Developmental Disabilities Administration
HCBS 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) residential habilitation service settings:

1. Alternative Living Units
2. Group Homes

Providers may serve:

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

As a provider, you must complete this mandatory self-assessment for each 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 site, you will need to complete a self-assessment for each additional 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 site, you may then close your browser because you are finished. If you are operating more than one 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.

The summary of responses page will provide you a record of how you answered each question in the assessment. Please note that you will not see your responses for questions that allow multiple responses (i.e., questions marked "check all that apply") or questions that were automatically skipped.

For questions about the survey, contact Janet Furman, Director of Provider Relations at DDA, at self.assessments@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 DHMH or dhmh.hcbssetting@maryland.gov

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

Section 1. Background 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.
   O Alternative Living Units (ALU)/Residential Habilitation
   O Group Homes (GH)/Residential Habilitation

5. How many HCBS waiver participants are currently served at this site? _____

Please indicate your DDA license provider number and the DDA license site number for this site (this was recently e-mailed to you by DHMH to enter into this assessment). Failure to provide the correct numbers may make it difficult for DDA to confirm completion of the assessment.

6. DDA license provider number: _____
7. DDA license site number: _____

8. 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 completion of the assessment. _____

Section 2. Physical Characteristics and Community Involvement at Setting

9. Is the site located in one of the following?
   - O A nursing facility
   - O An institution for mental diseases
   - O An intermediate care facility for individuals with intellectual disabilities
   - O A hospital
   - O None of the above

10. 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?
    - O Yes
    - O No

11. Are multiple types of services (e.g., day services, medical, mental health and behavioral; or occupational, physical, or speech therapies) provided at this site?
    - O Yes
    - O No

12. Is the site near (i.e., within ½ mile of) other sites that **YOUR provider organization** operates (for any service) for people receiving home and community-based (HCB) waiver services?
    - O Yes
    - O No

13. Is the site located in a gated/secured community for people with disabilities?
    - O Yes
    - O No

14. Is the site near (i.e., within ½ mile of) other private residences or retail businesses? (Industrial parks are not considered retail businesses.)
    - O Yes
    - O No

15. Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
    - O Yes
    - O No
    - O Not applicable. Only serve HCBS waiver participants.

16. During a one-month time frame, on average, how frequently do friends or family of the participants visit 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

17. Does the site have physically accessible bathrooms for participants to use?
    - O Yes, and no modifications are necessary for participants to access them.
    - O Yes, with the necessary modifications for participants to access them. (e.g., grab bars or raised toilet seats.)
    - O No bathrooms are physically accessible.

18. Does the site have physically accessible furniture (e.g., tables and desks are at convenient height and location) for participants to use?
    - O Yes
    - O No

19. 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.)
    - O Always
    - O Sometimes
    - O Never
    - O Not applicable. No modifications are needed.

20. Do participants have unrestricted access to public areas and amenities 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.)
    - O Yes
    - O No

    Optional clarification to answer (up to 500 characters):

21. Does the site have physically accessible laundry facilities (e.g., clothes washer or dryer) for participants to use?
    - O Yes, and no modifications are necessary for participants to use them.
    - O Yes, with the necessary modifications for participants to use them.
    - O No laundry facilities are physically accessible for participants.

22. Does the site have a physically accessible kitchen for the participants to use?
    - O Yes, and no modifications are necessary for participants to use them.
    - O Yes, with the necessary modifications for participants to use them.
    - O No kitchen facilities are physically accessible for participants.

Section 4. Community Integration and Services in the Community

23. Are participants and/or their legal representatives informed about community activities/events? (e.g., festivals, religious activities, concerts, sporting events, and movies.)
    - O Yes
    - O No → **Skip to question #25**

24. How are participants and/or their legal representatives informed about community activities/events? **Check all that apply**.
    - O Staff tell the participants and/or their legal representatives.
    - O Information is posted on a bulletin board in an area accessible to participants and/or their legal representatives.
    - O Staff send participants and/or their legal representatives information electronically. (i.e., e-mail.)
    - O Printed materials (e.g., letters or flyers) are mailed or given to participants and/or their legal representatives.
    - O Information is posted on social media (i.e., Facebook, Instagram, Twitter, etc...)
    - O Other, please specify (up to 300 characters):

25. On average, how often are participants asked if they want to engage in community activities located off-site?
    - O Once a day
    - O Once a week
    - O Once a month
    - O Once a year
    - O Never

26. Do participants access the greater community? (i.e., go to places not located at the site.)
    - O Yes
    - O No → **Skip to question #30**

27. Identify the resources that are available for participants to access the greater community. **Check all that apply.**
    - O Public transportation
    - O Staff help participants by assisting (e.g., providing rides, help with walking, or use of a wheelchair) them.
    - O Friends help participants by assisting (e.g., providing rides, help with walking, or use of a wheelchair) them.
    - O Family members help participants by assisting (e.g., providing rides, help with walking, or use of a wheelchair) them.
    - O Volunteers help participants by assisting (e.g., providing rides, help with walking, or use of a wheelchair) them.
    - O Other, please specify (up to 300 characters):

28. 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 greater community (i.e., not at the site)?
    - O 16 or more days a month
    - O 11 to 15 days a month
    - O 6 to 10 days a month
    - O 1 to 5 days a month

29. When participants engage in activities in the greater community (i.e., not at the site), on average, what is the level of interaction with community members who are not receiving HCB services?
    - O Very frequent
    - O Moderately frequent
    - O Not very frequent
    - O No interaction takes place with community members.

