

Home and Community Based Setting (HCBS) Rules On-Site Assessment

Facility Self-Assessment and Document Review

On-Site Visit Date:	
Facility Interviewee Name:	
Facility Interviewee Title:	
Facility Interviewee Phone:	
Facility Interviewee Email:	
Team Number:	
Team Member Name:	
Team Member Name:	

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:

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



Instructi	ons:	Task Completed
Step 1	Review completed self-assessment with Facility Interviewee to ensure	[]
	completeness. Document examples and observations.	
Step 2	Review documentation noted in the self-assessment to verify the references.	[]
Step 3	If best practices are identified, make copies of the documentation and	[]
	include with the completed assessment.	



FACILITY INSTRUCTIONS

- 1) Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:
 - Oversees day-to-day operations onsite at the facility
 - In a management 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) Please reference the following definitions when completing the survey.
 - The term "setting" is defined as the home or facility the provider either owns, operates or works for.
 - 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 disc	igree with e	For Interviewer F	<i>Purposes</i> Only				
Choose one answer for each statement.							
	Strongly	Strongly	Examples supporting the self-	Observations/Comments			
	agree	Agree	Neutral	eutral Disagree	disagree	assessment response	
The setting/home is labeled or identified							
in a way that sets it apart from the	0	0	×	0	0		
surrounding residences.							



(You may choose more than one answer)

×	×	0	0	0
Member	Policy &	Staff	Website	Not
Information	Procedures	Information		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.



General Questions

Is the setting co-located on the property of an institutional facility? Note: If the answer is no, please skip to the next series of questions.	Yes	No O	
Describe how the facility is connected with the institutional facili	ty inclu	uding shared:	
Administration			
Finances			
Staff			
Transportation vehicles			
Dining facilities			
Other			

For Interviewer Purposes Only									
Examples supporting the self-assessment response Observations/Comments									



D	escribe the size of the facility?
How many individuals live in the setting?	
How many of those individuals are Medicaid members?	
How many units/rooms are in the setting?	
How many units/rooms are designated for memory care?	

For Interviewer Purposes Only								
Examples supporting the self-assessment response Observations/Comments								



Local Area

Please indicate how much you agree or disa	For Interviewer	Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	0	0	0	0	0		
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.).	0	0	0	0	0		
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.).	0	0	0	0	0		
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.).	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



1a. Employment

Please select whether the following, all, more	For Interviewe	Purposes Only					
	All	More than half	About half	Less than half	None	Examples supporting the self-assessment response	Observations/Comments
How many individuals have paid jobs in the community?	0	0	0	0	0		
How many individuals have volunteer jobs in the community?	0	0	0	0	0		
Do individuals have access to transportation to and from work?	0	0	0	0	0		

Please indicate how much you agree or disag	For Interviewer Purposes Only						
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals have support to prepare for and obtain employment.	0	0	0	0	0		
Individuals have support to prepare for and obtain volunteer opportunities.	0	0	0	0	0		



0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



1b. Community Life

Please select whether the following occur all of tin	For Interviewer Purposes Only						
	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals receive information about activities in the community through a variety of methods. (For example written material, posted material, education, experiential learning, etc.)	0	0	0	0	0		
Individuals have staff support to assist them in participating in activities in the community (i.e. personal care assistance).	0	0	0	0	0		
Individuals have informal supports to assist them in participating in activities in the community.	0	0	0	0	0		
Individuals have access to transportation to and from the residence.	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0		
Member	Policy &	Staff	Not		
Information	Procedures	Information	Addressed		



1c. Personal Resources

Please select whether the following occur all of time, n	For Interviewer Purposes Only						
	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals have someone assist them in managing their personal funds.	0	0	0	0	0		
Individuals choose the person to assist them in managing their personal funds.	0	0	0	0	0		
Individuals decide how to spend their money, earned or unearned.	0	0	0	0	0		
Individuals have personal bank accounts.	0	0	0	0	0		
Individuals have another type of account whereby they can access their personal funds.	0	0	0	0	0		



0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



1d. Payer Source

Do you have individuals living in the setting who are private pay?	Yes 🗆	No 🗆
--	-------	------

Please indicate how much you agree or a	lisagree wit	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
All individuals living in the setting have the same services regardless of who pays for the service.	0	0	0	0	0		
All individuals living in the setting have the same amenities regardless of who pays for the service.	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



2. Home Selection

Please select whether the following occur all of time,	For Interviewe	Purposes Only					
	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Do you allow individuals to visit the setting prior to choosing to live there (i.e. tours, share a meal, spend the night, etc.)?	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



2b. Private Room

Please select whether the following occur all of t	ime, most of	For Interviewer Purposes Only					
	All of the time	Most of the time		Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals have their own bedroom.	0	0	0	0	0		
Individuals have an option for a private room if they are able to afford it.	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0		
Member	Policy &	Staff	Not		
Information	Procedures	Information	Addressed		



3. Person-Centered Service Plan

Please select whether the following occurrency or never	ur all of time,	most of th	e time, son	ne of the tir	ne,	For Interviewer Purposes Only	
rarely, or never.	All of the time	Most of the time		Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals participate in the plan of care/service planning meetings.	0	0	0	0	0		
Individuals get copies of their plan of care/service plan.	0	0	0	0	0		
Individuals get copies of their plan of care/service plan in plain language.	0	0	0	0	0		
The plan of care/service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.	0	0	0	0	0		



Please indicate how much you agree or di	sagree with	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals understand their plan of care/service plan.	0	0	0	0	0		
The plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks/needs.	0	0	0	0	0		
The staff employs various methods or strategies to learn about the member's preferences and choices.	0	0	0	0	0		
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.	0	0	0	0	0		
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.	0	0	0	0	0		

