

## Louisiana Residential Provider Self-Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following self-assessment is designed to measure HCBS residential providers' current level of compliance with these HCBS Setting rules and provide a framework for assisting those providers with the necessary steps to compliance. The following self-assessment contains a set of questions designed to measure each provider's level of compliance with HCBS rules. The following sections include a series of Yes/No questions and requests for documentation, or evidence, to (1) demonstrate current level of compliance or (2) submit a plan and timeline for reaching compliance.

### Instructions:

Residential provider assessment process:

1. Providers of **Community Living Supports/Shared Supports, Substitute Family Care, Individual and Family Supports/Shared Supports, Host Home, and Intensive Community Supports**, must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.
2. Providers must demonstrate compliance with HCBS setting rules by providing evidence that policies, procedures and operating practices are in place and regularly assessed for HCBS Setting compliance
3. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:
  - Documentation of Stakeholder Committee involvement (This can include meeting minutes, signature sheets, documentation of adoption of stakeholder recommendations, etc.)
  - Provider Policies/ Procedures
  - Resident Handbook
  - Lease Agreements
  - Staff training curriculum and materials
  - Training Schedules
  - Letters of support from persons served
4. For every "YES" response you must provide evidence to support compliance. For every "NO" response you must address in your transition plan and include timeline for meeting compliance.

Before beginning your self-assessment process, please indicate if you intend to meet all HCBS Setting Rule compliance requirements:

Select: "YES or NO"

If "YES", please continue beginning with Section A below.

If "NO", please enter the total number of individuals served through Medicaid HCBS that will need to be transitioned to another provider.

NOTE: Questions in this document followed by an asterisk (\*) indicate that there are instructions that accompany these questions to provide guidance for completing the self-assessment. Please see Attachment A, which immediately follows the Section B questions, to view the instructions.

Section A – Provider Information
Please select HCBS Provider type*
Number of people served*
Name and Role of Stakeholders Group*
Methodology for Completing Self-Assessment*

Section B		
Demonstrate that the setting has access to integrated community living in which individuals’ abilities to interact with the broader community are not limited.		
Physical Location	Yes/No	Required Evidence of Compliance with HCBS Rules
1. The home setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IDD, hospital)?*		
2. The home setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution?*		
3. The provider does NOT own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street)?*		
4. The home setting is NOT located in a gated/secured “community” for people with disabilities.*		

5. The home setting or dwelling is NOT located in a farmstead or disability-specific community.*		
6. The home is NOT designed specifically for people with disabilities?*		
7. Individuals who reside in the setting are NOT primarily or exclusively people with disabilities.*		

<b>Choice of Setting/Person-Centered</b>	<b>YES/NO</b>	<b>Required Evidence of Compliance with HCBS Rules</b>
8. Was the individual given a choice of available options regarding where to live/receive services?		
9. Was the individual given opportunities to visit other settings?		
10. Does the setting reflect the individual's needs and preferences?		
11. Do individuals have an Active Role in Development of Person-Centered Plan?		
12. Is/are the individual/chosen representative(s) aware of how to schedule Person-Centered Planning meetings?		
13. Can the individual explain the process to develop and update his/her plan?		
14. Are routinely held planning meetings held with the individual and his or her planning team?		

<b>Community Integration</b>	<b>Yes/No</b>	<b>Required Evidence of Compliance with HCBS Rules</b>
15. Does the setting offer onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule?*		
16. Does the provider provide options for community integration and utilization of community services in lieu of onsite services?		
17. Are individuals able to regularly access the community and are they able to describe how they access the community, who assists in facilitating the activity and where he or she goes?		

18. Are individuals aware of or have access to materials to become aware of activities occurring outside of the setting?		
19. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?		
20. Are individuals able to come and go at any time?		
21. Do individuals in the setting have access to public transportation? (Put N/A ONLY if there are NO public transportation options available in the service setting area)		
22. Do individuals receiving HCBS live/receive services in the same area of the setting as individuals not receiving Medicaid HCBS?		
23. Do individuals in the setting know how to access and use public transportation? (Put N/A ONLY if there are NO public transportation options available in the service setting area)		
24. Where public transportation is limited, are other resources provided for the individual to access the broader community?		

<b>Resident Rights</b>	<b>Yes/No</b>	<b>Required Evidence of Compliance with HCBS Rules</b>
25. Do all residents have a legally enforceable agreement with the setting landlord?		
26. Does the setting offer the same responsibilities/protections from eviction for Medicaid recipients as all tenants under the Uniform Residential Landlord and Tenant Act?		
27. Do individuals know how to relocate and request new housing?		
28. Is health information about individuals kept private?		
29. Are schedules of individual for PT, OT, medications, restricted diet, etc., posted in a private area and not for all to view?		

