

Home and Community Based Setting, HCBS Rules OnSite Assessment  
Facility Self Assessment and Document Review

**Transcriber's note.** The following table was changed into a list format.

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**Transcriber's note.** The following was changed into a list format.

On Site Visit Date:

Facility Interviewee Name:

Facility Interviewee Title:

Facility Interviewee Phone:

Facility Interviewee Email:

Team Number:

Team Member Name:

Team Member Name:

**Return to text.**

The purpose of component is to gather information directly from the facility on the extent to which the facility may or may not be currently applying practices consistent with the HCBS Rules. The Team Member responsible for this component will be reviewing the self assessment with the facility contact and reviewing documentation that outlines practices in member information, policies and procedures and or staff information and website. The designated Facility Interviewee will complete the self assessment and indicate whether or not the practices are documented in written form. The Facility Interviewee should be someone that:

1. Oversees day to day operations onsite at the facility
2. In a management position, and
3. Is regularly onsite interacting with staff and AHCCCS members

**Transcribers note.** The following table was changed to a list format. **Return to text.**

**Instructions:**

Step 1. Review completed self assessment with Facility Interviewee to ensure completeness. Document examples and observations.

Task completed?

Step 2. Review documentation noted in the self assessment to verify the references.

Task Completed?

Step 3. If best practices are identified, make copies of the documentation and include with the completed assessment.

Task completed?

## FACILITY INSTRUCTIONS

1. Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:

1a. Oversees day to day operations onsite at the facility

1b. In a management position, and

1c. Is regularly onsite interacting with staff and AHCCCS Members

2. There is no **RIGHT** or **WRONG** answer. AHCCCS just wants your initial reaction to the survey questions.

3. Please reference the following definitions when completing the survey.

3a. The term “setting” is defined as the home or facility the provider either owns, operates or works for.

3b. The term “individual” is defined as the AHCCCS member that is a resident living in the home or facility.

4. The following is an **EXAMPLE** of a survey question and how to respond to a survey question. *The last two columns are reserved for interviewer comments on the day of the on site assessment.*

Please indicate how much you agree or disagree with each of the following statements below. Choose one answer for each statement.

The setting or home is labeled or identified in a way that sets it apart from the surrounding residences.

Strongly agree

Agree

Neutral. X checked here indicating the selection for this section.

Disagree

Strongly disagree

**For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.**

**Are the items in this section addressed in any of the following sources of information?** You may choose more than one answer.

Member Information

Policy and Procedures

Staff Information

Website

Not Addressed

**Member Information.** Easily understood written information given to or posted information for members and their families including brochures, flyers, calendars, posters, etc.

**Policy and Procedures.** Written information that provides guidance to administrators and staff on how to operate the facility on a day to day basis.

**Staff Information.** Written information regarding staff qualifications and the support strategies to ensure staff are qualified to provide services including orientation and training materials and communication notices.

**Website.** Information available to public via the facility's website.

Is the setting co located on the property of an institutional facility? Yes or No.

Note: If the answer is no, please skip to the next series of questions.

Describe how the facility is connected with the institutional facility including shared:

1. Administration
2. Finances
3. Staff
4. Transportation vehicles
5. Dining facilities
6. Other

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

**Describe the size of the facility**

**Begin List.**

How many individuals live in the setting?

How many of those individuals are Medicaid members?

How many units or rooms are in the setting?

How many units or rooms are designated for memory care?

**End of list.**

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

### Local Area

Please indicate how much you agree or disagree with each of the following statements below.

The setting or home is labeled or identified in a way that sets it apart from the surrounding residences.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The vehicles in the setting/home are labeled or identified in a way that sets it apart from the surrounding vehicles (e.g. vans, cars, etc.).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have regular (more than once per week) opportunities for contact with people who don't live in the home and not receiving services (family, friends, neighbors, etc.).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have regular (more than once per week) opportunities for contact with people not working in the home and not receiving services (family, friends, neighbors, etc.).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

**For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments**

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**1a. Employment**

Please select whether the following, all, more than half, about half, less than half, or none.

How many individuals have paid jobs in the community?

- All
- More than half
- About half
- Less than half
- None.

How many individuals have volunteer jobs in the community?

- All
- More than half
- About half
- Less than half
- None.

Do individuals have access to transportation to and from work?

- All
- More than half
- About half
- Less than half
- None.

Please indicate how much you agree or disagree with each of the following statements below.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Individuals have support to prepare for and obtain employment.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Individuals have support to prepare for and obtain volunteer opportunities.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

### 1b. Community Life

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Individuals receive information about activities in the community through a variety of methods. (For example written material, posted material, education, experiential learning, etc.)

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have staff support to assist them in participating in activities in the community (i.e. personal care assistance).

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have informal supports to assist them in participating in activities in the community.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have access to transportation to and from the residence.

All of the time

Most of the time

Some of the time

Rarely

Never

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

**1c. Personal Resources**

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Individuals have someone assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Individuals choose the person to assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Individuals decide how to spend their money, earned or unearned.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Individuals have personal bank accounts.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Individuals have another type of account whereby they can access their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

- Member information
- Policy and Procedures
- Staff Information
- Not Addressed

**1d. Player Source**

Do you have individuals living in the setting who are private pay? Yes, or, No.

Please indicate how much you agree or disagree what each of the following statements below.

