



Home and Community Based Setting (HCBS) Rules On-Site Assessment Companion Guide *Setting Self-Assessment and Document Review*

The purpose of tool is to gather information directly from the setting on the extent to which the setting may or may not be currently applying practices consistent with the HCBS Rules. The designated Setting Assessor will complete the self-assessment and indicate whether or not the practices are documented in written form. After the Setting Assessor has completed the self-assessment, the health plan quality management personnel (referenced as “interviewer” in the document) will be reviewing the self-assessment with the setting contact and reviewing documentation provided by the setting contact that demonstrates practices consistent with the HCBS Rules with respect to member information, policies and procedures and/or staff information.

SETTING INSTRUCTIONS

- 1) Setting Assessor: Identify one person from the setting to complete the Self-Assessment. The individual must be someone who meets the following criteria:
 - Oversees day-to-day operations onsite at the setting
 - Knowledgeable with setting policy content
 - In a management or administrative position, and
 - 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) The following is an **EXAMPLE** of a survey question and how to respond to a survey question. *The last two columns are reserved for the Health Plan’s interviewer (quality management personnel) comments about the review of the self-assessment to be discussed during a follow up call with the setting.*

Local Area			
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 response	Examples supporting the self-assessment response Comments
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	Yes	The assisted living home has a sign out front that indicates it is an assisted living home. We have provided pictures of the signs in the front yard.	

- You will select either “yes” or “no” once you have determined if you agree or disagree that the statement occurs at your setting. If yes, provide the documentation example that supports your response. If no, please provide an explanation.
- In the “Documentation supporting the self-assessment response” section, you will list any policies, procedures, or other written information available to support your answer.
- Please answer all questions in general about your overall setting or program. Please do NOT answer based upon individualized member health and safety restrictions or needs.



Health Plan Instructions

- 1) Identify one or more persons from the Health Plan’s Quality Management department and/or additional staff if desired to validate the completed self-assessment from the setting.
- 2) Review the completed self-assessment with the Setting Assessor to ensure completeness. Document examples and observations.
- 3) Review documentation noted in the self-assessment to verify the references.
- 4) If best practices are identified, make copies of the documentation and include with the completed assessment.
- 5) The following is an **EXAMPLE** of a survey question and how to respond to a survey question. Your validation of documentation, observations, and comments will be listed in the last two columns for reference during a follow up call with the provider to review findings and provide technical assistance.

Local Area				
<i>Please indicate if you agree or disagree with each of the following statements below.</i>		Setting Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	Yes	The assisted living home has a sign out front that indicates it is an assisted living home. We have provided pictures of the signs in the front yard.	Reviewed the pictures provided as well as verified the setting’s vans parked in from of the home.	The assisted living home is in a neighborhood amongst other single family homes and does have signs that indicate the residential property is an assisted living home.



Definitions

Individual	The AHCCCS member that is a resident living in the home or participating in the setting's day/employment program
Interviewer	A staff member of the Health Plan's Quality Management department and/or additional staff who will review and provide feedback to the provider about their self-assessment
Setting	The home or setting the provider either owns, operates or works for
Setting Assessor	A staff person from the setting that will complete the Self-Assessment. The individual must be someone who meets the following criteria: <ul style="list-style-type: none">• Oversees day-to-day operations onsite at the setting• Knowledgeable with setting policy content• In a management or administrative position, and• Is regularly onsite interacting with staff and AHCCCS Members



Setting Self-Assessment Guidance

➤ **Demographics**

Enter all information at the point in time you complete the survey for the specific setting/location/site. It is understood that the information may change. If something does not apply to your setting or program, N/A is an acceptable response.

➤ **General Questions**

Enter all information at the point in time you complete the survey. It is understood that the information may change.

Assessment Considerations

Some examples of an institutional setting would be a hospital, nursing facility, school, or intermediate care facility. For number 2 on the self-assessment form, this would include people who are coming into the setting who do not reside in the setting.

➤ **Local Area**

Examples of being labeled in a way that sets a home, setting or vehicle apart from the surrounding residences/vehicles would be:

- a. Having signage that specifies a disability of individuals residing or participating in programs at the setting
 - i. E.g. ABC Home of Persons with Autism

Assessment Considerations

Documentation could be a picture of the setting showing or not showing any labeling that sets it apart from surrounding area. Depending on how the area is zoned (residential or business) signage may or may not be normative.

➤ **Employment/Volunteerism**

Enter all information as it pertains to the setting, providing supports for those individuals who may want to engage in work, school, or volunteerism.

Assessment Considerations

The setting is not expected to provide the direct supports for these potential needs, but rather support the individual by referring for supports or finding resources. For example, access to transportation does not necessarily mean the provider has to drive the individual, but rather assists the individual in finding transportation supports whether they be family members, transportation training, etc.



For the employment tool specifically, having access to all areas of the workplace to the same extent as non-disabled peers does not include private offices or other locations where access is restricted to authorized persons.

Referring to DB101 and/or providing basic information is acceptable to ensure individuals are provided with information about how their benefits are affected by employment income.

➤ **Community Life**

Enter all information as it pertains to the setting providing supports for community engagement. Items such as transportation are not expected to be provided by the setting in all cases, but the setting should help the individual find resources and access to transportation.

What does it mean to be “comparable to peers”?