<b>Living Arrangements</b>	<b>Yes/No</b>	<b>Required Evidence of Compliance with HCBS Rules</b>
30. Does (each) unit have lockable entrance doors, with the resident and		

appropriate staff only having keys to doors, as appropriate?*		
31. Can the individual close and lock the bedroom door?		
32. Can the individual close and lock the bathroom door?		
33. Do staff or other residents always knock and receive permission prior to entering an individual's private space?		
34. Does staff only use a key to enter a living area of privacy space under limited circumstances agreed upon with the individual?		
35. Do residents have the option for a private unit, as appropriate?		
36. Do the residents have privacy in their sleeping or living space?		
37. Are individuals permitted to have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use of personal communication in private at any time?		
38. Is the telephone or other technology device in a location that has space around it to ensure privacy?		
39. Are cameras that are present inside the setting only utilized in direct relation to the person-centered plan of care? (Put N/A if no cameras are present in the setting)*		
40. Is the furniture arranged as individuals prefer to assure privacy and comfort?		
41. Is assistance provided in private, as appropriate, when needed?		
42. Do individuals sharing units have a choice of roommates? (Put N/A if your agency ONLY offers private rooms)		
43. Do individuals know how he or she can request a roommate change?		
44. Do individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?		
45. Do individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?		
46. Do individuals have access to food anytime, as appropriate?		
47. Are individuals required to sit at an assigned seat in a dining room?		
48. Do individuals converse with others during the meal times?		
49. If the individual desires to eat privately, can he or she do so?		
50. Can individuals have visitors at any time?		

51. Can the individual identify other providers who render the services he or she receives?		
52. Do individuals know how and to whom to make a request for a new provider?		
53. Is the furniture in shared areas arranged to support small group conversations?		
54. Are individuals moving about inside and outside the setting as opposed to sitting by the front door?		
55. Is there no curfew or other requirement for a scheduled return to the setting?		
56. Do individuals in the setting have access to public transportation?		
57. Is there an accessible van available to transport individuals to appointments, shopping, etc.?		
58. How is it made clear that an individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?		
59. Do the individuals' schedules vary from others in the same setting?		
60. Do individuals have access to such things as a television, radio, and leisure activities that interest him or her and can she or he schedule such activities at his or her convenience?		
61. Do individuals have a checking or savings account or other means to control funds?		
62. Do individuals have access to his or her funds?		
63. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environment adaptations such as a stair lift or elevator to ameliorate the obstruction?		
64. Is the setting free from gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?		
65. Are individuals receiving Medicaid HCBS facilitated in accessing amenities such as a pool or gym use by others on-site?		
66. For individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.?		
67. Are appliances accessible to individuals (e.g., the washer/dryer are front		

loading for individuals in wheelchairs)?		
68. Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?		
69. Is the setting physically accessible and are there no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?		

<b>Policy Enforcement</b>	<b>YES/NO</b>	<b>Required Evidence of Compliance with HCBS Rules</b>
70. Do paid and unpaid staff receive new hire training and continuing education related to residents' rights and member experience as outlined in HCBS rules?		
71. Are provider policies outlining residents' rights and member experience made available to residents?		
72. Are provider policies on residents' rights, member experience, and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?		

## Attachment A

### Instructions

The following sections contain instructions to provide guidance for completing the self-assessment. Each instruction is preceded by a short description of the corresponding question from Section A and B above.

Section A	
Section A Questions	Instruction
Please select HCBS Provider Type	Select ONLY ONE provider type per assessment.
Number of people served	Enter the total number of people served in the setting or settings that are included in this self-assessment.
Name and Role of Stakeholder Group	<p>For purposes of this self-assessment, “Role” is defined as consumer, family member, agency staff, support coordinators, and community advocates. Each provider is required to conduct self-assessment activities with a stakeholder group that includes consumers, family members, agency staff, support coordinators and an advocate from an advocacy organization not directly affiliated with the provider agency.</p> <p>In this section, enter the first and last names, and role (e.g. consumer, family member, or advocate) of each stakeholder involved in your self-assessment process.</p>
Methodology for Completing Self-Assessment	In this section, please describe your agency’s approach to completing the self-assessment process. For example, how did you determine the persons selected to represent the required roles of the stakeholder group? Did you convene meetings or conference calls? Was each member of the stakeholder group provided with a copy of the self-assessment tool? Who was responsible for which aspects of the self-assessment before submission?

<b>Section B</b>	
<b>Section B Questions</b>	<b>Instructions</b>
Question 1	A "YES" response here means this statement is true for your setting.
Question 2	A "YES" response here means this statement is true for your setting.
Question 3	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at the request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 4	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the setting grouped together at the request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 5	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at the request of individuals served, were individual able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 6	A "YES" response indicates this statement is true of the service setting(s) you are assessing. If "NO" and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If "NO" but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 7	A "YES" response indicates this statement is true of the service setting(s) you are assessing. If "NO" and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If "NO" but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?

Question 8	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate that individuals are able to choose to receive services outside of this service setting.
Question 30	"Unit" in this question may refer to a home, an apartment or an individual's unit in an Assisted Living Facility. The word "each" is in parenthesis to accommodate each provider type. For example, Residential and Assisted Living Facility providers are completing this for "each" setting. Supported Living providers may be completing this for multiple settings.
Question 39	Uses of cameras for recreational purposes or as assistive technology for appropriate monitoring purposes are acceptable. This question is to assess the use of cameras used for the purpose of surveillance that violate a person's right to privacy.

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