

HOME AND COMMUNITY-BASED SETTINGS ADULT RESIDENTIAL PROVIDER ASSESSMENT

Although completion of this form is voluntary, the information must be provided in order to determine compliance with the federal home and community-based setting rules. Failure to provide the information may result in a non-compliance determination. Settings that are not compliant are not eligible to receive Medicaid funds for home and community-based waiver services.

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.

DHS will choose a stratified sample of providers to receive an onsite compliance review by either the waiver agency (managed care organization, county, or IRIS contracted agency) or DHS. Providers must be able to provide evidence, at the time of an onsite compliance review, to support the responses provided on the residential provider self-assessment. Evidence includes, but is not limited to: Provider/facility policies and procedures; tenant/resident handbook; lease agreements; staff training curriculum; training schedules; and licensure/certification.

Section A – Provider Information

Facility Name	Facility Type: <input type="checkbox"/> 1-2 Bed Adult Family Home (AFH) <input type="checkbox"/> 3-4 Bed Adult Family Home (AFH) <input type="checkbox"/> Community-Based Residential Facility (CBRF) <input type="checkbox"/> Residential Care Apartment Complex (RCAC)		
Facility Address – Street	City	State	Zip Code

Corporate Name			
National Provider Index	Wisconsin Provider ID	Tax ID	
License and Certification Number <i>(if applicable)</i>	Certifying Agency		

Mailing Contact Name – First Name, Last Name			
Mailing Address – Street	City	State	Zip Code

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 C.F.R. § 441.301(c)(5)(v) and § 441.301(c)(4)(i).

1. Is the facility within (under the same roof as) a building that houses a publicly or privately operated facility which provides inpatient institutional care: skilled nursing facility (SNF), intermediate care facility for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), or hospital?

Yes No

2. Is the facility located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care¹ (Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), or hospital)?
 Yes No
-
3. The primary target population of residents in the facility/building: (*Select one*):
 Frail elders
 Physical disabilities
 Developmental disabilities
-
4. Is the facility located among (*Select all that apply*):
 Single family housing
 Multi-family housing
 Retail businesses
 Other/none of the above apply

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.* Citation: 42 C.F.R. § 441.301(c)(4)(i).

1. Does the facility offer options for residents to receive services in the community rather than at the facility?
 Yes No
-
2. Residents make independent choices (that are not contingent upon other residents going to the same activities) in the following community activities (*Select all that apply*):
 Shop in the community
 Attend religious services
 Schedule or attend appointments
 Visit with family and friends in the community
-
3. Are residents required to sign over their employment paychecks to the facility?
 Yes No
-
4. Is there a central location at the facility where resident's personal finances are held?
 Yes No
-
5. Does the facility impose restrictions on when residents can access their personal funds?
 Yes No
-
6. Does the facility impose restrictions on the amounts of personal funds residents can access?
 Yes No
-
7. Is personal fund access dependent on facility staff being present?
 Yes No
-
8. Is public transportation available near the facility?
 Yes – **IF YES, do residents in the facility have access to it?** Yes No
 No
-
9. Is assistance or training in the use of public transportation offered to residents?
 Yes No
-
10. Are resources other than public transportation available for residents to access the broader community?
 Yes No

¹ The CMS definition of public institution under the new rule is the existing definition under 42 C.F.R. § 435.1010: "Public institution" means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. For purposes of this regulation, a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately owned nursing facility is not a public institution.

11. Are residents dependent on facility staff for transportation options?

- Yes No

Section D – Eviction Protections

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

1. Does the provider-owned or controlled residential setting have in place for each resident a written, legally enforceable lease?

Yes

No – **IF NO**, does the provider-owned or controlled residential setting have in place for each resident a written agreement in accordance with licensing or certification requirements?² Yes No

Section E – Person's Experience

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

1. Does each living unit have lockable entrance doors?

Yes – **IF YES**, does only the resident and appropriate facility staff have keys to doors? Yes No

No

2. Does facility staff always knock and receive permission prior to entering a resident's living space?

Yes No

3. Does facility staff only use a key to enter a living area or privacy space under circumstances agreed upon with the resident?

Yes No

4. Is a telephone available to residents for personal use?

Yes No

5. There are restrictions on the use of (*Select all that apply*):

Private cell phones

Computers

Other personal communication devices

6. Is the telephone in a location that has space around it to ensure privacy?

Yes No

7. Do residents sharing units have a choice of roommates?

Yes No

8. Do residents have the freedom to furnish and decorate their sleeping or living units within the bounds of the lease or other written legal agreement?

Yes No

9. Do residents have the freedom and support to control their schedules and activities?

Yes No

10. Residents have full access to (*Select all that apply*):

Kitchen with cooking facilities

Dining area

Laundry

Comfortable seating in shared areas

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

11. Do residents have access to food anytime, as appropriate³?
 Yes No
-
12. Is health information, including the resident's daily therapeutic schedules, medications or dietary restrictions kept private?
 Yes No
-
13. Do residents have a private, unsupervised space to meet visitors?
 Yes No
-
14. Are residents able to leave and return to the facility at will to accommodate scheduled and unscheduled activities?
 Yes No
-
15. Is there a curfew for a resident's return to the facility?
 Yes No
-
16. Are there gates, locked doors, or other barriers preventing a resident's entrance to, or exit from, certain areas of the facility?
 Yes No
-
17. Are there residents in your facility with mobility impairments?
 Yes No
-
- a. Is the facility physically accessible and free from obstructions such as steps, lips in a doorway or narrow hallways that limit the resident's mobility in the setting?
 Yes No
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- b. Are there environmental adaptations such as a stair lift or elevator, to ameliorate the obstruction?
 Yes No
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18. Are restrictive measures, including isolation, chemical restraints, and physical restrictions used? Examples may include but are not limited to: bed rails, seat belts, restrictive garments, or other devices.
 Yes – **IF YES, are approved restrictive measures documented in the resident's care plan?** Yes No
 No
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19. Are policies and procedures for reporting followed when unapproved measures are used?
 Yes No

Section F – Policy Enforcement

1. Does all staff (paid and unpaid) receive new hire training related to residents' rights?
 Yes No
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2. Does all staff (paid and unpaid) receive continuing education related to residents' rights?
 Yes No
-
3. Are facility policies on residents' rights regularly reassessed for compliance and effectiveness, and amended as necessary?
 Yes No

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).