- What is normative for the community?
 - For rural areas, what is the normal community interaction? Is it normal to have regularly scheduled trips to go into town for shopping trips?
- What is normative for the age group in the community?

Assessment Considerations

Documentation could include a reasonable sample of individuals’ daily activities, person-centered service plans, and/or interviews to determine that there is variation in scope, frequency and breadth of individual interactions and engagement in and with the broader community; copies of procedures and services provided by the setting that indicate evidence of access to and demonstrated support for individual integration in community activities; or a summary of examples of how schedules are varied according to individuals’ preferences and in recognition of the need to integrate into the local community.

Documentation to show that individuals have regular contact with people who don’t live in the home or receive services could be the calendar of events.

➤ **Personal Resources**

A preference inventory could be utilized for those individuals who have trouble communicating their choices/preferences. Examples of preference inventories could be picture boards or documentation of discussions with friends and families about the individual’s preferences.



Assessment Considerations

For the Transition Plan, please explain what the setting is doing to make sure individuals are trained on how to safely re-engage with the community for purchasing goods and services

➤ **Payer Source**

This section should be answered according to differences in service and available amenities by payer (i.e. Medicaid or Private pay). Residents are or are not excluded from activities or amenities because of their Medicaid status, independent of activity fees.

If you only serve Medicaid individuals, please answer yes.

Assessment Considerations

Examples of amenities would be a pool, gym, salon, or menu/food options.

➤ **Home/Program Selection**

Assessment Considerations

Documentation may include a sign in sheet showing AHCCCS members have visited prior to choosing the setting.

➤ **Private Room (Residential ONLY)**

Assessment Considerations

➤ **Person-Centered Service Plan**

Enter all information as it pertains to the setting's participation in the Person Centered Service Planning Meeting as coordinated by the MCO

Assessment Considerations

Documentation could be a description of how staff are trained and monitored on their understanding of the settings criteria and role in Person Centered Planning.

Customer satisfaction practices could be anything from a survey of individuals to a comment box.

➤ **Plan of Care/Service Plan (if applicable)**

Enter all information as it pertains to the setting's plan of care/service plan.

For Day Programs, only the EPD Adult Day Health programs will have their own plan, DDD Day programs will not.



Assessment Considerations

Person-Centered Service Plans and the Plan of Care/Service plan should be completed at the same meeting with the individual and care team present.

➤ **Individual Rights**

Enter all information as it pertains to how the setting supports the individual’s individual rights in general and in regards to measures taken during the COVID pandemic to ensure the safety of all individuals.

Assessment Considerations

A chemical restraint is a pharmacological restraint that is not part of an individual’s standard treatment and is administered to manage the individual’s behavior or temporarily restrict the individual’s freedom of movement. Additional information can be found in Chapter 900 of the AHCCCS Medical Policy Manual.

➤ **Independence**

Enter all information as it pertains to how the setting will re-establish supports the individual’s independence. Items such as transportation are not expected to be provided by the setting in all cases, but the setting should help the individual find resources and access to transportation.

As a reminder, please answer these questions generally for your setting and based on an individual with no health and safety needs.

Assessment Considerations

A shared living space would be any common area such as a living room, foyer, game room, etc.

➤ **Choice**

Enter all information as it pertains to how the setting will re-establish supports the individual’s choice. It is understood all individuals’ requests may not be able to be fulfilled due to staffing, funding, and other restraints, but the setting should work with the individual as much as possible.

Assessment Considerations

For Child Developmental Homes and Adult Developmental homes, the Not Applicable (NA) option may be used if the staff/provider is a family member or foster care parent.

➤ **Residency Agreement (EPD Residential ONLY)**

Assessment Considerations



➤ **Privacy**

Enter all information as it pertains to how the setting supports the individual's privacy.

As a reminder, please answer these questions generally for your setting and based on an individual with no health and safety needs.

Assessment Considerations

Roommate satisfaction processes are not required if every individual has their own room.

➤ **Dining/Lunch & Breaks**

Enter all information as it pertains to how the setting supports an individual's choices around schedules and dining. The setting is not expected to provide or purchase all meal/snack options, but rather support the individual in having a choice within the means available.

Assessment Considerations

For example, individuals may have the option of fixing or requesting cereal or a sandwich if they choose not to eat what is being served.

➤ **Visitors**

Enter all information as it pertains to the setting's restrictions about visitors. If the housemates develop their own rules restricting visitors, these rules are allowable and appropriate, but not reflective of the provider's restrictions.

Assessment Considerations

Visitation by family, friends, or others at the workplace setting should follow the individual workplace setting's customary visitation practices.

➤ **Accessibility**

Accessibility in this section is not referring to ADA requirements, but rather individual's ability to navigate the setting without barriers.

Assessment Considerations

➤ **Training**

Assessment Considerations

Documentation could include training materials and a training schedule.



➤ **Memory Care (Residential ONLY, if applicable)**

For example, settings with controlled-egress should be able to demonstrate how they can make individual determinations of unsafe exit-seeking risk and make individual accommodations for those who are not at risk.

The setting must allow all individuals access to typical facilities in a home environment (i.e. kitchen, dining area, and laundry) at any time. In the event that an individual has exhibited unsafe behavior in any one of these settings, measures should be taken to prevent the unsafe behavior yet provide the least restrictive environment as possible

Assessment Considerations

Training curriculum and/or a training schedule would be an acceptable documentation of staff training.