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Home and Community-Based Settings (HCBS) Provider Self-Assessment Questions and Answers

The question numbers referenced in this document coincide with the question numbers in the pdf versions of the self-assessments.

General Information	
Question	Answer
<p>Q1: If the provider is determined by the Office of Developmental Programs to be noncompliant, what will the timelines be to fix the area(s) of noncompliance?</p>	<p>The timeline for fixing an area of noncompliance will depend based on many factors, such as but not limited to:</p> <ul style="list-style-type: none"> • The impact of the noncompliance on individual(s) health and safety; • The date that requirements are effective as enumerated in regulations, waivers and policies; • The scope of the noncompliance and changes needed to fix an area of noncompliance (changes needed to the building/home where services are provided, major changes to how the program is operated, training needs, etc.).
<p>Q2: Why is it necessary to complete a self-assessment for each service location? The manner in which we provide the service might look different based on the needs of the individuals receiving services, but how we document and implement those difference would be the same.</p>	<p>The Centers for Medicare and Medicaid Services (CMS) requires that each service location (CMS uses the term "site") be assessed for compliance with HCBS rule as evidenced in the letter that granted initial approval of Pennsylvania's Statewide Transition Plan (STP), "In order to receive final approval of Pennsylvania's STP, the state will need to complete the following remaining steps and submit an updated STP with this information included:</p> <ul style="list-style-type: none"> • Complete a thorough, comprehensive site-specific assessment of all HCBS settings, implement necessary strategies for validating the assessment results, and include the outcomes of this assessment within the STP; • Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies uncovered by the

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	<p>end of the HCBS rule transition period (March 17, 2019);</p> <ul style="list-style-type: none"> • Outline a detailed plan for identifying settings that are presumed to have institutional characteristics including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under heightened scrutiny;...” <p>CMS also developed a PowerPoint and provided training regarding Systemic and Site-Specific Assessments and Remediation. The PowerPoint can be accessed here.</p>
<p>Q3: Could the Office of Developmental Programs proactively give suggestions or guidance regarding expectations to providers before a Corrective Action Plan is issued? This would incentivize providers answering more accurately because they know it will not penalize them.</p>	<p>The Office of Developmental Programs has provided guidance regarding provider expectations through the development of regulations, waivers, policies, <i>Everyday Lives: Values In Action</i> and the HCBS Provider Self-Assessments. It is important to note that the goal of this self-assessment is not to close or terminate residential services but instead, to work with individuals, providers, and other stakeholders to transition these waiver services to meet compliance with the CMS HCBS rule and the vision of ensuring individuals are fully integrated into the community, afforded choice, and have their health and safety needs met. For areas identified as non-compliant, ODP will work with your agency to develop a plan to support the effective transition to become HCBS compliant. When working with your agency, ODP will provide sufficient time for you to demonstrate compliance, and ensure minimal interruption in service delivery to individuals being supported.</p>
<p>Q4: Is supporting documentation required to be sent in with the self-assessment?</p>	<p>No, documentation should not be sent in until and unless the Office of Developmental Programs requests documentation. Providers should ensure that they have current documentation that supports the responses provided in the self-assessment should the Office of Developmental Programs request it.</p>

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<p>Q5: My agency provides In-Home and Community Support, Companion and Respite services. Am I considered a residential or non-residential provider?</p>	<p>The HCBS provider self-assessments are only to be completed for the following services:</p> <p>Non-Residential Services</p> <ul style="list-style-type: none"> • Community Participation Support in the Consolidated, Person/Family Directed Support and/or Community Living waivers. • Day Habilitation in the Adult Autism Waiver and/or Adult Community Autism Program. <p>Residential Services</p> <ul style="list-style-type: none"> • Residential Habilitation in the Consolidated waiver and/or Adult Autism Waiver. • Life Sharing in the Consolidated and/or Community Living waivers. • Family Living in the Adult Autism Waiver. <p>Services that are not included in this list (In-Home and Community Support, Companion, Respite, Employment services, Therapy services, etc.) will be assessed through the Quality Assessment and Improvement (QA&I) process.</p>
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Residential Self-Assessment	
Question	Answer
<p>Q6: Question number 3 asks, “Which waiver residential service(s) do you provide at this service location? Please check all that apply.”</p> <p>What should an agency do if they have a base funded person in an unlicensed residential setting as there is no check box for that?</p>	<p>The CMS HCBS rule does not apply to base funded services. The residential self-assessment should only be completed for individuals who are receiving waiver funded residential services.</p>
<p>Q7: Question number 5 asks, “Are all individuals receiving these services offered opportunities for, and provided support to, participate in regular meaningful non-work activities in integrated community settings for the amount of time desired by the individuals?”</p> <p>How should a provider document that the amount of time desired by each individual has been met?</p>	<p>Documentation could include the following:</p> <ul style="list-style-type: none"> • The schedule of activities that each individual participates in. The documentation may be schedules that staff use to guide them on shift and/or schedules including, as appropriate, picture schedules, choice boards, etc. for designed for the individual. • Service notes which document the activities that each individual participates in. • Service notes and/or progress notes which document the individuals connections made and/or relationships with members of the community, in integrated settings in their communities. • The Individual Support Plan which lists activities the individual is interested in participating and actions taken by the provider to support the individual to explore opportunities. • Materials made available by the provider that inform individuals of integrated community activities in which the provider will support the individual to participate. <p>CMS also strongly recommends that states conduct individual experience surveys. Should the Office of Developmental Programs engage in this type of survey in the future, the following questions could be asked:</p> <ul style="list-style-type: none"> • Are individuals able to describe (with or without support) how they access the community, who assists in facilitating the activity and where he or she goes?

<p>Q8: Question number 6 asks if all of the individuals regularly interact (3 days per week or more) with members of the community other than family members, relatives, staff or volunteers.</p> <p>Why was three days per week chosen as the lowest threshold for this question?</p> <p>What constitutes an “interaction” for the purposes of answering this question? There are individuals for whom 3 days a week of interaction would be too much for the individual to handle, either physically or emotionally.</p> <p>If an individual is offered activities in the community 3 or more times a week and chooses not to go into the community, can we answer yes to this question?</p>	<p>The Everyday Lives: Values in Action values statements of what is important to individuals with disabilities include; “CONNECTED: I am a full member of my community with respect, dignity, and status. My family, supporters, and community know me as a person, welcome and accept me.</p> <p>RELATIONSHIPS: I decide who is in my life: friends, family, partners, neighbors, pets, and others in the community. My family, supporters, and community respect the relationships I choose and support me to form new relationships.” Further, one of the recommendations in Everyday Lives: Values in Action is to increase community participation because being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An interdependent life, where people with and without disabilities are connected, enriches all of our lives.</p> <p>Three days per week of interaction with members of the community was chosen as it constitutes almost half of the week and is a good starting place to help each individual be a full member of their community and develop meaningful, fulfilling relationships. A specific frequency had to be chosen so that ODP could obtain a baseline regarding how much interaction people in residential settings have with members of the community other than family members, relatives, staff or volunteers. This is not a question upon which providers will be deemed compliant or noncompliant. Questions 6 through 8, are meant to provide ODP with information that will help us understand the experiences that people who receive residential services are having and how we might help mitigate any barriers experienced.</p> <p>Interactions are defined as mutual or reciprocal actions or influence. Relationships are not just about being with other people. They are about</p>

	<p>developing connections based on mutual respect and admiration. It's about fostering friendships in the community where each person is valued and appreciated for what they offer each other. It's about creating opportunities to contribute your strengths and skills to others in a way that is appreciated when you are present and missed when you are not there. This is often referred to as reciprocal relationships. They can be reciprocal interactions such as face-to-face interactions, phone calls, texts, video chat such as FaceTime or Skype, etc.</p> <p>If an individual is offered activities in the community 3 or more times a week and chooses not to go into the community, the provider must answer no to this question. This question is not about participating in activities in the community, it is about assisting people to be full members of their communities which includes developing meaningful and fulfilling relationships. If an individual is refusing opportunities, the provider needs to explore why this is happening and resources available to help the individual be more connected to his or her community and develop relationships. Do the opportunities match with the person's interests? Is there somebody present at the location that the person does not get along with or may be afraid of? Is the person experiencing anxiety about a new activity or meeting new people? Does the person need assistance with developing skills to develop healthy relationships?</p>
<p>Q9: Question number 10 asks if an individual chooses not to participate in an activity in the community but makes a request to attend a different activity, does the service location make arrangements to accommodate the individual's request to attend the activity of their choice. Does this mean that a provider must accommodate all requests that individuals make? It is not possible for everyone to have 1:1 staff to individual ratios at all times.</p>	<p>If a provider does not accommodate all requests, they must answer no to the question. Question number 11 of the residential self-assessment then gives providers the opportunity to clarify whether they are unable to accommodate choice due to staffing ratio, agency policies, resources or some other reason. Providers should not assume that answering no to any question in the self-assessment will automatically result in being determined noncompliant. ODP will review all information provided in the completed self-assessment to make determinations about</p>

	<p>whether each setting meeting meets the characteristics on an HCBS as per CMS guidance.</p>
<p>Q10: Question number 12 asks if all individuals are allowed the freedom to move about the home as identified in each individual's support plan. Question number 13 asks if all individuals are allowed the freedom to move about the property as identified in each person's service plan.</p> <p>Is this question regarding each individual's rights or accessibility?</p> <p>If an individual is in a wheelchair and is not able to move about all areas of the home or is not able to move about the property as a result, should the answer to this question be no?</p> <p>If an individual needs total supervision 100% of the time would the answer to this question be no, because the individual does not have the freedom to move around? We have individuals who depend on staff for mobility and they have the freedom to move around when staff are assisting them.</p>	<p>Question number 44 asks whether the home is physically accessible per ADA guidelines. Questions 12 and 13 are asking about individual initiative, autonomy and independence. Some examples of things that happen in the home for which a provider would select no as a response to these questions include but are not limited to:</p> <ul style="list-style-type: none"> • Individuals in the home are only allowed to go out in the yard at specified times of the day. • Individuals in the home are only allowed to go in their bedrooms at specified times of the day. <p>Intensive support should not interfere with an individual's freedom of movement about their home and property unless there is an approved restrictive procedure in the ISP. An individual with intensive support for mobility should receive support to exercise their freedom to move about their home and property as they desire.</p>
<p>Q11: Question number 14 asks if the provider has an ODP-approved restrictive procedure plan in place.</p> <p>If one individual at the service location has a restrictive procedure, is this question to be answered yes?</p>	<p>If one individual at the service location has a restrictive procedure, and thus a restrictive procedure plan, the answer to this question must be yes.</p>
<p>Q 12: Question number 22 asks if all individuals control their own schedules and activities.</p> <p>If an individual's disability does not permit them to control their own schedule, how is this question to be answered?</p> <p>What is acceptable documentation to support a provider's answer to this question?</p> <p>This is unrealistic in any setting, including your own family.</p>	<p>The Everyday Lives: Values in Action values statements of what is important to individuals with disabilities include; CONTROL: I have control over all areas of my life. My family, supporters, and community know these are my decisions and work with me to achieve greater control. Further, one of the recommendations in Everyday Lives: Values in Action is to promote self-direction, choice and control. Personal choice and control over all aspects of life must be supported for every person. Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are</p>

