

**Home and Community Based Settings (HCBS) Rules Assessment
Day Program Self-Assessment**

Date Submitted:		Program Phone Number:	
Program Name:		Program Manager Name:	
Program 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.:	

<i>For Interviewer Purposes Only</i> Examples supporting the self-assessment response	<i>For Interviewer Purposes Only</i> Comments

Local Area

<i>Please answer as it applies to your setting today.</i>		<i>Program Assessor Use</i>	<i>For Interviewer Purposes Only</i>	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
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
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Employment/Volunteerism					
Please select whether the following will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Program Assessor Use		For Interviewer Purposes Only	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
7	Describe how the setting will engage individuals of working or school age to see if they are interested in work or school.		Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
8	When individuals express an interest in employment, describe how the setting will refer them for employment services.				
9	Describe how the setting will support individuals to have volunteer opportunities in the community.				
10	Describe how the setting will support individuals to have employment opportunities in the community.				
11	Describe how the setting will support individuals to have career exploration opportunities.				
12	Describe how the setting will support individuals to learn new skills or instruction for skill development that pertain to volunteer opportunities or paid employment.				
13	Describe how individuals will have day activities/outings that include non-disability settings.				
14	Describe how the setting will support individuals to have access to transportation to and from work/volunteering activities.				
Points Possible: 8		Points Received: 0			

For Reference Only

Community Life				
Please select whether the following will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
15	Describe how individuals will interact with the general public either through visitation to the program and/or activities in the general community.	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
16	Describe how individuals will learn and engage in activities in the community comparable to peers (e.g. people of similar age; people without disabilities, etc.).			
17	Describe how individuals will receive information about activities in the community through a variety of methods (For example written material, posted material, education,			
18	Describe how individuals will have staff support to assist them in participating in activities in the community (i.e. personal care assistance).			
19	Describe how individuals will have informal supports to assist them in participating in activities in the community.			
20	Describe how individuals will have access to transportation (provider-related or otherwise) to and from the setting for the purposes for engaging in			
Points Possible: 22		Points Received: 0		

Personal Resources				
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	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.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	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 will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
26	Describe how the setting will allow individuals to visit the program prior to choosing to receive services there (i.e. tours, meet & greet, participate in an activity, etc.).		Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
Points Possible: 1		Points Received: 0			

MCO Person-Centered Service Plan					
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	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?				
<i>Points Possible: 6</i>		<i>Points Received: 0</i>			

For Reference Only

Day Program Plan of Care/Service Plan *section does not apply to DDD Day Program					
Please select whether the following occurs.		Program Assessor Use	For Interviewer Purposes Only		
		Yes/No/Not Applicable	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
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		
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
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 will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
41	Describe how individuals will be given the choice and opportunity to freely come and go from the setting.	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
42	Describe how individuals will get to make informed decisions about what they want to do every day, including scheduling changes.			
43	Describe how individuals will receive support to make informed decisions about what they want to do every day, including scheduling changes.			
44	Describe how individuals will have access to transportation training if they are currently unable to use public transportation.			
45	Describe how individuals in the same setting will have alternate schedules for services and activities.			
46	Describe how individuals will be able to schedule activities at their own convenience.			
47	Describe how individuals will be able to 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		

For Reference Only

Choice				
Please select whether the following will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
28	Describe how individuals will have the option to make requests for an alternate staff member to assist them.	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
48	Describe how the setting will review requests for an alternative staff member and honor when the setting can accommodate.			
50	Describe how individuals will be able to 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 <u>in general</u> 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	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 <i>in general</i> , provided there are no health and safety risks to the individual. Use the COVID-19 Transition Plan to describe how the setting will comply for items in blue		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	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 in what time they want to eat?			
55	Do individuals have access to food/snacks/drinks?			
56	<i>Describe how individuals will have a choice with whom to eat.</i>	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
57	<i>Describe how individuals will have a choice of eating alone.</i>			
58	<i>Describe how individuals will have an opportunity to buy their own food/snacks/drinks.</i>			
Points Possible: 6		Points Received: 0		

Visitors				
Please select whether the following will occur when safe to do so and use the COVID-19 Transition Plan to describe how the setting will comply.		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
59	<i>Describe how the setting will ensure individuals will be free from restrictions (visiting hours) on when they can have family and friends to visit.</i>	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
60	<i>Describe how the setting will have areas or furniture in the home that supports individuals to meet with family and friends in private.</i>			
Points Possible: 6		Points Received: 0		

Accessibility				
<i>Please answer as it applies to your setting today.</i>		Program Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	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				
<i>Please answer as it applies to your setting today.</i>		Setting Assessor Use	For Interviewer Purposes Only	
	Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	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: 90		Total Points Received: 0		

For Reference Only