

Home and Community Based Settings (HCBS) Rules						
On-Site Assessment						
Day Program Self-Assessment						
On-Site Visit Date:			Program Phone Number:			
Facility Name:			Program Manager Name:			
Address:			Program Asst. Mngr Name:			
			Program Type:			
Program Assessor Name:			AHCCCS Provider Number:			
Program Assessor Title:			License Number:			
Program Assessor Phone:			# of Health Plan Members:			
Program Assessor Email:			# of Medicaid Members:			
General Questions						
1	Is the setting co-located on the property of an institutional facility?					
2	Is the setting co-located within an institutional facility?					
3	If yes, describe how the facility is connected with the institutional facility, including shared administration, finances, staff, etc.:					
For Interviewer Purposes Only			For Interviewer Purposes Only			
Examples supporting the self-assessment response			Observations/Comments			
Local Area						
Please indicate if you agree or disagree with each of the following statements below.			Program Assessor Use		For Interviewer Purposes Only	
				Examples supporting the self-assessment response		Observations/Comments
			Documentation supporting the self-assessment response			
Yes/No						
4	Is the program labeled or identified in a way that sets it apart from the surrounding businesses?					
5	Are the vehicles in the program labeled or identified in a way that sets it apart from the surrounding vehicles (e.g. vans, cars, etc.)?					
6	Is the program located in the general community where people access services or go to work?					
Points Possible: 1			Points Received: 0			

Employment/Volunteerism					
Please select whether the following occurs.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
7	Does the program engage individuals of working or school age to see if they are interested in work or school?				
8	When individuals express an interest in employment, does the setting refer them for employment services or schooling?				
9	Does the program support individuals to have volunteer opportunities in the community?				
10	Does the program support individuals to have employment opportunities in the community?				
11	Does the program support individuals to have career exploration opportunities?				
12	Does the program support individuals to have support to learn new skills or instruction for skill development that pertain to volunteer opportunities or paid employment?				
13	Do individuals have day activities/outings including non-disability settings?				
14	Do individuals have access to transportation to and from work/volunteering activities?				
Points Possible: 8		Points Received: 0			

Community Life					
Please select whether the following occurs.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
15	Do individuals interact with the general public either through visitation to the program and/or activities in the general community?				
16	Are individuals learning and engaging in activities in the community comparable to peers (e.g. people of similar age; people without disabilities, etc.)?				
17	Do individuals receive information about activities in the community through a variety of methods (for example written material, posted material, education, experiential learning, etc.)?				
18	Do individuals have staff support to assist them in participating in activities in the community (e.g. personal care assistance)?				
19	Do individuals have informal supports to assist them in participating in activities in the community?				
20	Do individuals have access to transportation (provider-related or otherwise) to and from the setting for the purposes for engaging in community life?				
Points Possible: 22		Points Received: 0			

Personal Resources					
Please select whether the following occurs.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
21	Do individuals have someone assist them in managing their personal funds?				
22	Do individuals choose the person to assist them in managing their personal funds?				
23	Do individuals decide how to spend their money, earned or unearned during lunch, breaks, outings, activities, etc.?				
24	Do individuals have access to money management habilitation or rehabilitation skill building training?				
Points Possible: 4		Points Received: 0			

Payer Source				
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response Observations/Comments
25	Do all individuals participating in programs at the setting have the same activities, services, and amenities regardless of who pays for the service?			
Points Possible: 1		Points Received: 0		

Program Selection				
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response Observations/Comments
26	Do you allow individuals to visit the program prior to choosing to receive services there (i.e. tours, meet & greet, participate in an activity, etc.)?			
Points Possible: 1		Points Received: 0		

MCO Person-Centered Service Plan				
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response Observations/Comments
27	Does the program provide supports so that individuals can participate in the Person-Centered Service Plan meetings?			
28	Does the program participate in the Person-Centered Service Plan meetings?			
29	Does the setting support a discussion with the member regarding key indicators that help assess an individual's integration experience (i.e. opportunities to interact with the broader community, making choices about daily activities, and privacy)?			
30	Does the setting help to identify health and safety risks that necessitate restrictions and a risk management plan?			
31	Does the setting help to identify personal goal setting opportunities to support integration?			
32	Does the setting routinely engage in customer satisfaction exercises to ensure the staff is supporting individuals to meet their goals?			
Points Possible: 6		Points Received: 0		