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	<p>seemingly small choices, such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.</p> <p>It should also be noted that the 55 Pa. Code Chapter 6100 regulations, when published, will include the following under rights of the individual, "An individual has the right to control the individual's own schedule and activities."</p> <p>With this in mind, this question asks if the individuals residing in the home are able to do the following:</p> <ul style="list-style-type: none">• Set their schedule for waking, bathing, exercising, eating, etc.• Participate in things that interest them around the home and that they can schedule at their convenience (e.g. watching television, listening to the radio, reading books or magazines, gardening in the yard or in containers indoors).• Choose where they get their haircut and where they shop for clothing and personal products.• Choose to be employed in a competitive, integrated environment. <p>Documentation could include the following:</p> <ul style="list-style-type: none">• The schedule of activities that each individual participates in around the home. The documentation may be schedules that staff use to guide them on shift and/or schedules including, as appropriate, picture schedules, choice boards, etc. for designed for the individual.• Service notes which document the activities that each individual participates in.• The Individual Support Plan which lists activities the individual is interested in participating and actions taken by the
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	<p>provider to support the individual to explore opportunities.</p> <ul style="list-style-type: none"> • The Individual Support Plan will describes the support needed and provided to an individual to determine his/her own schedule. • Provider policies, protocols and/or training related to honoring individual choices and negotiating choices between individuals who reside together.
<p>Q13: Question 30 asks if all individuals are provided the opportunity to visit with others in private.</p> <p>What specifically are you asking?</p> <p>Should the question ask whether the person has any independence time?</p>	<p>Residential services are often the primary residence of the individual(s) and as such, it is his or her home. Each individual should be able to welcome friends and family into their home as anyone else would have the right to do.</p> <p>Unless an individual is adjudicated and/or has an approved restrictive procedure in place that prohibits visiting with others without supervision, the provider should support an individual to visit with others in private as desired by the individual. Waiver participants do not forfeit their constitutional rights when they receive services; rather, support should be provided precisely to assist an individual to exercise their rights. This support is written as an expectation in the service definitions for residential services. Further, there is no prerequisite that an individual must be independent to have privacy.</p> <p>The service definitions for residential services, 55 Pa. Code Chapter 6400 and 55 Pa. Code Chapter 6500 state that each individual has the right to “receive scheduled and unscheduled visitors, and to communicate and meet privately with individuals of his or her choice at any time”. Examples of visiting in private include, but are not limited to:</p> <ul style="list-style-type: none"> • Visiting with individuals without staff or other housemates present. This includes places in the home that are not monitored by technology such as cameras. • Visiting with individuals in private locations such as their bedroom with the door closed.

<p>Q14: Question number 31 asks if the service location ensures that one individual’s behavioral supports do not impede on the rights of other individuals.</p> <p>Please provide examples as to how one individual’s behavioral supports would impede on the rights of another individual.</p> <p>Are you referring to the behavior specialist’s presence, the behavior itself or any precautionary measures taken to mitigate risk?</p> <p>What is acceptable documentation to support a provider’s answer to this question?</p>	<p>One example of how one individual’s behavioral supports would impede on the rights of another individual would be if an individual with Prader Willi Syndrome lives with housemates who do not have Prader Willi Syndrome. The person with Prader Willi Syndrome requires food/refrigerators/cabinets be locked. This would impede the rights of the housemates. Another example would be if one person is not safe with sharp objects resulting in knives, scissors, etc. being locked. Providers would need to take steps to address how other individuals would obtain access to those things, either by having their own keys or by asking staff. Those arrangements would need to be documented in ALL of the individuals’ ISPs.</p> <p>“Behavioral Supports” refers to the interventions being implemented for one person, which should be individualized for that person and not impede on others in the home. That could include the behavior specialist’s presence, if that interferes with others’ activities or privacy. Training staff to implement positive behavior support strategies for one person can have a positive impact on everyone living in the home, and should be seen as a supportive resource for the whole team, even if others do not have that service in their ISPs.</p> <p>ISPs and behavior support plans should clearly document whether a behavioral intervention limits an individual’s rights. It should also contain information as to whether it affects others (housemates, coworkers, family members, etc.). Any steps taken to ensure others’ rights are not infringed should be documented as part of the behavior support plan and can also be noted in the behavior support section of the ISP. Individuals whose rights are impacted would need documentation in their ISPs as to how their rights will not be limited by the other person’s behavioral supports.</p> <p>Also please note: Anytime individuals reside with others, there is a likelihood that their lives will be</p>
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	<p>impacted by the needs of other people in the home. When we implement modifications for one person, our approach has to be done in a manner that minimizes the impact on other people as much as possible. When attempts to minimize the impact on others is not successful, we need to evaluate long-term plans for the individuals residing together.</p>
<p>Q 15: Question number 32 asks if there is a secure place at the service location for each individual to store personal belongings. A secure place may include any lockable area, such as a nightstand, lock box, room, or closet.</p> <p>As a general rule, no one in the home has a secure/locked place. At one point, one individual did request a lock be placed on their door and we honored that request. How would we respond to this question?</p>	<p>The 55 Pa. Code Chapter 6100 regulations, when published, will include the following under rights of the individual, “An individual has the right to privacy of person and possessions. An individual has the right of access to and security of the individual’s possessions.”</p> <p>All individuals should be affirmatively offered a secure place to store personal belongings whether that is a lock on a bedroom door or a drawer, closet, or cabinet within the bedroom or home. The individuals should not be required to request a secure place to store personal belongings.</p> <p>If the home has a general rule that no one in the home has a secure or locked place to store personal belongings, the person completing the self-assessment should answer no to this question</p>
<p>Q:16 Question number 35 asks if independent living technology or remote monitoring used at this service location.</p> <p>Please provide clarification on these devices. Will they need to be authorized in the individual’s ISP and will they be included on the MA Fee Schedule?</p> <p>Do door chimes/alarms constitute independent living technology?</p> <p>Does this include technology that restricts movement?</p>	<p>Independent living technology is covered under the Assistive Technology service definition in the ID/A waivers for individuals who are age 16 and older. The purpose of independent living technology is to assist individuals in obtaining and/or maintaining their independence and safety within their home and community and decrease their need for assistance from others. Technology that has the sole purpose of restricting movement is not considered independent living technology. If door chimes/alarms assist individuals in obtaining and/or maintaining their independence and safety within their home and decreases their need for assistance from others, they would be considered independent living technology.</p> <p>Other types of independent living technology include, but are not limited to:</p>

