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

The purpose of the Self-Assessment 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 Assessor 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. This is not a pass or fail assessment. Your health plan will use this information in combination with the other assessment tools to assess your current compliance level and to provide technical assistance to ensure you can come into full compliance by March 2023. As a result of your compliance findings, you may be asked to submit a Corrective Action Plan.

3) 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 such as a relevant section of a policy or photograph. If no, please provide an explanation.

4) In the "Documentation supporting the Self-Assessment response" section, you will list any policies, procedures, manuals, handbooks, training Curriculum, or other written information available to support your answer.

5) 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.***

6) 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 your 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**
Describe how individuals will interact with the general public either through visitation to the program and/or activities in the general community.	Yes	EXAMPLE: Our program supports and ensures members have the opportunity/right to access and engage within the general community in which the members are actively apart of. (Per company policies, guidelines, procedures, curriculum, business practices, etc... page, section) Due to the current pandemic, our plan to integrate back into the community is located in section/chapter/phase in our COVID-19 Transition Plan.		

| 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.). | Yes | EXAMPLE: Our program procedures address how we introduce, greet, and tour prospective clients. (per program manual, guidelines, orientation, policy, & procedures-section, etc.) | | |

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 record.

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				
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.	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, which is not normative for the location. Technical assistance will be provided.

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.

Setting Assessor   A staff person from the setting that will 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.

Setting COVID-19 Transition Plan

During the COVID-19 Public Health Emergency, the HCBS Assessment process has been modified to accommodate modifications providers have made to service delivery to adhere to CDC restrictions and mitigate risks to individuals.   Some of these modifications likely present barriers to implementation of some of the standards to comply with the HCBS Rules. With this understanding and to assess for compliance with the HCBS Rules, AHCCCS asks that providers create a COVID-19 transition plan to explain what modifications/restrictions were made to service delivery as a result of the Public Health Emergency. The Transition Plan **is necessary to show how members you serve are still connected and integrated in the community to the maximum extent possible, while limiting exposure to the virus and staying safe.** Additionally, the Transition Plan outlines the provider's plan to reinstitute those restricted practices and/or introduce new practices that support the intention of the HCBS Rules to **ensure individuals receiving HCBS are integrated into their communities and have full access to the benefits of community living** when it is safe to do so.   The completion of the HCBS Provider Self-Assessment Tool is required whether or not a setting is currently in operation.

Please describe in the setting's transition plan for how the setting will re-introduce these standards into the setting and member population after the Public Health Emergency. The Plan should outline verifiable policies which are a part of normal operation and show how HCBS Rule compliance is facilitated outside of the pandemic**,** and should include a statement of current modifications and the process the setting will undertake to re-introduce these standards in the future. The plan should also include measures the setting is taking now to try and maximize these opportunities while mitigating risks. The transition plan should contain general elements, explained below, and the specific requirements that can be found in the Self-Assessment tool highlighted in blue. The specific elements should be directly addressed in the transition plan. Please submit both the Self-Assessment and the transition plan to the auditor.

General Transition Plan Elements

In general, the Transition Plan should the phased plan with timeframes (not a timeline or dates) on how the setting will integrate individuals back into their community to the pre-COVID-19 level or better (as defined by the HCBS Rules) when it is safe to do so.

When creating your plan, please address the following areas to help ensure the transition plan you create is comprehensive and will meet expectations:
- The measures you are taking to mitigate risks to individuals and staff.
- Training that is currently taking place to ensure individuals are prepared for the transition back into their communities.
  - The measures you are or will take to teach individuals how to mitigate risks to themselves, as well as helping individuals learn skills specific to virtual communication and service delivery.
  - How are you teaching individuals to advocate for themselves to be able to determine what risks they are willing to take.
  - Describe the training and communication that will be offered to individuals to help

them stay safe in the way that they choose (i.e. training on proper hand washing, mask options, etc.).

- Your plan to start or restart programs that address the HCBS Rule standards that cannot be applied now due to restrictions suggested for everyone.
- Your plan for a new business model that will address the HCBS Rule standards but also new, innovative ways to provide services that mitigate risks to individuals and staff. The measures you are taking to obtain individual and family member feedback specific to the types of service and service models they use that will help inform your plan and strategies.
- Your baseline standard plan for cleanliness as well as how you will allow individuals and family members to create additional individuals accommodations for participation and options to support individuals who want to engage more broadly versus those that do not.
- Describe how you will communicate the safety efforts that your staff will be taking to individuals and family members (i.e., wearing masks, temperature checks, etc.).
- Describe what you are doing to ensure member's needs, choices, and engagement with family, friends, and paid supports are still being met in spite of the limitations society has in place currently for general safety. The plan should also address how you will communicate your plan to individuals and family members including information related to the following topics:
  o Protocols related to testing of employees,
  o Staffing/capacity changes as a result of COVID-19 response including how these impact the individual's ability to receive services and how these decisions are being made,
  o Mitigating risk when visitors must come to the setting (i.e., maintenance worker),
  o Capacity to access PPE for provider staff including considerations of individual's needs (i.e., masks and face shields where the mouth may be visible for individuals who need to see the face of providers to communicate),
  o Measures the individual providers are doing to protect themselves inside and outside of the work environment,
  o Process for maintaining regular contact with individuals and family members to connect as well as provide updates on programming plans. and
  o Re-opening plan including how determination will be made and mitigation efforts that may affect services (i.e., opening at a lower capacity).