30. In a one-month time frame, on average, how frequently do participants receive services (not including medical 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?)
    - O 16 or more days a month
    - O 11 to 15 days a month
    - O 6 to 10 days a month
    - O 1 to 5 days a month
    - O 0 days a month

31. Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site?
    - O Yes
    - O No

32. Are participants and/or their legal representatives given information regarding how to make changes to their services?
    - O Yes
    - O No → **Skip to question #34**

33. 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**.
    - O How to request additional services
    - O How to change current services
    - O How to request a new provider of current services
    - O Other, please specify (up to 500 characters):

Section 5. Right to Privacy, Respect, and Freedom from Restraint

34. Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene.)
    - O Yes
    - O No

35. 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 a locked car.)
    - O Yes
    - O No

36. Are participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
    - O Yes
    - O No
    - O Not applicable. Cameras are not used at this site.

37. Are participants addressed in a manner that they prefer? (e.g., by their preferred name or nickname.)
    - O Yes
    - O No

38. Do staff communicate with participants in a manner easily understood by them? (i.e., in the participants' native language or using adaptive equipment.)
    - O Yes
    - O No

39. Are restraints and/or restrictive interventions (e.g., physical restraints, or the removal of a participant from the environment, or the removal of a participant's belongs from them) used during the delivery of this service?
    - O Yes
    - O No → **Skip to question #43**

40. Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
    - O Yes
    - O No

41. Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?
    - O Yes
    - O No

42. Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
    - O Yes
    - O No

Section 6. Right to Independence and Autonomy

43. If they are 18 years old or older, are participants supported to vote in local, state, and national elections?
    - O Yes
    - O No
    - O Not applicable. No participants are 18 years or older.

Section 7. Right to Independence and Autonomy: Food

44. Are participants able to choose *when* they eat?
    - O Yes, all participants are able to choose when they eat.
    - O Some participants are not able to choose when they eat, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
    - O Some participants are not able to choose when they eat, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
    - O None of the participants are able to choose when they eat.

    Optional clarification to answer (up to 500 characters):

45. Are participants able to choose *where* they eat?
    - O Yes, all participants are able to choose where they eat.
    - O Some participants are not able to choose where they eat, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
    - O Some participants are not able to choose where they eat, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
    - O None of the participants are able to choose where they eat.

    Optional clarification to answer (up to 500 characters):

46. Are participants able to choose *what* they eat?
    - O Yes, all participants are able to choose what they eat.
    - O Some participants are not able to choose what they eat, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
    - O Some participants are not able to choose what they eat, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
    - O None of the participants are able to choose what they eat.

    Optional clarification to answer (up to 500 characters):

Section 8. Specific Residential Setting Items

47. Were participants and/or their legal representatives given the option of a private bedroom? (This would take into account the participant's resources for room and board. "Private bedroom" means that the participant does not have roommates.)

    O Yes

    O No

48. Do participants and/or their legal representatives have a signed lease or other legally enforceable document that describes their rights?

    O Yes, all participants have a signed lease/legally enforceable document.

    O Some participants do not have a signed lease/legally enforceable document, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.

    O Some participants do not have a signed lease/legally enforceable document, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.

    O None of the participants have a signed lease/legally enforceable document.

    Optional clarification to answer (up to 500 characters):

49. If participants are sharing bedrooms, were they and/or their legal representatives given a choice of their roommate(s)?

    O Yes, all participants were able to choose their roommate(s).

    O Some participants were not able to choose their roommate(s), and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.

    O Some participants were not able to choose their roommate(s), and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.

    O None of the participants were able to choose their roommate(s).

    O Not applicable. Participants are not sharing bedrooms.

    Optional clarification to answer (up to 500 characters):

50. Do the entrance doors (i.e., the front door) lock?

    O Yes, all participants have lockable entrance doors.

    O Some participants do not have lockable entrance doors, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.

    O Some participants do not have lockable entrance doors, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.

    O None of the participants have lockable entrance doors.

    Optional clarification to answer (up to 500 characters):

51. What staff have keys to the participant's entrance doors? (i.e., the front doors)
   - O All staff have keys to the entrance doors.
   - O Only the designated staff have keys to the entrance doors.
   - O No staff have keys to the entrance doors.
   - O Not applicable. The entrance doors are not lockable.

52. Do participants have keys to their entrance doors? (i.e., the front door)
   - O Yes, all participants have keys to their entrance doors.
   - O Some participants do not have keys to their entrance doors, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
   - O Some participants do not have keys to their entrance doors, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
   - O None of the participants have keys to their entrance doors.
   - O Not applicable. Keys are not necessary as the entrance doors are not lockable.