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



4. Individual Rights

Please indicate how much you agree or di	sagree with	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals receive personal care assistance in private.	0	0	0	0	0		
Individuals receive information about their rights.	0	0	0	0	0		
Individuals receive information about their rights in plain language.	0	0	0	0	0		
Individuals understand their rights.	0	0	0	0	0		
Individuals know who to contact if they have concerns or complaints.	0	0	0	0	0		
Individuals have access to a telephone for personal use in a location that has space around it to ensure privacy.	0	0	0	0	0		
Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.	0	0	0	0	0		



Please indicate how many individu	als have the	following ite	For Interviewer Purposes Only				
	All	More than half	About half	Less than half	None	Examples supporting the self-assessment response	Observations/Comments
Personal cell phones.	0	0	0	0	0		
Personal computers	0	0	0	0	0		
Other devices (e.g. iPad)	0	0	0	0	0		

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



5. Independence

Please indicate how much you agree or d	lisagree witi	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals get to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0		
Individuals receive support to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0		
Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.	0	0	0	0	0		
Individuals receive transportation training if they are currently unable to use public transportation.	0	0	0	0	0		
Individuals have full access to the kitchen at any time.	0	0	0	0	0		
Individuals have full access to the dining areas at any time.	0	0	0	0	0		



Please indicate how much you agree or d	isagree wit	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals have full access to the laundry areas at any time.	0	0	0	0	0		
Individuals have full access to shared living spaces at any time.	0	0	0	0	0		

0	0	0	0		
Member	Policy &	Staff	Not		
Information	Procedures	Information	Addressed		



6. Choice

Please select whether the following occur all of time,	For Interviewer Purposes Only						
	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals have the option to make requests for an alternate staff member to assist them.	0	0	0	0	0		
Individuals make requests for alternate staff members to assist them.	0	0	0	0	0		
Requests for an alternative staff member are honored.	0	0	0	0	0		
Individuals freely make requests for changes in the way their services and supports are delivered.	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



7a. Setting - Lease Agreements

Please select whether the following occur all of time,	For Interviewer Purposes Only						
	All of the time	Most of the time		Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals have a written agreement in place providing protections to address eviction/discharge and due process and appeals.	0	0	0	0	0		
Individuals get a copy of the agreement.	0	0	0	0	0		
Individuals get a copy of the agreement in plain language.	0	0	0	0	0		

Please indicate how much you agree or di	sagree with	For Interviewer Purposes Only					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Individuals understand the agreement.	0	0	0	0	0		



0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



7b. Privacy

Please select whether the following are all, mo	For Interviewer Purposes Only							
	All	More than half	About half	Less than half	None	Examples supporting the Observations/Comme self-assessment response		
How many individuals have a key/code to the front door/entrance of their home/facility?	0	0	0	0	0			
How many individuals have a key to their bedroom/unit?	0	0	0	0	0			
How many individuals have lockable bedroom/unit doors?	0	0	0	0	0			
How many individuals have lockable bathroom doors?	0	0	0	0	0			



Please select whether the following occur all rarely, or never.	For Interviewer Purposes Only							
rurely, or never.	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the Observations/Commen self-assessment response		
Staff and other people knock and receive permission before entering an individual's bedroom/unit or bathroom.	0	0	0	0	0			
Individuals get to choose their roommates.	0	0	0	0	0			
Individuals have the opportunity to consider other roommate options if they want to change roommates.	0	0	0	0	0			
Individuals are allowed to decorate their own room including moving furniture and hanging up items on the walls.	0	0	0	0	0			
Individuals are consulted on décor in common areas.	0	0	0	0	0			



Please indicate how much you agree or disa	For Interviewer Purposes Only						
	Strongly agree	Agree	Neutral	Disagree			Observations/Comments
The setting has a process to help individuals make choices for roommates.	0	0	0	0	0		
The setting has a process to assess roommate satisfaction	0	0	0	0	0		

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



7c. Schedules and Dining

Please select whether the following occur	all of time, mos	For Interviewer Purposes Only					
rarely, or never.	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Individuals have a curfew or other requirements for a scheduled return home when out and about in the community.	0	0	0	0	0		
Individuals have a choice on what to eat if they don't like what is being served.	0	0	0	0	0		
Individuals have a choice with whom to eat.	0	0	0	0	0		
Individuals have a choice of eating alone.	0	0	0	0	0		
Individuals have access to food/snacks/drinks.	0	0	0	0	0		
Individuals have an opportunity to buy their own food/snacks/drinks.	0	0	0	0	0		



0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



7d. Visitors

Please select whether the following occur all of time,	For Interviewer Purposes Only						
	All of the time	Most of the time	Some of the time	Rarely	Never	Examples supporting the self-assessment response	Observations/Comments
Do individuals have restrictions (visiting hours) on when they can have family and friends over to visit?	0	0	0	0	0		

Please indicate how much you agree or disagree with t	For Interviewer Purposes Only						
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the self-assessment response	Observations/Comments
Does the setting have areas or furniture in the home that supports individuals to meet with family and friends in private?	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed



7e. Accessibility

Please indicate how much you agree or disa	For Interviewer Purposes Only						
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Examples supporting the Observations/Comself-assessment response	
The setting is accessible for people to safely and freely move around the home.	0	0	0	0	0		
All individuals have physical accessibility to appliances and furniture.	0	0	0	0	0		
The setting has resources for assessing and providing individualized modifications (i.e. grab bars, shower chair, etc.).	0	0	0	0	0		
The home is free from barriers preventing individuals from entering or exiting certain areas.	0	0	0	0	0		

Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed