

# Developmental Disabilities Administration HCBS Non-Residential Provider Self-Assessment, 2016

## Introduction

In January 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule to ensure that Medicaid home and community-based services (HCBS) waiver programs provide full access to the benefits of community living and offer services in the most integrated settings to program participants. Additional information about this rule can be found at (clicking on the link below will open a new tab): <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>.

CMS has directed states to determine the compliance of settings with this final rule. This self-assessment is specific to the following Developmental Disabilities Administration (DDA) service settings:

1. Day Habilitation
2. Supported Employment
3. Community Learning Services

Providers are likely to serve:

1. Community Pathways Waiver participants
2. Brain Injury Waiver participants

**As a provider, you must complete this mandatory self-assessment for each SERVICE SITE operated.** Answering each question honestly will enable the state to assist providers in areas that may not currently be compliant with the new rule. If you are operating more than one service site, you will need to complete a self-assessment for each additional service site operated.

**At the end of the assessment, you will submit your assessment by clicking the "Done" button twice.** Clicking on "Done" the first time submits your assessment and takes you to the completion page. Clicking "Done" the second time (on the completion page) returns you to the beginning of the self-assessment. If you only have one service site, you may then close your browser because you are finished. If you are operating more than one service site, you will then complete your next self-assessment.

Within the self-assessment, at the bottom of the screen, you will click on the "Next" button to advance the assessment. You may click on the "Previous" button if you need to go back to a previous screen in the assessment. **Once you have clicked on "Done" at the end of the assessment (the first "Done"), you will not be able to return to your self-assessment. A word of caution: clicking on the back arrow in your Internet browser will kick you out of the assessment, so be sure to use the "Previous" and "Next" buttons to go backwards and forwards.** All questions must be answered and you will not be permitted to move forward in the assessment if you have skipped any questions on the screen. The asterisk (\*) beside each question indicates that the question must be answered.

Due to technical limitations, it is not possible to print out a copy of your completed assessment(s). DDA will provide confirmation of your completed assessment(s) at a later date. For your own records, you could take a screen shot of the completion page before clicking on the second "Done" button (see <http://www.lynda.com/articles/how-to-take-screen-shots-on-your-mac-or-pc>).

For questions, contact Janet Furman, Director of Provider Relations at DDA, at [janet.furman@maryland.gov](mailto:janet.furman@maryland.gov), include "Survey" in the subject line.

For questions about the final rule, contact Ernest Le (410-767-5212) or Rebecca Oliver (410-767-4902), at the Maryland Department of Health and Mental Hygiene (DHMH) or [dhmh.hcbssetting@maryland.gov](mailto:dhmh.hcbssetting@maryland.gov).

This assessment should take approximately 15 to 20 minutes to complete. All questions must be answered. There is space at the end of the assessment for additional comments.

## Section 1. Provider and Site Information

1. Contact information of person completing this assessment.
  - a. Name of person completing assessment: \_\_\_\_\_
  - b. Title of person completing assessment: \_\_\_\_\_
  - c. Phone number of person completing assessment (e.g.,4104551111): \_\_\_\_\_
  - d. E-mail address of person completing assessment: \_\_\_\_\_
2. Name of provider organization: \_\_\_\_\_
3. Site address:
  - a. Street (include suite numbers, etc.): \_\_\_\_\_
  - b. City/Town: \_\_\_\_\_
  - c. ZIP: \_\_\_\_\_
4. Please indicate the service provided at this site. Only one service may be indicated. If additional licensed services are provided, a separate assessment should be completed for each service.
  - Day Habilitation
  - Supported Employment
  - Community Learning Services
5. How many HCBS waiver participants are currently served at this site? \_\_\_\_\_
6. Please indicate your DDA license provider number and the DDA license site number for this site. Failure to provide the correct numbers may make it difficult for DDA to confirm completion of the assessment.  
  
