

# PA HCBS Non-Residential Provider Self-Assessment

## PA HCBS Non-Residential Services Provider Self-Assessment

---

### Page description:

Background information, Definitions, Due Dates, Next Steps

### BACKGROUND:

In March 2014, the Centers for Medicare and Medicaid Services (CMS) implemented a final rule related to Home and Community Based Settings (HCBS). This final rule requires that states assess all residential and non-residential settings which receive funding or payment through an approved HCBS waiver. The purpose of the final rule is to ensure that individuals receiving services are provided personal choice and control over the services in which they participate. The goal is to provide individuals the opportunity to control personal resources and achieve integration into their local community in the manner, and to the degree, which the individual chooses. This includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree as people who do not receive HCBS waiver services.

CMS required states to develop a Statewide Transition Plan describing the process for bringing all HCBS settings into compliance with the rule no later than March 17, 2022. As part of the Statewide Transition Plan, ODP must initially assess each HCBS setting to determine compliance. ODP has chosen a self-assessment for non-residential and residential service providers. This self-assessment will assist in identifying potential areas of non-compliance and allow the provider to develop a corrective action plan outlining how they plan to achieve full compliance. While CMS has given states an extension to ensure all settings have achieved compliance with the rule by March of 2022, various requirements and effective dates have been built into ODP's waivers and upcoming regulations which will impact the dates by which full compliance must be achieved.

It is important to note that the goal of this self-assessment is not to close or terminate non-residential services but instead, to work with individuals, providers, and other stakeholders to transition these waiver services to meet compliance with the CMS final rule and the vision of ensuring individuals are fully integrated into the community, afforded choice, and have their health and safety needs met.

Many individuals participate in non-residential services through ODP waivers. In order to continue receiving waiver funding, the settings in which services are provided must be considered "home and community based". This means the setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community - including opportunities to seek employment and work in competitive integrated settings, engage in community

life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS (ensuring people in the HCBS programs have the same choices as anyone else).

#### DEFINITIONS:

For the purposes of the self-assessment:

- ‘Services’ refers to Community Participation Support (Consolidated, PFDS and Community Living waivers) and Day Habilitation services (Adult Autism Waiver and Adult Community Autism Program),
- ‘Service location’ refers to the address identified in HCSIS by a provider where services are provided or managed. May also be referred to as "Site."
- ‘Setting’ refers to the physical location/specific address where the service is delivered.

#### Instructions:

You have been identified as a current provider of waiver-funded community participation supports and day habilitation to individuals receiving waiver services via ODP. Pennsylvania is currently assessing these services as required by the HCBS Final Rule and as established in Pennsylvania’s Statewide Transition Plan. A self-assessment should be completed for each service location for which the provider was enrolled to provide community participation supports or day habilitation on the date of publication of this self-assessment. For a service location in which both community participation supports and day habilitation are provided, only one self-assessment will need to be completed.

ODP encourages, as best practice, that each self-assessment is conducted at the actual service location by people directly supporting the individuals in that location and operations of that non-residential setting.

**You Are Required to Respond. Your responses to this self-assessment are due by June 12, 2018.**

This self-assessment is one component of the HCBS compliance determination process. ODP will review your responses and provide feedback to you identifying any areas in need of a transition plan by September 30, 2018.

#### Compliance

This self-assessment will assist ODP in determining compliance with the HCBS Final Rule.

## Non-compliance

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 by March of 2022. This time frame is to provide necessary time and planning for the providers to demonstrate compliance, and ensure minimal interruption in service delivery to individuals being supported by ODP.

### **All Agency Community Participation Supports and Day Habilitation Service Location(s) Must Be Included.**

Each service location provided must be self-assessed by June 12, 2018. Service locations and services that are not reported by this date and are not confirmed compliant by ODP will be deemed non-compliant. Therefore, it is absolutely critical for providers to respond to the self-assessment realistically, and accurately. Information submitted in this self-assessment will be verified, and in some cases an on-site visit will be scheduled to confirm the self-assessment responses. Unless otherwise noted in the question, each question should be answered using current status at the service location.