Day Program Plan of Care/Service Plan				
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only	
		Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
	Yes/No/Not Applicable			
33	Are the Plan of Care/Service Plans reviewed within appropriate time frames according to AZ State Statutes to the type of care for each resident and is current (i.e. supervisory, personal or directed care)?			
34	Does the program provide supports to ensure the individual understands their Plan of Care/Service Plan?			
Points Possible: 2		Points Received: 0		

Individual Rights				
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only	
		Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
	Yes/No			
35	Do individuals receive information about their rights in plain language?			
36	Does the setting post information about member rights in plain language?			
37	Does the setting provide supports to ensure the individual understands their rights?			
38	Do individuals know who to contact if they have concerns or complaints?			
39	Do individuals have access to a telephone and/or computer for personal use in a location that has space around it to ensure privacy?			
40	Do individuals have protection against restrictive measures, including isolation and chemical/pharmacological and physical restraints?			
Points Possible: 6		Points Received: 0		

Independence					
Please select whether the following occurs.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
41	Are individuals given the choice and opportunity to freely come and go from the setting?				
42	Do individuals get to make informed decisions about what they want to do every day, including scheduling changes?				
43	Do individuals receive support to make informed decisions about what they want to do every day, including scheduling changes?				
44	Do individuals have access to transportation training if they are currently unable to use public transportation?				
45	Do individuals in the same setting have alternate schedules for services and activities?				
46	Can individuals schedule activities at their own convenience?				
47	Can individuals engage in activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor space)?				
Points Possible: 19		Points Received: 0			

Choice					
Please select whether the following occurs.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
48	Do individuals have the option to make requests for an alternate staff member to assist them?				
49	Are requests for an alternative staff member honored when the setting can accommodate? <input type="checkbox"/>				
50	Can individuals freely make requests for changes in the way their services and supports are delivered?				
Points Possible: 3		Points Received: 0			

Privacy					
Please select whether the following occurs in general provided there are no health and safety risks to the individual.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
51	Do individuals have lockable bathroom doors?				
52	Do individuals receive personal care assistance in private?				
Points Possible: 2		Points Received: 0			

Dining					
Please select whether the following occurs in general provided there are no health and safety risks to the individual.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
53	Do individuals have a choice on what to eat if they don't like what is being served?				
54	Do individuals have a choice with whom to eat?				
55	Do individuals have a choice in what time they want to eat?				
56	Do individuals have a choice of eating alone?				
57	Do individuals have access to food/snacks/drinks?				
58	Do individuals have an opportunity to buy their own food/snacks/drinks?				
Points Possible: 6		Points Received: 0			

Visitors					
Please select whether the following occurs in general provided there are no health and safety risks to the individual.			Program Assessor Use	For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
59	Are individuals free from restrictions (visiting hours) on when they can have family and friends to visit?				
60	Does the program have areas or furniture that supports individuals to meet with family and friends in private?				
Points Possible: 2		Points Received: 0			

Accessibility					
Please indicate if you agree or disagree with each of the following statements below.		Program Assessor Use		For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Observations/Comments
61	Is the setting accessible for people to safely and freely move around the setting including entering and exiting the setting?				
62	Do all individuals have physical accessibility to appliances and furniture?				
63	Does the setting have resources for assessing and providing individualized modifications (i.e. grab bars, shower chair, etc.), if necessary based upon individual specific needs?				
64	Is the program is free from barriers preventing individuals from entering or exiting common areas?				
Points Possible: 4		Points Received: 0			

Training					
Please indicate if you agree or disagree with each of the following statements below.		Setting Assessor Use		For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment	Examples supporting the self-assessment response	Observations/Comments
65	All staff are trained on the prevention of abuse, neglect, and exploitation. Training for all parties should address retaliation (e.g., harassment or loss of employment) and penalization (e.g., changes to the nature and/or location of services and supports).				
Points Possible: 1		Points Received: 0			
Total Points Possible: 88		Total Points Received: 0			