	<ul style="list-style-type: none"> • Medication dispensers; • Window sensors; • Stove sensors; • Water sensors; • Pressure pads; • GPS Tracking Watches; and • Panic Pendants. <p>Individuals who receive residential services are not precluded from receiving Assistive Technology, but may not receive Remote Monitoring as a separate authorized component. Remote Monitoring is intended to reduce the individual’s need for direct support that would typically be provided as part of the residential service. As such, Remote Monitoring is built into the residential service rate and cannot be authorized as a discrete service.</p> <p>Independent living technology devices can be authorized on the ISP as Assistive Technology, or the residential service provider may choose to provide it to the individual as part of the residential service.</p>
<p>Q:17 Question number 40 asks if the service location has policies and procedures to ensure individual choices can be negotiated to resolve differences?</p> <p>Is this question referring to the formal grievance process or are you looking for something different? Please clarify.</p>	<p>This question is not specifically asking about the provider’s policies and procedures regarding the formal grievance process. This question is asking about policies and procedures to ensure individual choices can be negotiated to resolve differences to mitigate formal grievances.</p> <p>The residential service definitions state that providers will ensure assistance, support and guidance will be provided as needed to enable the individual to reside in the same home to develop and manage relationships as appropriate, schedule shared recreational activities, resolve differences and negotiate solutions. Further, 55 Pa. Code Chapter 6100 when published will have a section regarding negotiation of choices which will include a requirement for the provider to assist the affected individuals to negotiate choices in accordance with the provider’s procedures for the individuals to resolve differences and make choices.</p>

	<p>To answer this question, the provider should determine if they have policies and procedures that staff follow in situations such as the following:</p> <ul style="list-style-type: none"> • One individual has visitors over until midnight on a regular basis. The other two individuals who live in the home work or attend activities early in the morning. They have been complaining that the individual and her visitors are loud and keep them awake and it is impacting their early morning work and activity participation. • Two individuals want to put up posters in the shared living room, the other individual who lives in the home finds the posters offensive and doesn't want to be forced to look at them every day. • Two individuals in the home want to adopt a cat as a pet, the other two individuals in the home are allergic to cats. <p>The policies and procedures do not have to list specific circumstances, but can be general guidance for how staff will help individuals resolve differences when they arise.</p>
<p>Q18: Question number 42 asks if the service location has any of the following barriers restricting an individual's movement:</p> <ul style="list-style-type: none"> • Gates • Locked doors • Fences • Other (please specify) <p>Does this question only pertain to barriers outside of the home?</p> <p>All of the things listed here are typical of any person's home. Why are residential service locations not allowed to have gates, locked doors, fences, etc.?</p>	<p>This question pertains to barriers that restrict an individual's movement both within the home and on the property. If an individual is unable to open a gate, unlock a door or leave a fenced in area on their own, these things would be considered barriers that restrict an individual's movement.</p> <p>In order for a residential service location to use barriers to restrict an individual's movement (referred to as a modification), the barriers must be supported by a specific assessed need and justified in the ISP. The following requirements must be documented in the ISP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need.

<p>If we have gates on decks due to individual’s inability to assess danger, how should we answer this question?</p> <p>There should be mention of the individual’s assessed needs and ISP. There are safety issues to consider as well as each individual’s ability to be left alone.</p> <p>This question seems to imply that locked doors leading outside or fenced yards are not acceptable.</p> <p>Do unlocked gates in fences on the property constitute barriers restricting an individual’s movement?</p>	<ul style="list-style-type: none"> • Document the positive interventions and supports used prior to any modifications to the ISP. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual.
<p>Q19 Question number 46 asks if all individuals have flexibility in where they eat within the service location (e.g. individuals can eat in their bedroom versus a dining room if they choose).</p> <p>What about individuals who have a modified diet and require supervision and/or to be seated in an upright position to eat? How is this viewed? If it is documented in the ISP does this cover the provider?</p> <p>This can be a health and safety issue. Some examples are if an individual eats in their room but leaves food in there, or an individual who needs some supervision with eating takes food into the bathroom.</p>	<p>The residential service definitions state that providers will ensure assistance, support and guidance will be provided as needed to enable the individual to maintain a clean environment, make meals and learn and develop practices that promote good health and wellness such as nutritious meal planning.</p> <p>If an individual eats in their bedroom and leaves food in there, the provider should ensure assistance, support and guidance is provided to help that individual to maintain a clean environment. A provider should not automatically limit where the individual can eat.</p> <p>Similarly, individuals who need a modified diet should still have flexibility in where they eat the modified diet within the home. There should also be multiple places in the home where a person who must be seated in an upright position to eat, can choose to eat.</p> <p>In order for a residential provider to place limitations on the location where an individual can eat (referred to as a modification), the</p>

	<p>barriers must be supported by a specific assessed need and justified in the ISP. The following requirements must be documented in the ISP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the ISP. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. <p>When the individual has the required modification information in their ISP, the person completing the survey must still answer no to the question. The person completing the survey would then provide information about the number of individuals who have a modification, the reason for the modification and any other pertinent information that they want to share with ODP in the “additional comment/clarification on Section F” box.</p>
<p>Q20 Question number 52 asks if choice given to the individual(s) to update or change their daily activities.</p> <p>What is acceptable documentation to support a provider’s answer to this question?</p>	<p>Documentation could include the following:</p> <ul style="list-style-type: none"> • The schedule of activities that each individual participates in around the home. The documentation may be schedules that staff use to guide them on shift and/or schedules including, as appropriate, picture schedules, choice boards, etc. for designed for the individual.