For assistance related to the PA ODP Non-Residential Self-Assessment, please email questions to: [PAODPHCBS@pcgus.com](mailto:PAODPHCBS@pcgus.com)

**This self-assessment will identify service locations that would benefit from an in-person assessment to allow ODP to provide additional guidance/feedback as to how the provider can achieve full compliance with the HCBS final rule. To complete this self-assessment and prepare for a potential onsite assessment, providers should review current documentation for each service location and service that could potentially demonstrate compliance and support the responses provided below. Evidence includes, but is not limited to:**

#### 1. Provider policies/procedures:

- Service descriptions – and how services are planned for each individual (Individual Support Plan/Person-Centered Plan)
- Participant Rights Policies
- Any policies/procedures that address choice
- Any Policies/procedures that address community integration and community access
- Any policies/procedures that address restrictions, risk plans, etc.

2. Participant handbook
3. Staff training curriculum specific to rights, consumer choice, Individual Support Plan implementation, and Person Centered Planning
4. Training schedule
5. Claim and service documentation

## Section A - Provider Information

---

### 1. Contact information for the individual completing this survey \*

Name

Title

Phone Number

Email Address

Alternate Email Address

## 2. Provider/Company Information \*

Corporate Name

Mailing Contact Name

Mailing Street Address

Mailing City

Mailing State

Mailing Zip

MPI ID

## 3. Do you provide services under the Consolidated, P/FDS waivers and/or Community Living waivers? \*

Yes

No

## 4. Do you provide services under the Adult Autism Waiver and/or Adult Community Autism Program (ACAP)? \*

Yes

No

5. What waiver services do you provide at the service location included in this self-assessment?

Day Habilitation

6. What waiver services do you provide at the service location included in this self-assessment?

Community Participation Support

7. Please provide the requested contact information for the service location you are including in this self-assessment.

\*

Service Location

Service Location ID: \*

Street Address:

City:

Zip:

Contact Name:

Contact Phone:

Contact Email:

8. Please describe the setting(s) in which you provide the waiver services you selected for this self-assessment?  
Select all that apply. \*

- 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)

\*

9. Is this service provided in both a licensed facility AND a location within the community? \*

- Yes
- No

10. Which funding sources are used for the service location and the services for which this self-assessment is being completed? Select all that apply. \*

- Consolidated Waiver
- Person/Family Directed Support Waiver (P/FDS)
- Community Living Waiver
- Adult Autism Waiver
- OLTL Waiver
- OMHSAS-BH-MCO
- Adult Community Autism Program (ACAP)
- Private Pay
- Base Funds
- Other (please specify)

\*

11. 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)? *The number below must be a percentage.* \*



12. Beginning July 1, 2019, on average monthly, what is the percentage of time you expect to provide services to individuals in community locations (as defined in the Day Habilitation and Community Participation Support service definitions)? Do not include individuals with a variance. *The number below must be a percentage.* \*

## Section B-Access to Greater Community

---

### Page description:

The setting is integrated in and supports full access of people receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, **to the same degree of access as people not receiving Medicaid HCBS.** Citations: 42 CFR 441.301(c)(4)(i)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

13. Are all individuals receiving these services offered opportunities for, and provided support to, participate in regular meaningful non-work activities in integrated community locations for the amount of time desired by the individuals? *Examples of "meaningful non-work activities" can include socialization, volunteering and skill development activities such as visiting a bank to learn how to open accounts and make deposits and withdrawals. These activities should be the same types of activities in which individuals not receiving waiver services may participate.* \*

- Yes
- No

14. Are all individuals receiving services at this service location offered opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth? \*

- Yes
- No

15. If an individual chooses not to participate in an activity in the community, are they given the option to participate in a different community activity of their choice? Example: A group of individuals goes to the local community center every Tuesday to play bingo. One individual wants to attend a celebration for a local college basketball team's regional championship win.

- Yes
- No

16. For individuals receiving services who are not participating in activities located within the community at least 25%+ of the time, please indicate below which approaches you implement to ensure individuals have opportunities to participate in community activities to the same degree as non-MA waiver recipients. Please check all that apply. \*

- Interest inventories
- Person-centered planning tools
- Community mapping
- Team meetings
- Shadowing/mentoring
- Documenting attempts to explore - what works, did not work, next steps
- Relationship mapping
- Other

17. Are all individuals receiving services at this site allowed the freedom to move about the service location with or without supervision as specified in their ISP? \*

- Yes
- No

18. Are all individuals receiving services at this site allowed the freedom to move about outside of the service location with or without supervision as specified in their ISP? \*

- Yes
- No

19. Is public transportation available to/from the service location? \*

- Yes
- No

20. Is public transportation available near the service location? Please explain and note if there is no public transportation available in your city/town.

