

HCBS Provider Self-Assessment (GSE) Part 1.2

Companion Document

DD Waivers Services:

Group Supported Employment

As a provider, If your PSA Part 1: Provider Organizational Compliance results did not find your organization COMPLIANT in the 5 areas of HCBS compliance, you must resubmit your self-assessment in REDCap. The resubmission titled Part 1.2 DD Waiver Provider Self Assessment and is intended to validate provider organizational compliance.

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.

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.

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

HCBS Self-Assessment Part 1.2: DD Waiver Provider Self Assessment

Questions:

Instructions:

Part 1: If you are a provider of DD waiver GSE services your response to the questions, and evidence submitted, should reflect your organization's approach for ensuring all settings/work locations are compliant with HCBS settings requirements. It is strongly recommended that you use this self-assessment companion document as a side-by-side tool as you complete the self-assessment.

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 and reference the question number associated with the uploaded evidence, indicate how the evidence demonstrates compliance.

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<p>Question 1a: Do ALL individuals receiving GSE services in ALL of your settings/work locations have the opportunity to engage with people not receiving HCBS services at the worksite?</p> <p>Q 1b: Describe how your organization ensures individuals receiving GSE services are integrated into the worksite and not isolated from other employees.</p> <p>Q 1c: Upload Evidence</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, examples of types of engagement and frequency, photos. A few questions to consider:</p> <ul style="list-style-type: none"> • Are individuals invited to the business’s holiday parties and other work related social events? • Do individuals work side by side with other employees not receiving Medicaid HCBS services? • Do individuals take breaks and eat meals with other worksite employees? If so, describe what this looks like in your narrative response.
<p>Question 2a: As an organization, do you have policies outlining the HCBS specific rights of individuals receiving GSE services?</p> <p>Q2b: Provide an overview and identify your evidence.</p> <p>Q2c: Upload Evidence</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 and how that information is made available to individuals and families. Sign off sheets/documentation of receipt of policy, notification policy, etc...</p>
<p>Question 3a: Have all individuals receiving services in all your settings been made aware of their HCBS rights?</p> <p>Q3b: Describe your process for informing individuals of their HCBS rights and the date when your organization completed the notifications. Is the disclosure of rights documented for each individual?</p> <p>Q3c: Upload your evidence: (disclosure form)</p>	<p>A YES response indicates this statement is true.</p> <p>Provide a narrative overview of your process for notifying individuals/families of HCBS specific rights. This is intended to assure that all individuals in all settings have been notified of their HCBS rights as an individual receiving Medicaid waiver home and community based services.</p> <p>As evidence, provide a copy of your disclosure form. This form should be maintained in the individual’s record. Please provide a document that includes your name and NPI number providing confirmation/attestation that all individuals in all settings have been notified of their HCBS rights and include the number of individuals you support.</p>
<p>Question 4a: Do paid staff and worksite employees, as appropriate, receive HCBS training and education related to the rights of individuals receiving HCBS and member experience as outlined in HCBS rules?</p> <p>Q4b: As an organization, describe your process for staff training and education on individual's rights and 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 detailing requirements for volunteer/staff training on HCBS rights and how member experience is documented...</p> <p>Upload evidence</p>

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<p>Question 5a. Have all paid staff and worksite employees, as appropriate, received information and training on HCBS specific rights per your agency's staff training policy?</p> <p>Q5b: Provide details of staff training across worksites, e.g. training dates, who conducted the training, is there documentation for each staff</p> <p>Q5c: Upload your evidence</p>	<p>A YES response indicates this statement is true.</p> <p>Provide a narrative overview of your process for training staff in all settings. This is intended to assure that all staff across all settings have received information and training on HCBS rights and their responsibility to ensure rights are respected and enforced.</p> <p>As evidence provide a copy of your staff training documentation form that includes HCBS rights training. This form should be maintained in staff records. Please provide a document that includes your name and NPI number providing confirmation/attestation that all staff in all settings have been educated/trained.</p>
<p>Question 6a: As a provider of Medicaid HCBS, do you ensure freedom from coercion and restraint? And, if yes, describe the actions you take.</p> <p>Q 6b: Provide a brief overview of your process and/or policy and identify your evidence of compliance.</p> <p>Q6c: Upload your evidence</p>	<p>A YES response indicates this statement is true</p> <p>Provide a narrative response and identify evidence.</p> <p><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 7a: Does the person centered service planning process ensure individuals' choices and preferences are honored and respected?</p> <p>Q7b: Describe how your organization ensures individuals' choices and preferences are honored and respected.</p> <p>Q7c: Upload Evidence</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.</p> <p><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 8: Has your organization reviewed the HCBS Toolkit?</p>	<p>A YES response indicates this statement is true</p>