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	<ul style="list-style-type: none"> • Service notes which document the activities that each individual participates in. • The Individual Support Plan which lists activities the individual is interested in participating and actions taken by the provider to support the individual to explore opportunities. • The Individual Support Plan will describe the support needed and provided to an individual to determine his/her own schedule. • Provider policies, protocols and/or training related to honoring individual choices and negotiating choices between individuals who reside together.
<p>Q21</p> <p>Question number 56 asks when individuals talk to the service location staff about the need for additional services or changes to their Individual Support Plan, do the staff inform individuals to contact their Supports Coordinator and assist them with the contact, if needed?</p> <p>Isn't it the Supports Coordinator's responsibility to periodically raise this issue during monitoring and annual plans?</p>	<p>Supports Coordinators are responsible for talking to each individual about the need for additional services or changes to their ISP during monitoring visits and ISP team meetings. Direct service professionals, however, are the people who are present daily in the individual's home and are the people with whom the individual develops a trusting relationship. As a result, it is most likely that when an individual has a request or need, he or she will talk to their direct service professional or another professional employed or contracted by the residential provider about that need. When that occurs, it is the expectation of ODP that the professionals know when the request or need is something that should be covered by the residential service provider or something that should be referred to the Supports Coordinator. When the individual needs to contact their Supports Coordinator, the professionals should assist them with that contact if needed.</p>
<p>Q22</p> <p>Question number 61 asks if individuals are able to have visitors of their choosing at any time.</p> <p>This right cannot deny the rights of other individuals. Also, this could be a safety issue depending on who the individual wants in. Medication time or other time used for programming may not be a good time for visitors.</p>	<p>It is true that the rights of one individual cannot impinge upon the rights of another individual. While no restrictions on the ability to have visitors should be imposed for convenience purposes, the federal regulation does not supersede orders of protection.</p> <p>As mentioned in the answer to question 17 above, residential providers should have policies</p>

	<p>or procedures in place for staff to follow to help individuals living in the home negotiate differences of opinion regarding visitors.</p> <p>In order for a residential provider to place limitations on who the individual can visit with or when the individual can have visitors (referred to as a modification), the barriers must be supported by a specific assessed need and justified in the ISP. The following requirements must be documented in the ISP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the ISP. • Document less intrusive methods of meeting the need that have been tried but did not work. • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. <p>When the individual has the required modification information in their ISP, the person completing the survey must still answer no to the question. The person completing the survey would then provide information about the number of individuals who have a modification, the reason for the modification and any other pertinent information that they want to share with ODP in the “additional comment/clarification on Section H” box.</p>
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<p>Q23 Question number 62 asks if visitors are required to sign in and out. Question 64 asks if the individuals who live in the home are required to sign in/out when leaving/re-entering the home.</p> <p>There are basic security issues that need to be maintained. Providers are ultimately responsible for the whereabouts of individuals and who gains access to their home. These issues should be addressed in the assessment and ISP.</p>	<p>If visitors and/or individuals are required to sign in and out, the provider must answer yes to this question. While there is no prohibition against providers requiring individuals and/or visitors to sign in and out, it does not support an everyday life or homelike environment. If this is a practice for the residential provider, ODP encourages the provider to explore alternative methods of ensuring basic security.</p> <p>CMS released guidance regarding Medicaid Beneficiaries in Home and Community-Based Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior. Some promising practices CMS offers for providers are encouraging interaction with others, ensuring that family and friends have unrestricted access to the individual if she or he wants this, and to the setting itself and ensuring that visitors are not restricted.</p> <p>Person-centered services involve knowing individuals, and their conditions, needs, and history and using this knowledge to create strategies to assure that individuals are free to interact with others and the community in the most integrated way possible and still ensure health and safety. Home and community-based settings must demonstrate that person-centered planning drives their operations and services for each person.</p>
<p>Q24 Question number 65 asks if individuals are given the option to lock their bedroom door if they so choose. Question number 66 asks if individuals are given the option to lock their bathroom door if they so choose. Question number 67 asks if individuals are given the option of a key or other means of entry (e.g. passcode/key card) to their home if they so choose.</p> <p>These questions must be explored as part of the individual’s assessment and ISP. There are major safety issues to be addressed.</p> <p>If an individual has a medical condition such as a seizure disorder, and in the ISP it identifies the option to lock a bathroom door is not in their</p>	<p>In order for a residential provider to place limitations on the ability of an individual to lock bedroom, bathroom and entry doors (referred to as a modification), the modification must be supported by a specific assessed need and justified in the ISP. The following requirements must be documented in the ISP:</p> <ul style="list-style-type: none"> • Identify a specific and individualized assessed need. • Document the positive interventions and supports used prior to any modifications to the ISP. • Document less intrusive methods of meeting the need that have been tried but did not work.

<p>best interest as far as safety. How can this be identified when responding to this question?</p>	<ul style="list-style-type: none"> • Include a clear description of the condition that is directly proportionate to the specific assessed need. • Include regular collection and review of data to measure the ongoing effectiveness of the modification. • Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. • Include the informed consent of the individual. • Include an assurance that interventions and supports will cause no harm to the individual. <p>When this information is in the ISP, the person completing the survey would answer no to the appropriate question. The person completing the survey would then provide information about the number of individuals who have a modification, the reason for the modification and any other pertinent information that they want to share with ODP in the “additional comment/clarification on Section H” box.</p>
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Non-Residential Self-Assessment	
Question	Answer
<p>Q25</p> <p>Question number 8 asks the provider to describe the setting(s) in which you provide the waiver services you selected for this self-assessment? Select all that apply.</p> <ul style="list-style-type: none"> • Building owned, leased or operated by a provider of services • Community location (public or private, such as libraries, museums, fitness centers, sports arenas, etc. This does not include a hospital, nursing facility, or HCBS setting that is provider owned, operated or leased) • Other (please specify) <p>Is a hub considered a community location?</p>	<p>A community hub, is defined in the Community Participation Support service definition as settings that primarily serve as a gathering place prior to and after community activities. Participants' time will be largely spent outside of the community hub engaged in community activities. Community hubs should be non-disability specific, accessible, provide shelter in inclement weather and be locations used by the general public.</p> <p>Based on this definition, for the purposes of completing this self-assessment, community hubs would be considered community locations.</p>
<p>Q26</p> <p>Question number 9 asks if the non-residential service(s) is provided in both a licensed facility and a location within the community.</p> <p>What is meant by a location within the community? Is this question asking if services are provided in a set location versus multiple locations in the community that change daily?</p>	<p>A location in the community is defined in question number 8 of the self-assessment. They are public or private locations such as libraries, museums, fitness centers, sports arenas, etc. Community locations do not include hospitals, nursing facilities, or settings that are provider owned, operated or leased.</p> <p>The answer to the question is yes if services billed from the service location are provided in one or multiple community locations as well as in a licensed vocational facility (55 Pa. Code Chapter 2390), a licensed adult training facility (55 Pa. Code Chapter 2380) or an Older Adult Daily Living Center (6 Pa. Code Chapter 11).</p> <p>If services are only provided in a licensed facility and never in the community, the person completing the self-assessment should answer no to this question.</p> <p>If services are only provided in the community and never in a licensed facility, the person completing the self-assessment should answer no to this question.</p>
<p>Q27</p>	<p>This question asks about the percentage of time each month the provider is currently providing</p>

