receive an onsite compliance review by either the waiver agency (Managed Care Organization (MCO), county, IRIS contracted agency) or DHS. Providers must be able to provide evidence at the time of an onsite compliance review to support the answers provided on this self-assessment. Evidence includes, but is not limited to:

- Provider policies/procedures
- Licensure/ certification
- Participant handbook
- Individual Support and Service Plan (ISSP)
- Staff training curriculum
- Training schedule

Section A – Provider Information – This section is dependent on what is contained in DHS IT systems.	
1. Setting type	Select one: <input type="checkbox"/> Community-based <input type="checkbox"/> Facility-based *See definitions below.
2. Services provided	Select one: <input type="checkbox"/> Adult day care <input type="checkbox"/> Adult day services <input type="checkbox"/> Prevocational skills *See definitions below.
3. Setting name	
4. Setting address	
5. City	
6. State	
7. Zip code	
8. Setting contact last name	
9. Setting contact first name	
10. Contact telephone	
11. Contact email	
12. Corporate name*	
13. Licensee last name *	
14. Licensee first name *	
15. Licensee phone*	
16. Mailing contact last name *	
17. Mailing contact first name *	
18. Mailing street*	
19. Mailing city*	
20. Mailing state*	
21. Mailing zip*	
22. National provider index ID*	
23. Wisconsin provider index ID*	
24. Tax ID	
25. Total maximum licensed/certified capacity	
26. License and certification # (if applicable)	
27. Certifying agency	

28. Programs residents are served under	Select all that are applicable: <input type="checkbox"/> Family Care <input type="checkbox"/> IRIS <input type="checkbox"/> Children's Long-Term Supports <input type="checkbox"/> Community Integration Program or Community Options Program
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*Complete only if this information is applicable to your organization.

Definitions:

Community-based: Community-based settings include, but are not limited to: (1) a setting that provides people with disabilities opportunities to work and participate in daytime activities in the greater community; (2) provide people with disabilities the opportunity to interact with people without disabilities.

Facility-based: Facility based settings include, but are not limited to: (1) a setting that provides people with disabilities work and daytime activities primarily with other people with disabilities; (2) congregate settings populated exclusively or primarily for people with disabilities and limited interaction with people without disabilities.

Adult day care: Adult day care services are the provision of services for part of a day in a non-residential group setting to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision, and/or protection. Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site. Transportation between the individual's place of residence and the adult day health center may be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (3 meals per day). Adult day care cannot be provided within a substitute care setting. Adult day care services that are provided as a part of the residential facility program cannot also be paid separately as Adult day care as this would represent billing twice for the same service and violates the Medicaid rule that requires providers accept one single payment as payment in full. Funding for adult day care is separate from the substitute care rate.

Adult day services: Day services programs provide regularly scheduled, individualized skill development activities to participants. Services are typically provided in a non-residential setting. Day services include services primarily intended for adults with disabilities. Program goals may include developing/enhancing participant skills for social interaction, communication, or community integration. Day services must have a training component providing service above the level of basic supervision. Services are typically provided four or more hours per day, up to five days per week outside the home of the participant. Services may occur in a single physical environment or multiple environments or in the community at large. Community-based services take place in the community (and not in a facility) where interaction with people without disabilities could occur. Facility-based services take place in a facility, such as a day program, a prevocational center, or a senior center.

Prevocational skills: Prevocational services involve the provision of learning and work experiences where a participant can develop general, non-job-task-specific strengths, and skills that contribute to employability in paid employment in integrated, community settings. Services are expected to occur over a defined period of time as determined by the participant in the ongoing participant-centered planning process and only until integrated community employment can be obtained. Services are expected to specifically involve strategies that enhance a participant's employability in integrated, community settings. Competitive employment and/or supported employment are considered successful outcomes of prevocational services. Prevocational services should enable each participant to attain the highest possible wage and work which is in the most integrated setting and matched to the participant's interests, strengths, priorities, abilities, and capabilities. Services are intended to develop and teach general skills that lead to employment including but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.