21. Is information regarding transportation options available to all individuals in a convenient manner, such as participant handbooks, handouts, or public postings? \*

- Yes
- No

22. Additional comments and/or clarification for Section B



**Section C -**

---

**Page description:**

The HCBS Settings Rule identifies settings that are presumed to have institutional qualities and, therefore, may not meet the rule's requirements. This non-residential provider self-assessment will be used to confirm that settings are not considered 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)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

23. Is the service location where the services are provided co-located or adjacent to any of the following? Check all that apply. \*

- Skilled Nursing Facility (SNF)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
- Institute for Mental Disease (MD)
- Hospital
- The service location is not co-located or adjacent to any of the above.

24. Is this service location an Older Adult Daily Living Center subject to licensure under 6 Pa. Code Chapter 11?

- Yes
- No

25. Who is served in your Older Adult Daily Living Center? Please provide percentages. The responses should sum to 100%. \*

% with Primary Intellectual Disability or Autism

% with Primary Physical Disability

% with Other

26. Are pre-vocational services provided as part of the Community Participation Support service? (These services are provided in Vocational Facilities subject to licensure under 55 Pa. Code Chapter 2390 or in Adult Training Facilities (subject to licensure under 55 Pa. Code Chapter 2380) holding a 14c certificate). \*

Yes

No

27. For the individuals to whom you provide pre-vocational services, what types of activities, training or other support are you providing to prepare individuals for work?

\*

28. How many of the individuals receiving prevocational services meet the following conditions? If an individual meets more than one condition, please include him/her in all applicable counts. Your response should reflect only the service and service location included in this self-assessment. \*

Total number of individuals receiving prevocational services (includes services provided in a licensed facility and/or in community locations)

Number of individuals who work in the community in a job making minimum wage or higher and spending non-competitive work time at the service location

Number of individuals exclusively working on skill development and receiving sub-minimum wage (not working in a community setting at minimum wage or higher)

Number of individuals exclusively working on skill development and receiving no compensation at any level (no sub-minimum wage, no minimum wage)

29. Please list the number of individuals (unduplicated) that have transitioned from prevocational services to competitive integrated employment for each time frame listed below. \*

1/1/17-6/30/17

7/1/17-12/31/17

1/1/18-3/31/18

Number of individuals transitioned to part-time competitive integrated employment

Number of individuals transitioned to full-time (35+ hours per week) competitive integrated employment

30. Are onsite medical (office setting, a medical complex, wellness center), behavioral, or therapeutic (Occupational Therapy, Physical Therapy) services offered at this service location? \*

Yes

No



31. Which of the following best describes the physical location of this service location? Check all that apply. \*

- Retail
- Residential Neighborhood
- Commercial
- Industrial
- Other (please explain)

\*

32. Additional comments and/or clarification for Section C

**Section D**

---

**Page description:**

The setting is selected by the individual from among setting options including non- disability specific settings. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences. Citations: 42 CFR 441.301(c)(4) (iii)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

33. Are all individuals who receive this service provided with flexibility in their schedule, consistent with non-waiver recipients in the same and/or similar setting? \*

- Yes
- No

34. Are all individuals given flexibility in when they are permitted to take breaks and/or eat lunch, consistent with non-waiver recipients in the same and/or similar setting? \*

- Yes
- No

35. Are activities adapted to each individuals' needs and preferences? \*

- Yes
- No

36. Additional comments and/or clarification for Section D

---

**Section E**

**Page description:**

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. Citations: 42 CFR 441.301(c)(4)(iii)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

37. Is information regarding each individual kept private/confidential (e.g. therapy schedules, medical needs, dietary restrictions)? \*

- Yes
- No

38. Is personal care, when needed, provided in private or available privately for individuals who do not require assistance? \*

- Yes
- No

39. Does the service location ensure staff interact and communicate with individuals receiving services respectfully and in a manner in which the individual would like to be addressed at all times? \*

- Yes
- No

40. Are all individuals receiving services provided the opportunity to speak on the telephone, and open and read mail/email in private, consistent with non-waiver recipients in similar and/or the same setting? \*

- Yes
- No

41. Are all individuals receiving services provided the opportunity to visit with others privately, consistent with non-waiver recipients in similar and/or the same setting? \*

- Yes
- No

42. Does the service location ensure that one individual's behavioral supports do not impede on the rights of other individuals? \*

Providers should only select "N/A" if they provide individual, one-on-one services and do not provide group services.

