

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

Draft Residential Provider Self-Assessment

The Centers for Medicare and Medicaid Services (CMS) requires states to evaluate current Home and Community-Based Settings (HCBS) to demonstrate compliance with the new federal HCBS setting rules that went into effect March 17, 2014. The HCBS setting rules are intended to ensure that people receiving long-term care services and supports through HCBS waiver programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet their needs. This residential provider self-assessment is designed to measure the current level of provider compliance with the HCBS setting rules and to provide a framework to assist providers with the steps necessary to reach compliance. “No” responses to assessment questions do not imply incompatibility with the HCBS rule. Providers may include comments to present arguments, facts and circumstances relevant to assessing its compliance with the HCBS setting rules and to provide additional information.

This self-assessment must be submitted to the Wisconsin Department of Health Services (DHS) by May 11, 2015. Questions regarding this self-assessment should be sent to (to be provided in final version).

Instructions:

1. Complete a self-assessment for EACH residential setting owned or operated.
2. Return the completed self-assessment(s) to DHS at the address indicated below:

Address will be provided in the final version of the Residential Provider Self-Assessment.

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

- | | |
|---|---|
| <ul style="list-style-type: none">• Provider Policies/ Procedures• Tenant/Resident Handbook• Lease Agreements | <ul style="list-style-type: none">• Staff Training Curriculum• Training Schedules• Licensure/ Certification |
|---|---|

Section A – Provider Information Note: This section and format are dependent on the response collection system selected by DHS.	
1. Facility Type	Select one: 1-2 Bed Adult Family Home (AFH) 3-4 Bed Adult Family Home (AFH) Community-Based Residential Facility (CBRF) Residential Care Apartment Complex (RCAC)
2. Facility Name	
3. Facility Address	
4. City	
5. State	
6. Zip code	
7. Facility Contact Last Name	
8. Facility Contact First Name	
9. Contact Telephone	
10. Contact Email	
11. Corporate Name*	
12. Licensee Last Name*	
13. Licensee First Name*	
14. Licensee Phone*	
15. Mailing Contact Last Name*	
16. Mailing Contact First Name*	
17. Mailing Street*	
18. Mailing City*	
19. Mailing State*	
20. Mailing Zip*	
21. National Provider Index*	
22. Wisconsin Provider Index ID*	
23. Tax ID	
24. Total Maximum Licensed/Certified Capacity	
25. License and Certification # (if applicable)	
26. Certifying Agency	
27. LTC HCBS Waiver Under Which Residents Are Served	Select all that are applicable: Family Care, IRIS, Children’s Long-Term Supports, Community Integration Program or Community Options Program.

*Complete only if this information is applicable to your organization.

Section B – Physical Location

The HCBS Settings Rule identifies settings that are presumed to have institutional qualities and, therefore, do not meet the rule’s requirements. This residential provider self-assessment will be used to confirm that settings are not institutional in nature and do not have the effect of isolating people receiving HCBS from the broader community. Citations : 42 CFR § 441.301(c)(5)(v) and 42 CFR § 441.301(c)(4)(i)

Location Information	Yes/No	Comments
Is the setting located on the grounds of, or immediately adjacent to, a building that is a publicly or privately operated facility which provides inpatient institutional care ¹ (Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), hospital)?		
Is the setting specific to serving people who are frail elders or who have physical or intellectual/developmental disabilities?		
Are people who reside in the setting primarily, or exclusively, people who are frail elders or who have physical or intellectual/developmental disabilities?		
Do people who receive services live in an area separate from people who are not receiving services?		
Is the setting in the community among other private residences or retail businesses?		

¹ CMS definition of public institution under the new rule is the existing definition under 42 CFR 435.1010: “Public institution” means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Section B – Physical Location		
Location Information	Yes/No	Comments
Does the setting offer onsite day services?		
Does the setting offer onsite medical, behavioral or therapeutic services?		

