

HCBS Provider Self-Assessment (PSA) Part 1.2

Companion Document

DD Waivers Services:

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

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.

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.

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

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

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<p>Question 1: 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>Q 1a: Describe how your organization ensures individuals have access to community services and resources.</p> <p>Q 1b: 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, 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 2: As an organization, do you have policies outlining the HCBS specific rights of individuals receiving services?</p> <p>Q2a: How are those policies made available to individuals and families?</p> <p>Q2b: Upload Evidence</p>	<p>A YES response indicates this statement is true.</p> <p>Provide a narrative description of how your HCBS Rights policy is made available to individuals and families.</p> <p><i>Evidence of Compliance.</i> As evidence, attach your organization’s HCBS Rights policy.</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 volunteers 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>

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<p>Question 5a. Have all staff in all settings received information and training on HCBS specific rights per your agency's staff training policy?</p> <p>Q5b: Provide details of staff training across all settings, 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>

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<p>Question 9a: Has your organization implemented additional compliance actions to strengthen compliance in settings?</p> <p>Q9b: Describe the actions taken.</p> <p>Q9c: Upload your evidence</p>	<p>A YES response indicates this statement is true</p> <p>Describe additional compliance actions taken ensure compliance across all settings and strengthen compliance. Actions taken may include:</p> <ul style="list-style-type: none"> ▪ Community Participation policy that describes how individuals achieve full access to the greater community in a meaningful way ▪ Policies include person centered references (no institutional or outdated references/terminology) ▪ Staff position descriptions demonstrate an expectation of HCBS knowledge and adherence to requirements ▪ Incorporate a policy and practice to regularly seek input from individuals supported and their families/guardians on their experience with services and recommendations to enhance community participation. ▪ Develop and implement an HCBS compliance self-assessment for direct support professionals to determine staff perceptions of each settings' compliance with HCBS rights and expectations and recommendations for improvement. <p>Additional strategies can be found in the HCBS Toolkit.</p> <p>Upload evidence in support of additional actions taken.</p>
<p>Question 10: Please describe your agency's approach to completing the self-assessment process. The response should include the organizational approach as well as setting specific approach.</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>