All individuals living in the setting have the same services regardless of who pays for the service.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

All individuals living in the setting have the same amenities regardless of who pays for the service.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

## 2. Home Selection

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

Do you allow individuals to visit the setting prior to choosing to live there (i.e. tours, share a meal, spend the night, etc.)?

All of the time

Most of the time

Some of the time

Rarely

Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**2b. Private Room**

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

Individuals have their own bedroom.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have an option for a private room if they are able to afford it.

All of the time

Most of the time

Some of the time

Rarely

Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

### 3. Person Centered Service Plan

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

Individuals participate in the plan of care or service planning meetings.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals get copies of their plan of care or service plan.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals get copies of their plan of care or service plan in plain language.

All of the time

Most of the time

Some of the time

Rarely

Never

The plan of care or service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.

All of the time

Most of the time

Some of the time

Rarely

Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Please indicate how much you agree or disagree with the following statement.

Individuals understand their plan of care or service plan.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks needs.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The staff employs various methods or strategies to learn about the member's preferences and choices.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care and identifies the member's preferences and choices that do not pose a risk to the member's or another individual's health and safety.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care includes goals that support the individual to either maintain or enhance mobility and choices enabling them to move about independently within and around the setting.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**4. Individual Rights.**

Please indicate how much you agree or disagree with each of the following statements below.

Individuals receive personal care assistance in private.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals receive information about their rights.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals receive information about their rights in plain language.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals understand their rights.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals know who to contact if they have concerns or complaints.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have access to a telephone for personal use in a location that has space around it to ensure privacy.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Please indicate how many individuals have the following items.

Personal cell phones.

All

More than half

About half

Less than half

None.

Personal computers.

All

More than half

About half

Less than half

None.

Other devices (e.g. I Pad)

All

More than half

About half

Less than half

None.

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**5. Independence**

Please indicate how much you agree or disagree with each of the following statements below.

Individuals get to make decisions about what they want to do every day, including scheduling changes.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals receive support to make decisions about what they want to do every day, including scheduling changes.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals receive transportation training if they are currently unable to use public transportation.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have full access to the kitchen at any time.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have full access to the dining areas at any time.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Please indicate how much you agree or disagree with each of the following statements below.

Individuals have full access to the laundry areas at any time.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals have full access to shared living spaces at any time.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**6. Choice**

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Individuals have the option to make requests for an alternate staff member to assist them.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals make requests for alternate staff members to assist them.

All of the time

Most of the time

Some of the time

Rarely

Never

Requests for an alternative staff member are honored.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Individuals freely make requests for changes in the way their services and supports are delivered.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**7a. Setting. Lease Agreements**

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

Individuals have a written agreement in place providing protections to address eviction and or discharge and due process and

appeals.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals get a copy of the agreement.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals get a copy of the agreement in plain language.

All of the time

Most of the time

Some of the time

Rarely

Never

Please indicate how much you agree or disagree with the following statement.

Individuals understand the agreement.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

- Member information
- Policy and Procedures
- Staff Information
- Not Addressed

**7b. Privacy**

Please select whether the following are all. More than half, about half, less than half, or none.

How many individuals have a key or code to the front door and or entrance of their home or facility?

All

More than half

About half

Less than half

None.

How many individuals have a key to their bedroom or unit?

All

More than half

About half

Less than half

None.

How many individuals have lockable bedroom or unit doors?

All

More than half

About half

Less than half

None.

How many individuals have lockable bathroom doors?

All

More than half

About half

Less than half

None.

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Staff and other people knock and receive permission before entering an individual's bedroom or unit or bathroom.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals get to choose their roommates.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have the opportunity to consider other roommate options if they want to change roommates.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals are allowed to decorate their own room including moving furniture and hanging up items on the walls.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals are consulted on décor in common areas.

All of the time

Most of the time

Some of the time

Rarely

Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Please indicate how much you agree or disagree with the following statement.

The setting has a process to help individuals make choices for roommates.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The setting has a process to assess roommate satisfaction

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

### 7c. Schedules and Dining

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Individuals have a curfew or other requirements for a scheduled return home when out and about in the community.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have a choice on what to eat if they don't like what is being served.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have a choice with whom to eat. All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have a choice of eating alone.

All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have access to food, snacks or drinks. All of the time

Most of the time

Some of the time

Rarely

Never

Individuals have an opportunity to buy their own food, snacks and drinks.

All of the time

Most of the time

Some of the time

Rarely

Never

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

- Member information
- Policy and Procedures
- Staff Information
- Not Addressed

**7d. Visitors**

Please select whether the following occur all of the time, most of the time, some of the time, rarely, or never.

Do individuals have restrictions, visiting hours, on when they can have family and friends over to visit?

All of the time

Most of the time

Some of the time

Rarely

Never

Please indicate how much you agree or disagree with the following statement.

Does the setting have areas or furniture in the home that supports individuals to meet with family and friends in private?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

### 7e. Accessibility

Please indicate how much you agree or disagree with each of the following statements below.

The setting is accessible for people to safely and freely move around the home.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

All individuals have physical accessibility to appliances and furniture.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The setting has resources for assessing and providing individualized modifications (i.e. grab bars, shower chair, etc.).

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The home is free from barriers preventing individuals from entering or exiting certain areas.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

For interviewer Purposes Only. Examples supporting the self assessment response. Observation and or Comments.

Are the items in this section addressed in any of the following sources of information? You may choose more than one answer.

Member information

Policy and Procedures

Staff Information

Not Addressed

**End of Assessment**