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Section C – Community Integration

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

Location Information	Yes/No	Comments
Does the provider offer options for community integration and utilization of community services in lieu of onsite services?		
Does the person have options to make individual choices such as the ability to shop, attend religious services, schedule appointments, or have lunch with family and friends in the community?		
Do people have access to their personal financial resources? For example, Is it clear that a person is not required to sign over paychecks from employment to the provider?		
Is public transportation available near the setting? a. If so, then do individuals in the setting have access to it?		
When needed, is assistance or training in the use of public transportation provided to residents? a. If public transportation is limited, then are other resources available for the person to access the broader community?		

Section D – Resident Rights

The HCBS settings rule establishes that residents in provider-owned, or controlled, residential settings are entitled to the same rights in their individual units as a tenant has in a landlord-owned setting. Residential settings must provide equal or greater protections related to address Fair Housing laws. Citations: 42 CFR § 441.301(c)(4)(vi) and 42 CFR § 441.301(c)(4)(iii)

Lease Agreement Information	Yes/No	Comments
Does the setting require a written, legally enforceable lease or other written agreements with residents ² ?		
Does the lease or written agreement contain all of the following information in writing: a. Amount of rent, b. Starting and ending date of the lease, and c. A reasonably definite description of the premises?		
Does the setting offer the same responsibilities/protections from eviction for Medicaid recipients as all tenants have under the Wisconsin landlord tenant law?		
In the event the residential setting is not covered by local and/or state tenant laws, is a lease, resident agreement, or other written agreement in place providing protections to address eviction/discharge processes and appeals comparable to those provided under Wisconsin's landlord tenant law?		

² "A lease means an agreement, whether oral or written, for transfer of possession of real property, or both real and personal property, for a definite period of time." Wis Stats. 704.01(1), ATCP 134.02(6). All leases for more than one year must be in writing, and are required to contain specific terms of tenancy.

Section E – Person’s Experience

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

Living Arrangements	Yes/No	Comments
Does each living unit have lockable entrance doors, with the resident and staff only having keys to doors, as appropriate? a. Do staff always knock and receive permission prior to entering a person’s living space? b. Does staff only use a key to enter a living area or privacy space under circumstances agreed upon with the person?		
Is the person ensured rights of privacy and freedom in his or her sleeping or living unit?		
Is a telephone available to residents for personal use? Are there any restrictions on the use of private cell phones, computers, or other personal communication devices a. Is the telephone in a location that has space around it to ensure privacy?		
Do tenants sharing units have a choice of roommates?		
Do tenants have the freedom to furnish and decorate their sleeping or living units within the bounds of the lease or other written legal agreement?		

Section E – Member Experience		
Living Arrangements	Yes/No	Comments
Do tenants have the freedom and support to control their schedules and activities?		
Do tenants have full access to typical facilities such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?		
Do tenants have access to food anytime, as appropriate ³ ?		
Is health information, including the person's daily therapeutic schedules, medications or dietary restrictions kept private?		
Can tenants have visitors at any time?		
Are residents able to come and go at will?		
Is there a curfew or other requirement for a resident's return to the setting?		
Are there gates, locked doors, or other barriers preventing a person's entrance to, or exit from, certain areas of the setting?		

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

Section E – Person’s Experience		
Living Arrangements	Yes/No	Comments
Is the setting physically accessible and free from obstructions such as steps, lips in a doorway or narrow hallways, that limit the person’s mobility in the setting; if obstructions are present, then are there environmental adaptations such as a stair lift or elevator, to ameliorate the obstruction?		
<p>Are restrictive measures, including isolation, chemical restraints and physical restrictions used? Examples may include but are not limited to: bed rails, seat belts, restrictive garments or other devices.</p> <ul style="list-style-type: none"> a. Are approved restrictive measures documented in the person’s care plan? b. Are policies and procedures for reporting followed when unapproved measures are used? c. Are you aware of the DHS policy and procedure for requesting approval of restrictive measures? 		

Section F – Policy Enforcement		
Ensuring Residents’ Rights Information	Yes/No	Comments
Does paid, and unpaid, staff receive new hire training and continuing education related to residents’ rights and experience?		
Are provider policies on residents’ rights and experience regularly reassessed for compliance and effectiveness, and amended as necessary?		

Additional Comments

Additional space to elaborate on the yes/no answer, to present insights, facts and circumstances relevant to assessing compliance with setting requirements, and to provide additional remedial planning material.

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