



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

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. The HCBS setting rules are intended 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 to meet their needs. This residential provider self-assessment is designed to measure the current level of provider compliance with the HCBS setting rules and to provide a framework to assist providers with the steps necessary to reach compliance. “No” responses to assessment questions do not imply incompatibility with the HCBS rule. Providers may include comments to present arguments, facts and circumstances relevant to assessing its compliance with the HCBS setting rules and to provide additional information.

This self-assessment must be completed on-line by May 25, 2015. Please do not submit completed paper forms.

Instructions:

1. Complete an on-line self-assessment for EACH residential setting (facility/building) owned or operated.
2. Submit the completed self-assessment(s) as directed.

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

- Provider/Facility Policies/ Procedures
- Tenant/Resident Handbook
- Lease Agreements
- Staff Training Curriculum
- Training Schedules
- Licensure/ Certification

Section A – Provider Information	
1. Facility Type	Select one: <input type="checkbox"/> 1-2 Bed Adult Family Home (AFH) <input type="checkbox"/> 3-4 Bed Adult Family Home (AFH) <input type="checkbox"/> Community-Based Residential Facility (CBRF) <input type="checkbox"/> Residential Care Apartment Complex (RCAC)
2. Facility Name	
3. Facility Address	
4. City	
5. State	
6. Zip code	
7. Facility Contact Last Name	
8. Facility Contact First Name	
9. Contact Telephone	
10. Contact Email	
11. Corporate Name*	
12. Licensee Last Name*	
13. Licensee First Name*	
14. Licensee Phone*	
15. Mailing Contact Last Name*	
16. Mailing Contact First Name*	
17. Mailing Street*	
18. Mailing City*	
19. Mailing State*	
20. Mailing Zip*	
21. National Provider Index*	
22. Wisconsin Provider Index ID*	
23. Tax ID	
24. Total Maximum Licensed/Certified Capacity	
25. License and Certification # (if applicable)	
26. Certifying Agency	
27. Long-Term Care Program Under Which Residents Are Served	Select all that are applicable: <input type="checkbox"/> Family Care/Family Care Partnership <input type="checkbox"/> IRIS <input type="checkbox"/> Children’s Long-Term Supports

	<input type="checkbox"/> Community Integration Program <input type="checkbox"/> Community Options Program
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*Complete only if this information is applicable to your organization.

Section B – Physical Location

The HCBS Settings Rule identifies settings that are presumed to have institutional qualities and, therefore, do not meet the rule’s requirements. This 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)

	Comments
1. Is the facility located on the grounds of, or immediately adjacent to, a building that is a publicly or privately operated facility which provides inpatient institutional care ¹ (Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The majority of people who reside in the facility/building are (select one): <input type="checkbox"/> frail elders <input type="checkbox"/> physically disabled <input type="checkbox"/> developmentally disabled	
3. Is the facility located among (select all that apply): <input type="checkbox"/> Single family housing <input type="checkbox"/> Multi-family housing <input type="checkbox"/> Retail businesses <input type="checkbox"/> No response (none apply)	

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. For purposes of this regulation, a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately owned nursing facility is not a public institution.

Section C – Community Integration

Regulatory requirements for the HCBS settings rule include qualities based on the needs of the individual as indicated in their person-centered service plan. This survey will be used to confirm *that the setting is integrated in, and supports full access of individuals receiving Medicaid HCBS, to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.* Citations: 42 CFR § 441.301(c)(4)(i)

	Comments
1. Does the facility offer options for residents to receive services in the community rather than at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Residents make independent choices – that are not contingent upon other residents going to the same activities - in the following community activities (check all that apply): <input type="checkbox"/> shop in the community <input type="checkbox"/> attend religious services <input type="checkbox"/> schedule or attend appointments <input type="checkbox"/> visit with family and friends in the community	
3. Are residents required to sign over their employment paychecks to the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there a central location at the facility where resident’s personal finances are held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does the facility impose restrictions on when residents can access their personal funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the facility impose restrictions on the amounts of personal funds residents can access? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>7. Is personal fund access dependent on facility staff being present?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>8. Is public transportation available near the facility?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>a. If yes, do residents in the facility have access to it?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>9. Is assistance or training in the use of public transportation offered to residents?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>10. Are resources other than public transportation available for residents to access the broader community?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>11. Are residents dependent on facility staff for transportation options?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