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Section B

The HCBS Settings Rule identifies settings that are presumed to have institutional qualities and, therefore, do not meet the rule’s requirements. This non-residential provider self-assessment will be used to confirm that settings are not 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)

Location Information	Comments
1. Is the setting separate from the grounds of, or grounds immediately adjacent to a publicly or privately operated facility that provides inpatient institutional care ¹ (Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID), Institute for Mental Disease (IMD), hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Who is primarily served in this setting? Persons with: <input type="checkbox"/> Developmental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Frail elderly <input type="checkbox"/> No disability or are not frail elderly	
3. Do people receive services in an area of the setting that is fully integrated with people not receiving services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the setting separate from medical, behavioral, or therapeutic services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ CMS definition of public institution under the new rule is the existing definition under 42 CFR 435.1010: “Public institution” means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Section C

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)

	Comments
5. Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the amount of time desired by the person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the setting afford opportunities for individual schedules that focus on the needs and desires of a person and an opportunity for individual growth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does the setting allow people the freedom to move about inside? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Does the setting allow people the freedom to move about outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the setting offer options for people to receive services in the community rather than at the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>9. Is transportation available to/from the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is assistance or training in the use of public or alternative transportation offered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is information regarding transportation available to people in a convenient location? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Are resources other than public transportation available for people to access the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Does the setting assure that tasks and activities, both inside and outside the facility, are comparable to tasks and activities for people of similar ages who do not receive services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section D 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, preferences. Citations: 42 CFR 441.301(c)(4)(iii)</p>	
	<p>Comments</p>
<p>11. Does the setting provide people with flexibility in his/her schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Flexibility in break/lunch times? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Activities adapted to the person’s needs and preferences? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>12. Does the setting have policies that support individualization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section E 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)</p>	
	<p>Comments</p>
<p>13. Does the setting have policies to ensure all information about people is kept private/confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>14. Does the setting support people who need assistance with activities of daily living while ensuring the privacy of the person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>15. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>16. Are restrictive measures, including isolation, chemical restraints and physical restrictions used? Examples may include but are not limited to: seat belts, unreasonable confinement, restrictive garments or other devices. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, are approved restrictive measures documented in the person’s care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Are incident reports submitted to DHS when unapproved measures are used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>17. Does the setting policy ensure response to each person’s needs as defined in their plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>18. Does the setting ensure that one person's behavior supports do not impede the rights of the other people?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>19. Does the setting offer a secure place for the individual to store personal belongings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section F</p> <p>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)</p>	
	<p>Comments</p>
<p>20. Does the setting have any of the following barriers preventing people's movement?</p> <p><input type="checkbox"/> Gates</p> <p><input type="checkbox"/> Locked doors</p> <p><input type="checkbox"/> Fences</p> <p><input type="checkbox"/> Other: _____</p>	
<p>21. Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of people?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>22. Does the setting offer any of the following options to meet physical environment goals and needs?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indoor gathering space <input type="checkbox"/> Outdoor gathering space <input type="checkbox"/> Large group activity area <input type="checkbox"/> Small group activity area <input type="checkbox"/> Private space <input type="checkbox"/> Area for calming activities <input type="checkbox"/> Area for stimulating activities 	
<p>23. Does the setting afford the opportunity for tasks and activities matched to people's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Skills <input type="checkbox"/> Abilities <input type="checkbox"/> Desires/Goals 	
<p>24. Does the setting post or provide information on individual rights?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>25. Is the setting physically accessible, including access to bathrooms and break rooms?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>26. Does the setting have policies to ensure dignity is afforded to people in an age-appropriate manner while dining?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>27. Does the setting provide for an alternative meal and/or private dining if requested by the person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>28. Do people have access to food at any time consistent with people in similar and/or the same setting who are not receiving services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>29. Does the setting allow people to choose with whom they spend their time while at the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>30. Does the setting ensure people are supported to make decisions and exercise autonomy to the greatest extent possible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section G 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)</p>	
	<p>Comments</p>
<p>31. Was the person provided a choice regarding the services and provider within the settings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>32. Does the setting allow people to choose which of the setting's employees provide his/her services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>33. Does the setting allow prospective participants the opportunity to tour the setting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>34. Does the setting afford people the opportunity to regularly and periodically update or change their work/daily activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>35. Does the setting have policies to ensure the person is supported in developing setting-specific plans to support her/his needs and preferences?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>	
<p>36. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>	
<p>37. Does the setting post or provide information to people about how to make a request for additional services, or changes to their setting-specific plans?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>	
Section H	
	Comments
<p>38. Does all staff (paid and unpaid) receive new hire training related to setting policies?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>39. Does all staff (paid and unpaid) receive continuing education related to setting policies?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>40. Are setting policies regularly reassessed for compliance and effectiveness, and amended as necessary?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>41. Does the setting have documentation indicative of staff's adherence to policies?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

Additional Comments

Additional space to elaborate on the yes/no answer, to present insights, facts and circumstances relevant to assessing compliance with setting requirements, and to provide additional remedial planning material.

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