- Yes
- No
- N/A

43. Does the service location offer a secure place for individuals to store personal belongings? \*

- Yes
- No

44. Additional comments and/or clarification for Section E

**Page description:**

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. Citations: 42 CFR 441.301(c)(4)(iv)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

45. Are any of the following barriers present at the service location which prevent individuals' movement? Check all that apply and provide explanation of any barrier identified. \*

Gates

\*

Locked Doors

\*

Fences

\*

Other

\*

No, we have no barriers preventing individuals' movement

46. Are any of the following options available for individuals at the service location to meet desired outcomes in the Individual Support Plan and assessed needs? Check all that apply. \*

- Indoor gathering space
- Outdoor gathering space
- Large group activity space
- Small group activity space
- Private space
- Area for calming activities
- Area for stimulating activities
- None of the above

47. Are all individuals receiving services provided the opportunity for tasks and activities, both inside and outside the service location, that match the following attributes for individual and that are comparable to tasks and activities for people who do not have disabilities? \*

- Age
- Skills
- Abilities
- Desires/Goals
- None of the above

48. Is the service location physically accessible, including access to bathrooms and common rooms? \*

- Yes
- No (please explain)

49. Does the service location offer an alternative meal if requested by the individual? \*

- Yes
- No
- This service location does not provide meals

50. Does the service location offer a place to dine alone if requested by the individual? \*

- Yes
- No

51. Do all individuals receiving services have access to food at any time consistent with non-waiver recipients in similar and/or the same setting? \*

- Yes
- No
- This service location does not provide for or arrange meals.



52. Do all individuals have access to food they bring to the service location? \*

- Yes
- No
- Individuals do not bring their own food to this service location.

53. During service provision, are individuals allowed to choose with whom they spend their time, consistent with non-waiver recipients in similar and/or the same setting? \*

- Yes
- No

54. Does the service location support individuals to do the following? (check all that apply) \*

- Make decisions
- Voice their opinions
- Vote
- Move about the community
- Associate with others
- Practice their religion
- Access their money
- Make personal decisions
- None of the above

55. Additional comments and/or clarification for Section F

## Section G

---

**Page description:**

The setting facilitates individual choice regarding services and supports, and who provides them. Citations: 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)

***Reminder: Your response should reflect only the service location included in this self-assessment.***

56. When hiring and/or assigning staff, are the individual's staff preference taken into consideration (e.g. male/female, language)? \*

- Yes
- No

57. Does the service location allow individuals who are considering receiving services at the location the opportunity to tour the setting?

- Yes
- No

58. Are all individuals receiving this service afforded the opportunity to regularly update or change their work/daily activities, consistent with non-waiver recipients in similar and/or same setting? \*

- Yes
- No

59. Does the service location have person-centered policies to ensure individuals are supported in developing setting-specific plans to support his/her needs and preferences? \*

- Yes
- No

60. Does the service location ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of each individual? \*

- Yes
- No

61. Does the service location provide information to all individuals about how to make a request for additional services, or changes to their support plan? \*

Yes

No

62. Additional comments and/or clarification for Section G

## Section H

---

**Page description:**

***Reminder: Your response should reflect only the service location included in this self-assessment.***

63. Please list 5 places in the community where you are supporting individuals.

64. Please describe the most integrated setting/situation in which you are currently providing support to individuals.

### Additional Comments

---

**Page description:**

Below is additional space to submit information on any barriers that may prevent meeting any component of the HCBS final rule. Please present insights, facts and circumstances relevant to assessing compliance with setting requirements. Knowing what these barriers are will allow ODP to provide guidance and ongoing technical assistance.

***Reminder: Your response should reflect only the service location included in this self-assessment.***

65. Additional comments:

Thank you for taking our survey. Your response is very important to us.