

Home and Community Based Settings (HCBS) Rules Assessment

Employment Program Self-Assessment

Date Submitted:		Program Phone Number:	
Program Name:		Program Manager Name:	
Program Address:		Program Asst. Mgr Name:	
		Program Type:	
Program Assessor Name:		AHCCCS Provider Number:	
Program Assessor Title:		License Number:	
Program Assessor Phone:		# of Health Plan Residents:	
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
Examples supporting the self-assessment response

For Interviewer Purposes Only
Comments

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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

Employment				
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 program will support individuals to have paid jobs in the community.	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
8	Describe how the program will support individuals to have volunteer jobs in the community.			
9	Describe how the setting will support individuals to have career exploration opportunities.			
10	Describe how the setting will support individuals to learn new skills or instruction for skill development that pertain to volunteer opportunities or paid employment.			
11	Describe how the setting will support individuals, either employed or preparing for employment, to routinely interact with the general public through visitation to the program and/or activities in the general community (i.e. providing training to prepare for work; customers purchasing goods and services; selling products at a Farmer's Market, etc.).			
12	Describe how the setting will ensure employed individuals have benefits to the same extent as individuals not receiving Medicaid funded HCBS, including negotiating work schedules, breaks and lunch, and if applicable vacation, medical leave, or medical benefits.			
13	Describe how individuals, either employed or preparing for employment, will have access to all of the areas of a workplace to the same extent as their non-disabled peers.			
14	Describe how individuals, either employed or preparing for employment, will have job tasks that a non-disabled peer would perform for pay.			
15	Describe how employed individuals will have equal opportunities to engage in company activities (potlucks, parties, professional development).			
Points Possible: 13			Points Received: 0	

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
16	Describe how individuals will receive employment-related information about activities in the community through a variety of methods (For example written material, posted material, education, experiential learning, etc.).	Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan</u> .		
17	Describe how individuals will have staff support to assist them in participating in employment-related activities in the community (e.g. personal care assistance).			
18	Describe how individuals will have informal supports to assist them in participating in employment-related activities in the community.			
19	Describe how individuals will have access to transportation (provider-related or otherwise) to and from work.			
Points Possible: 16		Points Received: 0		

Personal Resources				
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
20	Do individuals have someone available to provide education and/or assistance in managing their personal funds?			
21	Do individuals choose the person to assist them in managing their personal funds?			
22	Is pay for work rendered directly to the individual or their representative?			
23	Do individuals decide how to spend their money, earned or unearned during lunch, breaks, outings, activities, etc.?			
24	Are individuals, either employed or preparing for employment, or their representatives, provided with information about how benefits are affected by employment income?			
Points Possible: 5		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 program will allow individuals to visit the program prior to choosing to receive services there (i.e. tours, meet & greet, 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	Are routine discussions occurring regarding progressive movement toward community integrated employment?				
30	Do individuals receiving new employment services after March 2022 have community integrated employment goals?				
31	For individuals in CBE programming prior to March, 2022, are efforts being made to progress them toward competitive integrated employment?				
Points Possible: 5		Points Received: 0			

Individual Rights					
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
32	Do individuals receive personal care assistance in private?				
33	Do individuals receive information about their rights in plain language?				
34	Does the program provide supports to ensure the individual understands their rights?				
35	Do individuals know who to contact if they have concerns or complaints?				
36	Do individuals have access to a telephone for personal use in a location that has space around it to ensure privacy?				
37	Do individuals have protection against restrictive measures, including isolation and chemical 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.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
38	Describe how individuals will have the ability to request alternative working schedules consistent with customary employment practices.		Please refer to the Companion Guide on how to address these standards in the <u>COVID-19 Transition Plan.</u>		
39	Describe how individuals will have access to transportation (provider-related or otherwise) to participate in employment-related activities in the community.				
40	Describe how individuals will have access to transportation training if they are currently unable to use public transportation.				
Points Possible: 7		Points Received: 0			

Choice					
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
41	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 COVID-19 Transition Plan.		
42	Describe how the setting will review requests for an alternative staff member and honor when the setting can accommodate.				
43	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.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
44	Do individuals have lockable bathroom doors?				
Points Possible: 1		Points Received: 0			

Lunch & Breaks					
Please select whether the following occurs <u>in general</u> , 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.		Yes/No	Program Assessor Use	For Interviewer Purposes Only	
			Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
45	Do individuals have access to food/snacks/drinks?		Please refer to the Companion Guide on how to address these standards in the <u>COVID-19</u> Transition Plan.		
46	Describe how individuals will have a choice with whom to eat.				
47	Describe how individuals will have a choice of eating alone.				

48	Describe how individuals will have an opportunity to buy their own food/snacks/drinks.				
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Points Possible: 4 Points Received: 0

For Reference Only

Visitors					
<i>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.</i>		Program Assessor Use	For Interviewer Purposes Only		
		Yes/No/Not Applicable	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
49	<i>Describe how the setting will ensure individuals are free from restrictions on having friends and family visit during breaks and lunch, following the workplace setting's customary visitation practices.</i>		Please refer to the Companion Guide on how to address these standards in the COVID-19 Transition Plan.		
50	<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: 2		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
51	Is the program is accessible for people to safely and freely move around?				
52	Do all individuals have physical accessibility to appliances and furniture?				
53	Does the program have resources for assessing and providing individualized modifications (i.e. grab bars, etc.), if necessary, based on individual specific needs?				
54	Is the program free from barriers preventing individuals from entering or exiting certain 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

55	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).				
<i>Points Possible: 1</i>		<i>Points Received: 0</i>			
<i>Total Points Possible: 90</i>		<i>Total Points Received: 0</i>			

For Reference Only