<p>Question number 11 asks, on average, what is the percentage of time each month you are providing services to individuals in community locations (as defined in the Day Habilitation and Community Participation Support service definitions).</p> <p>Specify if this includes the individuals that we will be requesting a variance for as this will make a considerable difference in the average we are currently providing.</p>	<p>services to individuals in community locations. Variances are not required to be completed at this time. The answer/calculation should include all individuals you serve (including individuals for whom you will request a variance).</p>
<p>Q28</p> <p>Question number 14 asks if all individuals receiving services at this service location are offered opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth.</p> <p>Providers cannot accommodate every individual's schedule preferences all the time.</p> <p>Provide guidance regarding criteria for answering this question as well as supporting documentation.</p>	<p>The purpose of the Community Participation Support service is to broaden the types of life-long learning experiences available to individuals receiving services in order to:</p> <ul style="list-style-type: none"> • Pursue competitive integrated employment; • Develop and sustain a range of valued social roles and relationships; • Increase independence; and • Experience meaningful community participation and inclusion in activities that involve persons without disabilities who are not paid or unpaid caregivers. <p>The Community Participation Support service definition states that the service includes planning and coordination for planning and coordinating an individual's daily/weekly schedule for Community Participation Support. Support provided may include development of a comprehensive analysis of the individual in relation to his or her strongest interests and personal preferences and conditions necessary for successful community inclusion. For people who primarily receive this service in the facility, broadening their types of experiences and opportunities is the focus of this service. Time spent in the facility should be used to explore or plan future community activities, and to develop or refine social, recreational and fine or gross motor skills that can strengthen, sustain, or deepen the relationships and employment opportunities in the community.</p>

	<p>To answer yes to this question, the provider should have documentation that they have explored each individual’s preferences for activities and outcomes related to the service which should include skills each individual wants to learn or maintain. The provider should then have documentation that each individual’s schedule reflects these preferences, activities and outcomes. If every individual receiving services has the exact same schedule and/or participates in the exact same activities (either in the facility or in the community), the person completing this self-assessment should probably answer no to the question unless they have documentation regarding how each individual’s schedule reflects their preferences for activities and outcomes.</p> <p>Documentation could include the following:</p> <ul style="list-style-type: none"> • The schedule of activities that each individual participates in. The documentation may be schedules that staff use to guide them on shift and/or schedules including, as appropriate, picture schedules, choice boards, etc. for designed for the individual. • Service notes which document the activities that each individual participates in. • Service notes and/or progress notes which document the individuals connections made and/or relationships with members of the community, in integrated settings in their communities. • The Individual Support Plan which lists activities the individual is interested in participating and actions taken by the provider to support the individual to explore opportunities. • Materials made available by the provider that inform individuals of integrated community activities in which the provider will support the individual to participate.
<p>Q29 Question number 15 asks if an individual chooses not to participate in an activity in the community,</p>	<p>The Community Participation Support training advises that what each individual does should be based on their personal interests and it should</p>

<p>are they given the option to participate in a different community activity of their choice.</p> <p>Is it ODP’s expectation that individual choices regarding activities are always accommodated? This would only be possible if every individual had 1:1 staffing and their own vehicle. There would have to be some compromise.</p> <p>When you are offering services to multiple individuals that are in group ratios of service, for example 1 staff for 3 individuals, then from a staffing perspective the group needs to agree on the activity with flexibility for each person to pick an activity at different times.</p>	<p>occur in their own communities so this has to be planned one, two or three people at a time. Smaller staff to individual ratios for activities in community locations means that each direct service professional will be supporting fewer individuals at any one time and will be able to provide more individualized and focused supports. This allows each activity to be based on similar interests and needs of the individual(s) being supported. The ratio of support needed is also specific to each activity, allowing changes in the ratios for each activity based on each individual’s specific needs and interests.</p> <p>If a community activity is planned and available but the individual chooses not to participate on that day, that’s okay. The direct service professional and team should look at why the individual chose not to participate and be prepared to adapt or adjust the activity as needed to better meet the interests of the individual and to encourage future participation.</p> <p>At times the direct service professional may discover at the last minute that a planned community activity is unexpectedly closed or is otherwise unavailable. At these times the direct service professional should be flexible and creative. A back-up plan could be used or other possible options could be identified that can meet the same results until the original location becomes available again. If the availability of the activity appears to be more of a long term issue, the direct service professional should work with the individual and the team to identify and select alternative activities as a replacement.</p> <p>55 Pa. Code Chapter 6100, when published, will have a section regarding negotiation of choices which will include a requirement for the provider to assist the affected individuals to negotiate choices in accordance with the provider’s procedures for the individuals to resolve differences and make choices.</p>
<p>Q31</p>	<p>Question numbers 17 and 18 will only be asked of providers when they select that services are provided in a building owned, leased or operated</p>