DDA license provider number: \_\_\_\_\_  
DDA license site number: \_\_\_\_\_
7. Please indicate your Medicaid number for this site. This is the nine (9)-digit number that you use to make claims. Failure to provide the correct number may make it difficult for DDA to confirm the completion of your assessment. \_\_\_\_\_

## Section 2. Institutional and Physical Characteristics of the Setting

8. Is the site located in one of the following?
  - A nursing facility
  - An institution for mental diseases
  - An intermediate care facility for individuals with intellectual disabilities
  - A hospital
  - None of the above
  
9. Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
  - Yes
  - No
  
10. Are multiple types of services (e.g., day services, medical, mental health, or behavioral services; or occupational, physical, or speech therapies) provided at this site?
  - Yes
  - No
  
11. Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
  - Yes
  - No
  - Not applicable. Only serve HCBS waiver participants.
  
12. Is the site located in a gated/secured community?
  - Yes
  - No
  
13. Is the site near (i.e., within ½ mile of) other sites that **YOUR provider organization** operates (providing ANY service) for people receiving home and community-based (HCB) waiver services?
  - Yes
  - No
  
14. Is the site near (i.e., within ½ mile of) private residences or retail businesses? (Industrial parks are not considered retail businesses.)
  - Yes
  - No
  
15. During a one-month time frame, on average, how frequently do members of the greater community (i.e., individuals who are not family members or friends of participants, or paid employees) visit or volunteer at the site?
  - 16 or more days a month
  - 11 to 15 days a month
  - 6 to 10 days a month
  - 1 to 5 days a month
  - 0 days a month

### Section 3. Physical Accessibility of the Setting

16. Does the site have physically accessible bathrooms for participants to use?
- Yes, and no modifications are necessary for participants to access them.
  - Yes, with the necessary modifications for participants to access them. (e.g., grab bars or raised toilet seats.)
  - No bathrooms are physically accessible.
17. Does the site have physically accessible furniture (e.g., tables and desks that allow room for wheelchairs) for participants to use?
- Yes
  - No
18. In general, how often are modifications provided as needed so that participants have full access to the site? (e.g., widened doorways or ramps for wheelchairs.)
- Always
  - Sometimes
  - Never
  - Not applicable. No modifications are needed.
19. Do participants have unrestricted access to public areas at the site? (i.e., there are no restrictive devices such as gates or locked doors prohibiting them from areas that are open to the public.)
- Yes
  - No

**Optional clarification to answer (up to 500 characters):**

#### Section 4. Accessing the Greater Community/Community Integration

20. Are participants and/or their legal representatives informed about community activities/events? (e.g., festivals, religious activities, concerts, sporting events, and movies.)

Yes

No → **Skip to question #22**

21. How are participants and/or their legal representatives informed about community activities/events? **Check all that apply.**

Staff tell the participants and/or their legal representatives.

Information is posted on a bulletin board in an area accessible to participants and/or their legal representatives.

Staff send participants and/or their legal representatives information electronically (i.e., e-mail).

Information is posted on social media (i.e., Facebook, Instagram, Twitter, etc.).

Printed materials (e.g., letters or flyers) are mailed or given to participants and/or their legal representative.

Other, please specify (up to 300 characters):

22. Are all participants encouraged to join and regularly attend community groups, associations, classes, leagues, and teams that are not disability-specific? (i.e., inclusive of any interested community member)

Yes

No

23. On average, how often are participants asked if they want to engage in community activities located off-site?

Once a day

Once a week

Once a month

Once a year

Never

24. Do participants access the greater community? (i.e., go to places not located at the site)

Yes

No → **Skip to question #29**

25. Are participants supported in the use of public transportation when accessing the greater community?

Yes

No

Not applicable. There is no public transportation accessible from the site.

26. Please identify additional resources that are available for participants to access the greater community. **Check all that apply.**

- Staff assist participants (e.g., provide rides, help with walking or use of a wheelchair).
- Friends assist participants (e.g., provide rides, help with walking or use of a wheelchair).
- Family members assist participants (e.g., provide rides, help with walking or use of a wheelchair).
- Volunteers assist participants (e.g., provide rides, help with walking or use of a wheelchair).
- Other, please specify (up to 300 characters):

27. In a one-month time frame, on average, how frequently do participants engage in activities (e.g., going to a restaurant, park, sporting event, or religious service) in the community (i.e., not at the site)?