Section D – Eviction Protections

The HCBS settings rule establishes that residents in provider-owned, or controlled, residential settings are entitled to the same eviction protections as a tenant has in a landlord-owned setting. Citations: 42 CFR § 441.301(c)(4)(vi)

	Comments
<p>1. Does the provider-owned or controlled residential setting have in place for each resident a written, legally enforceable lease?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>a. If no, does the provider-owned or controlled residential setting have in place for each resident a written agreement in accordance with licensing or certification requirements?²</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

²Such as a service or admission agreement between an AFH or CBRF resident and the facility, as required by certification or licensing requirements set forth in DHS 1-2 Bed AFH Standards, Wis. Admin. Code § DHS 88 Licensed Adult Family Homes, or Wis. Admin. Code § DHS 83 Community Based Residential Facilities.

Section E – Person’s Experience

The provider setting must optimize, but should not regiment, personal initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment and with whom to interact. The setting must ensure each person’s right to privacy, dignity and respect and freedom from coercion and restraint. Citations: 42 CFR § 441.301(c)(4)(iii), 42 CFR § 441.301(c)(4)(iv), and 42 CFR § 441.301(c)(4)(vi)

	Comments
1. Does each living unit have lockable entrance doors? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, does only the resident and appropriate facility staff have keys to doors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does facility staff always knock and receive permission prior to entering a resident’s living space? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does facility staff only use a key to enter a living area or privacy space under circumstances agreed upon with the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is a telephone available to residents for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. There are restrictions on the use of (select all that apply): <input type="checkbox"/> private cell phones <input type="checkbox"/> computers <input type="checkbox"/> other personal communication devices	

<p>6. Is the telephone in a location that has space around it to ensure privacy?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>7. Do residents sharing units have a choice of roommates?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>8. Do residents have the freedom to furnish and decorate their sleeping or living units within the bounds of the lease or other written legal agreement?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>9. Do residents have the freedom and support to control their schedules and activities?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>10. Residents have full access to (select all that apply):</p> <p><input type="checkbox"/>kitchen with cooking facilities</p> <p><input type="checkbox"/>dining area</p> <p><input type="checkbox"/>laundry</p> <p><input type="checkbox"/>comfortable seating in shared areas</p>	
<p>11. Do residents have access to food anytime, as appropriate³?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>12. Is health information, including the resident's daily therapeutic schedules, medications or dietary restrictions kept private?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

³ When a resident's ability to access food at any time must be limited due to diagnosis, medical condition or other related circumstance, this must be documented in the person centered service plan (plan of care).

<p>13. Do residents have a private, unsupervised space to meet visitors?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>14. Are residents able to leave and return to the facility at will to accommodate scheduled and unscheduled activities?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>15. Is there a curfew for a resident's return to the facility?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>16. Are there gates, locked doors, or other barriers preventing a resident's entrance to, or exit from, certain areas of the facility?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>17. Are there residents in your facility with mobility impairments?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>a. Is the facility physically accessible and free from obstructions such as steps, lips in a doorway or narrow hallways that limit the resident's mobility in the setting?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b. Are there environmental adaptations such as a stair lift or elevator, to ameliorate the obstruction?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

18. Are restrictive measures, including isolation, chemical restraints and physical restrictions used? Examples may include but are not limited to: bed rails, seat belts, restrictive garments or other devices.

Yes No

a. If yes, are approved restrictive measures documented in the resident's care plan?

Yes No

b. Are policies and procedures for reporting followed when unapproved measures are used?

Yes No

Section F – Policy Enforcement	
	Comments
1. Does all staff (paid and unpaid) receive new hire training related to residents' rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does all staff (paid and unpaid) receive continuing education related to residents' rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are facility policies on residents' rights regularly reassessed for compliance and effectiveness, and amended as necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments

Additional space to elaborate on answers, to present insights, facts and circumstances relevant to assessing compliance with setting requirements, and to provide additional remedial planning material.