53. Do participants have lockable bedroom doors?
   - O Yes, all participants have lockable bedroom doors.
   - O Some participants do not have lockable bedroom doors, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
   - O Some participants do not have lockable bedroom doors, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
   - O None of the participants have a lock on their bedroom door.

   Optional clarification to answer (up to 500 characters):

54. What staff have keys to the bedroom doors?
   - O All staff have keys to the bedroom doors.
   - O Only designated staff have keys to the bedroom doors.
   - O No staff have keys to the bedroom doors.
   - O Not applicable. The bedroom doors are not lockable.

55. Do participants have keys to their bedroom doors?
   - O Yes, all participants have keys to their bedroom doors.
   - O Some participants do not have keys to their bedroom doors, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
   - O Some participants do not have keys to their bedroom doors, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
   - O None of the participants have keys to their bedroom doors.
   - O Not applicable. Keys are not necessary as the bedroom doors are not lockable.

56. Do staff knock and ask for permission to enter before entering a participant's bedroom?
    - O Yes
    - O No

57. Do participants have lockable bathroom doors?
    - O Yes
    - O No

58. Do staff knock and ask for permission to enter before entering the bathroom when a participant is using it?
    - O Yes
    - O No

59. Do participants have a private space to meet with their visitors?
    - O Yes
    - O No

60. Do participants have a private space to have phone and/or electronic communication (i.e., a computer or an iPad/tablet)?
    - O Yes
    - O No

61. Are participants able to access the phone and/or electronic communication devices at any time?
    - O Yes
    - O No

62. Do participants have the freedom to decorate their own space (within limits, as agreed upon with the provider) with items of their choosing? (e.g., they can hang their own pictures or pick their own curtains or other furnishings.)
    - O Yes, all participants have the freedom to decorate their own space.
    - O Some participants do not have the freedom to decorate their own space, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.
    - O Some participants do not have the freedom to decorate their own space, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.
    - O None of the participants have the freedom to decorate their own space.

    Optional clarification to answer (up to 500 characters):

63. Do participants have the freedom to come and go as they wish?

O Yes, all participants have the freedom to come and go as they wish.

O Some participants do not have the freedom to come and go as they wish, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.

O Some participants do not have the freedom to come and go as they wish, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.

O None of the participants have the freedom to come and go as they wish.

Optional clarification to answer (up to 500 characters):

64. Are participants able to have visitors at any time of the day? (i.e., 24 hours a day)

O Yes, all participants are able to have visitors at any time of the day.

O Some participants are not able to have visitors at any time of the day, and the reasons specific to each of these participants ARE documented in all of these participants' person-centered plans.

O Some participants are not able to have visitors at any time of the day, and the reasons specific to each of these participants ARE NOT documented in all of these participants' person-centered plans.

O None of the participants are able to have visitors at any time of the day.

Optional clarification to answer (up to 500 characters):

65. Do participants receive supports to control their own funds? (i.e., participants have their own checking or savings accounts that they manage.)

O Yes, all participants control their own funds.

O Some participants control their own funds.

O None of the participants control their own funds.

Optional clarification to answer (up to 500 characters):

66. Are participants who are 21 or older permitted to drink alcohol at this site?

O Yes, all participants of legal age are permitted.

O Some participants of legal age are permitted.

O None of the participants of legal age are permitted.

O Not applicable. There are no participants who are 21 or older at the site.

Optional clarification to answer (up to 500 characters):

Section 9. Comments

67. Additional Comments (up to 1000 characters)

Summary of Responses

For your convenience, here is a summary of your responses. Please print this page if you would like a copy of your responses for your records. Clicking "Next" at the end of the page will bring you to the completion page.

Please note that you will not see your responses for questions that allow multiple responses (i.e., questions marked "check all that apply") or questions that were automatically skipped.

[Summary of your responses will appear here. Example:]

You completed the HCBS Residential Provider Self Assessment for:
Provider name: Hilltop
DDA license provider number: example
DDA license site number: example
Medicaid number for this site: 000000000

9. Is the site located in one of the following?
Your response: None of the above

10. 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?
Your response: No

11. Are multiple types of services (e.g., day services, medical, mental health and behavioral; or occupational, physical, or speech therapies) provided at this site?
Your response: No

12. Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (for any service) for people receiving home and community-based (HCB) waiver services?
Your response: No

13. Is the site located in a gated/secured community for people with disabilities?
Your response: No

14. Is the site near (i.e., within ½ mile of) other private residences or retail businesses? (Industrial parks are not considered retail businesses.)
Your response: Yes

15. Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
Your response: Not applicable. Only serve HCBS waiver participants

Completion page

Thank you for completing this provider self-assessment. If you have additional sites, please complete an assessment for each site.

Clicking "Done" will submit your assessment. It will also return you to the beginning of the assessment, should you need to complete another assessment. If you do not have another site to complete an additional assessment for, you may now close out of your Internet browser.
(6.13.16)