Setting Specific Transition Plan

The setting specific transition plan items can be found on the HCBS Provider Self-Assessment in blue. Please see the example below.

Personal Resources					
Please select whether the following occurs or will occor when safe to do so. Use the COVID-19 Transition Plan to desbribe how the setting will comply for items in blue.			*Setting Assessor Use*	*For Interviewer Purposes Only*	
		Yes/No	Documentation supporting the self-assessment response	Examples supporting the self-assessment response	Comments
25	Do individuals have someone assist them in managing their personal funds?				
30	*Describe how individuals will have access to the community to purchase goods and services.*		**Please refer to the Companion Guide on how to address these standards in the COVID-19 Transition Plan.**		
31	*Describe how individuals are being assisted to purchase goods in the current environement (online shopping, family member shopping, etc.).*				

Setting Self-Assessment Guidance

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

➤ **Demographics**
Enter all information at the point in time you complete the survey for the specific setting, location, or 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 two 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:
      i. Having signage that specifies a disability of individuals residing or participating in programs at the setting (e.g., ABC Home of Persons with Autism).
  b.
      i.

Assessment Considerations
Documentation could be a picture of the setting, facility, or building 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.

Documentation could be a picture of the signage on the side of the vehicle.

➤ **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.

Documentation could be portions/sections of policies and procedures, intake forms, bulletin board updates, flyers regarding volunteer opportunities, picture of computer onsite that members can access, contact information for online career assessment tests and/or career development center, training document on how to access local transportation, attendance list for trainings, etc.

➢ **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 setting and community calendar of events. If available, residence preference lists, resident meeting results/decisions, and other preference lists or activity requests noted can also be submitted as evidence.

➢ **Personal Resources**
A record of resident's preferences 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.

Documentation could be a blank initial admission assessment form which includes questions regarding how a resident is going to handle personal resources, training document on how to shop online, etc.

➢ **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.

Documentation could be selections/portions of policies and procedures, activity calendars, bulletin board flyers, etc.

➢ **Home/Program Selection**

Assessment Considerations

Documentation may include a sign in sheet showing AHCCCS members have visited prior to choosing the setting; marketing pamphlet, setting website offering virtual tour, etc.

➢ **Private Room (Residential ONLY)**

Assessment Considerations

Documentation may include marketing pamphlet, flyers, setting website show amenities, etc.

➢ **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, meeting attendance sign in sheets, meeting agenda (no notes), composition of member counsel, etc.

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 E/PD Adult Day Health programs will have their own plan, DES/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 rights in general and in regards to measures taken during the COVID-19 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.

  Documentation could be portions or sections of restraint policies and procedures, blank initial admission packet that includes resident rights, photo of bulletin board posting of resident rights, and local contact information for reporting concerns, photo of telephone/computer area which demonstrates ability to have privacy, etc.

- **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.

  Documentation could be training document on how to use local transportation, policies and procedures for determining health and safety risk upon admission to be used to individualize service plan, photos of residents' door entry lock and locks to external doors of setting, photo of kitchen entry and accessibility of snacks, 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.

Documentation could be portions or selections of policies and procedures and, if available, examples of resident requests documented in notes

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

Assessment Considerations

Documentation could be copy of blank residency agreement and associated policy.

➢ **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.

Documentation could be a blank copy of a roommate satisfaction survey, photos of members' door entry and bathroom door locks, photo of comment/suggestion box, copy of resident's rights given to all residents, etc.

➢ **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.

Documentation could be photos of posted menus with alternatives, photos of posted mealtime range, etc.

➢ **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.

Documentation could be evidence of discussion of visiting hours during resident council meeting, photos of area for meeting visitors in private, if applicable photos of posted visiting hours, etc.

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

Assessment Considerations

Documentation could be photos of setting or portions/sections of relevant policies and procedures.

➢ **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. If 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.

Documentation could also include portions or sections of relevant policies and procedures, photos of alarms, cameras, WanderGuards, creative door painting to blend into the wall for dementia units, etc.