<p>Question number 17 asks if all individuals receiving services at this site are allowed the freedom to move about the service location with or without supervision as specified in their ISP. Question number 18 asks if all individuals receiving services are allowed the freedom to move about outside of the service location with or without supervision as specified in their ISP.</p> <p>Our licensed adult training facility does not have outside common areas. The individuals would be in the community when they leave the facility. Is question 18 referring to going in the community or common areas of the property?</p>	<p>by a provider of services in question number 8. For this reason, the terminology “freedom to move about outside of the service location” refers to both common areas inside the service location/facility and the neighborhood the service location/facility is located in.</p> <p>Most people have the freedom to take a walk in the areas surrounding their workplace during their breaks and lunch periods. This question is asking if people who receive non-residential services have the same freedom.</p>
<p>Q32</p> <p>Question number 19 asks if public transportation is available to/from the service location. Question number 21 asks if information regarding transportation options is available to all individuals in a convenient manner, such as participant handbooks, handouts, or public postings.</p> <p>To answer question number 19, would public transportation include county transportation?</p> <p>Public transportation is not the responsibility of the provider and as such both of these questions should be removed.</p>	<p>The dictionary generally defines public transportation as a system of trains, buses, etc., that is paid for or run by the government. For the purposes of this self-assessment, public transportation would include county transportation systems.</p> <p>While providers of non-residential services are not responsible for providing public transportation, the responses provided to question number 19 will help ODP gain a better understanding about transportation options available to the people we serve as well as the accessibility of the service location to participants and community members within the context of the area the service location is situated.</p> <p>The Community Participation Support service definition states that the provider is expected to provide supports for individuals to learn to navigate the local community, including learning to use public and/or private transportation and other transportation options available in the local area. Individuals must be made aware of transportation options in order to learn how to use them.</p>
<p>Q33</p> <p>Question number 24 asks if this service location is an Older Adult Daily Living Center subject to licensure under 6 Pa. Code Chapter 11.</p>	<p>Service location refers to the address identified in HCSIS by a provider where services are provided or managed. If the service location is dually licensed as both an Adult Training Facility (55 Pa. Code Chapter 2380) and an Older Adult Daily</p>

<p>Under one service location code, we operate a 2390 program and a dually licensed 2380/Older Adult Daily Living Center. How do we answer this question?</p>	<p>Living Center, the person completing this survey should answer yes to this question.</p>
<p>Q 34 Question number 29 asks that the number of individuals (unduplicated) that have transitioned from prevocational services to competitive integrated employment be listed for specific timeframes.</p> <p>I would suggest that ODP revise the question to assess the provider on the number of individuals who have expressed interest in and are being support by the provider in the process required to pursue competitive integrated employment.</p>	<p>The Community Participation Support service definition states that the service may be used to provide prevocational services in Vocational Facilities for individuals who have a competitive integrated employment outcome included in their ISP. There must be documentation in the ISP regarding how and when the provision of this service is expected to lead to competitive integrated employment.</p> <p>This change was not made because it is the expectation that everyone receiving prevocational services has a competitive integrated employment outcome and is being supported by the provider to pursue this outcome.</p>
<p>Q35 Question number 30 asks if onsite medical (office setting, a medical complex, wellness center), behavioral, or therapeutic (Occupational Therapy, Physical Therapy) services are offered at this service location.</p> <p>If individuals receive behavior supports from an outside provider at the service location, is the answer to this question yes?</p>	<p>Onsite medical services means at least one of the following:</p> <ul style="list-style-type: none"> • There is an office in the same building as the service location from which medical, behavioral or therapeutic services are rendered. The services are offered to the individuals receiving non-residential services in either the office or the service location. • The provider offers medical, behavioral or therapeutic services as part of the non-residential service. <p>If the behavioral services have an office in the same building as the service location, the answer to this question should be yes.</p> <p>If the behavioral services have an office in a location that is separate from the service location and the behavioral services professional comes to the service location to render services, the answer to this question should be no.</p>
<p>Q36</p>	<p>This question refers to individuals' flexibility in their attendance schedule as well as flexibility in</p>

<p>Question number 33 asks if all individuals who receive this service are provided with flexibility in their schedule, consistent with non-waiver recipients in the same and/or similar settings.</p> <p>Does this question refer to flexibility in their attendance schedule, as in what time they attend on a daily basis or flexibility in the activities they participate in during the day?</p>	<p>the activities all individual participate in during the day.</p> <p>The Community Participation Support service definition states that the service includes planning and coordination for planning and coordinating an individual’s daily/weekly schedule for Community Participation Support. Support provided may include development of a comprehensive analysis of the individual in relation to his or her strongest interests and personal preferences and conditions necessary for successful community inclusion.</p>
<p>Q37</p> <p>Question number 35 asks if activities are adapted to each individuals' needs and preferences.</p> <p>Clarify if this refers to activities within the facility or in the community as well.</p>	<p>This question refers to activities that occur both within the facility and in community locations.</p> <p>The Community Participation Support service definition states that the service includes planning and coordination for planning and coordinating an individual’s daily/weekly schedule for Community Participation Support. Support provided may include development of a comprehensive analysis of the individual in relation to his or her strongest interests and personal preferences and conditions necessary for successful community inclusion.</p>
<p>Q38</p> <p>Question number 41 asks if all individuals receiving services are provided the opportunity to visit with others privately consistent with non-waiver recipients in similar and/or the same setting.</p> <p>Services are provided in a secure building. There would have to be some planning involved. The staff would need to be aware of potential visitors. Once a visitor is cleared for entry, privacy would not be an issue.</p>	<p>The Community Participation Support service states that the service is expected to result in the individual developing and sustaining a range of valued social roles and relationships; building natural supports; increasing independence and experiencing meaningful community participation and inclusion.</p> <p>Person-centered services involve knowing individuals, and their conditions, needs, and history and using this knowledge to create strategies to assure that individuals are free to interact with others and the community in the most integrated way possible and still ensure health and safety. Home and community-based settings must demonstrate that person-centered planning drives their operations and services for each person.</p>