- 16 or more days a month
- 11 to 15 days a month
- 6 to 10 days a month
- 1 to 5 days a month

28. When participants engage in activities in the greater community (i.e., not at the site), on average, what is the frequency of interaction with community members who are not receiving HCBS services?

- Very frequent
- Moderately frequent
- Not very frequent
- No interaction takes place with community members

## Section 5. Accessing the Greater Community: Volunteering

29. Do participants volunteer for organizations (other than the provider that operates the setting) doing activities that match their personal interests and goals?
- Yes
  - No → **Skip to question #33**
30. What percentage of participants (out of all participants served at the site) volunteer on a regular basis?
- 1% to 20%
  - 21% to 40%
  - 41% to 60%
  - 61% to 80%
  - 81% to 100%
31. Do participants typically volunteer with other participants? (i.e., two or more participants will volunteer at the same time, at the same organization)
- Yes
  - No
32. In a one-month time frame, on average, how frequently do participants volunteer?
- 16 or more days a month
  - 11 to 15 days a month
  - 6 to 10 days a month
  - 1 to 5 days a month

## Section 6. Accessing the Greater Community: Employment

33. Are services that help participants learn about work/employment opportunities provided at this site?
- Yes
  - No → **Skip to question #36**
34. Are small group supported employment services offered?
- Yes
  - No → **Skip to question #36**
35. What are the size(s) of these small groups? **Check all that apply.**
- 2 to 3 participants
  - 4 to 5 participants
  - 6 to 7 participants
  - 8 or more participants

## Section 7. Person-Centered Planning and Service Preferences

36. In a one-month time frame, on average, how frequently do participants receive services in non-disability-specific settings (based on availability in the community)? (e.g., are participants employed, or are participants offered the chance to participate in activities at a local YMCA, or volunteer in the community at a local animal shelter?)
- 16 or more days a month
  - 11 to 15 days a month
  - 6 to 10 days a month
  - 1 to 5 days a month
  - 0 days a month
37. Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site? (i.e., at a day habilitation site, are participants asked what activities they want to do?)
- Yes
  - No
38. Are participants and/or their legal representatives given information regarding how to make changes to their services?
- Yes
  - No → **Skip to question #40**
39. Indicate the type of information that is given to participants and/or their legal representatives regarding how to make changes to their services. **Check all that apply.**
- How to request additional services
  - How to change current services
  - How to request a new provider of current services
  - Other, please specify (up to 500 characters):

## Section 8. Right to Privacy, Respect, and Freedom from Restraint

40. Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene)
- Yes
  - No
41. Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet, password protected electronic device, or locked cars)
- Yes
  - No
42. Are participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
- Yes
  - No
  - Not applicable. Cameras are not used at this site.
43. Are participants addressed in a manner that they prefer? (e.g., by their preferred name or nickname)
- Yes
  - No
44. Do staff communicate with participants in a manner easily understood by them? (i.e., in the participants' native language or using adaptive equipment)
- Yes
  - No
45. Are restraints and/or restrictive interventions (e.g., physical restraints, the removal of a participant from the environment, or the removal of a participant's belongings from them) used during the delivery of this service?
- Yes
  - No → **Skip to question #49**
46. Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
- Yes
  - No
47. Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?
- Yes
  - No
48. Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
- Yes
  - No

## Section 9. Right to Independence and Autonomy

49. Are participants permitted to make their own schedules? (i.e. , determine their own lunch and break times throughout the day)
- Yes
  - No
50. Are participants able to choose who they interact with during group activities? (e.g., who they sit with or who they work together with)
- Yes
  - No
51. If they are 18 years older, are participants supported to vote or older in local, state, and national elections?
- Yes
  - No
  - Not applicable. No participants are 18 years or older.

## Section 10. Comments

52. Additional Comments (up to 1,000 characters):

### COMPLETION PAGE

Thank you for completing this provider self-assessment. If you have additional sites, please complete an assessment for each site. As noted in the introduction section of this assessment, due to technical limitations, you will not be able to print out a copy of your completed assessment. DDA will contact you at a later date to confirm the completion of your assessment(s).

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(4.28.16)