	<p>CMS released guidance regarding Medicaid Beneficiaries in Home and Community-Based Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior. Some promising practices CMS offers for providers are encouraging interaction with others, ensuring that family and friends have unrestricted access to the individual if she or he wants this, and to the setting itself and ensuring that visitors are not restricted.</p>
<p>Q39 Question number 42 asks if the service location ensures that one individual's behavioral supports do not impede on the rights of other individuals.</p> <p>Are you referring to the behavior specialist's presence, the behavior itself, or any precautionary measures taken to mitigate risk?</p>	<p>“Behavioral Supports” refers to the interventions being implemented for one person, which should be individualized for that person and not impede on others. That could include the behavior specialist’s presence, if that interferes with others’ activities or privacy. Training staff to implement positive behavior support strategies for one person can have a positive impact on everyone, and should be seen as a supportive resource for the whole team, even if others do not have that service in their ISPs.</p> <p>ISPs and behavior support plans should clearly document whether a behavioral intervention limits an individual’s rights. It should also contain information as to whether it affects others (housemates, coworkers, family members, etc.). Any steps taken to ensure others’ rights are not infringed should be documented as part of the behavior support plan and can also be noted in the behavior support section of the ISP. Individuals whose rights may be impacted would need documentation in their ISPs as to how their rights will not be limited by the other person’s behavioral supports.</p> <p>Also please note: Anytime individuals receive services in the same location as others, there is a likelihood that their lives will be impacted by the needs of other people. When we implement modifications for one person, our approach has to be done in a manner that minimizes the impact on other people as much as possible. When attempts to minimize the impact on others is not successful, we need to evaluate long-term plans for the individuals receiving services in the same location as others.</p>

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<p>Q40</p> <p>Question number 43 asks if the service location offers a secure place for individuals to store personal belongings.</p> <p>Please clarify what a secure place encompasses? Does it mean lockable?</p>	<p>The 55 Pa. Code Chapter 6100 regulations, when published, will state that an individual has the following rights:</p> <ul style="list-style-type: none"> • An individual has the right to privacy of person and possessions. • An individual has the right of access to and security of the individual’s possessions. <p>A secure place can be a place that is accessible at any time by the individual and necessary staff (lockable locker, drawer, cabinet or cubby). It can also be a locked room or cabinet where the possessions of multiple individuals are stored and the individuals’ can access their personal belongings upon request at any time with the presence of staff.</p>
<p>Q41</p> <p>Question number 45 asks if any of the following barriers are present at the service location which prevent individuals’ movement:</p> <ul style="list-style-type: none"> • Gates • Locked Doors • Fences • Other <p>This question seems to imply that locked doors leading outside or fenced areas are not acceptable.</p>	<p>This question pertains to barriers that restrict an individual’s movement both within the service location and on the property. If an individual is unable to open a gate, unlock a door or leave a fenced in area on their own, these things would be considered barriers that restrict an individual’s movement.</p> <p>Though locked doors and fences are not expressly prohibited in facilities licensed in accordance with 55 Pa. Code Chapter 2390 or 55 Pa. Code Chapter 2380, all egress routes must be unobstructed to ensure that people can evacuate quickly in the event of an emergency; “obstructions” could include locked doors. Doors may be locked to prevent entry from the outside, but not to prevent egress from the inside. In other words, the door can be locked to keep people out but not to keep people in.</p> <p>It is important to note, however, that CMS released guidance regarding Medicaid Beneficiaries in Home and Community-Based Settings who Exhibit Unsafe Wandering or Exit-Seeking Behavior. This guidance discusses the importance of person-centered services which involve knowing individuals, and their conditions, needs, and history and using this knowledge to create strategies to assure that individuals are free to interact with others and</p>

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	<p>the community in the most integrated way possible and still ensure health and safety. Home and community-based settings must demonstrate that person-centered planning drives their operations and services for each person.</p>
<p>Q42 Question number 51 asks if all individuals receiving services have access to food at any time consistent with non-waiver recipients in similar and/or the same setting. Question number 52 asks if all individuals have access to food they bring to the service location.</p> <p>Access to food should be part of the individual’s assessment and ISP. Choking risks are a major safety concern and a number of individual’s have special dietary and/or consistency needs.</p> <p>Some individual have special diets written into their ISPs. This means their food must be prepared by staff, which is not the same of non-waiver participants. Is this noncompliant?</p>	<p>If any individual does not have access to food at any time when other individuals receiving the service do have access to food at any time, the answer to question 51 must be no regardless of the reason. Similarly, if any individual does not have access to food they bring to the service location the answer to question 52 must be no regardless of the reason.</p> <p>The person completing the survey would then provide information about the number of individuals who do not have access to food at any time, the reason(s) why and any other pertinent information that they want to share with ODP in the “additional comment/clarification on Section F” box.</p> <p>An individual requiring support to access food when he or she wishes is not a sufficient reason to restrict that individual from accessing food at any time consistent with non-waiver recipients in a similar or same setting.</p>
<p>Q43 Question number 61 asks if the service location provides information to all individuals about how to make a request for additional services, or changes to their support plan.</p> <p>This is the Supports Coordinator’s role.</p>	<p>Supports Coordinators are responsible for talking to each individual about the need for additional services or changes to their ISP during monitoring visits and ISP team meetings. Direct service professionals, however, are the people who are present weekly and often times daily for multiple hours per day and are the people with whom the individual develops a trusting relationship. As a result, it is most likely that when an individual has a request or need, he or she will talk to their direct service professional or another professional employed or contracted by the non-residential provider about that need. When that occurs, it is the expectation of ODP that the professionals know when the request or need is something that should be covered by the non-residential service provider or something that should be referred to the Supports Coordinator.</p>