

DRAFT for DISCUSSION

HCBS Residential Settings Self-Assessment Survey

Date	
Provider Name	
Provider Type	
Physical Address	
# of Medicaid Recipients	
Type of License	
Licensing or Certification Agency	
Primary Population (s)Served:	

If you answer “No” to any of the questions, please include reason/information, along with any other comments you may have, on a separate sheet of paper and refer to the number of the question.

	Question	Answer
1.	Are individuals given the opportunity to choose who provides the direct services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are individuals given the opportunity to choose what activities to participate in outside of the home setting and apart from the housemates with whom they resides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are individuals given the opportunity to choose their own schedule separate from housemates’ or other residents’ schedules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are individuals supported in seeking opportunities for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	Do individuals have their own room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b.	If individuals share a room, were they given a choice of roommates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Question	Answer
5c.	Are individuals who share a room informed of how they may request a new roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a.	Do individuals have control over and access to their personal resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6b.	If there are restrictions/controls on individual access to personal resources, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are individuals offered choices of what, when, where and with whom to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a.	Do individuals have access to food whenever they want?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b.	If there are restrictions/controls on individual access to food, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are individuals' preferences incorporated into the services and supports provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10a.	Do individuals have access to have private communication at their convenience? (<i>telephone calls/texts/email, etc.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10b.	If there are restrictions/controls on individual's access to private communication at his/her convenience, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are individuals free from coercion as defined in CFR? The term "coercion" means— (A) Threats of serious harm to or physical restraint against any person; (B) Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or (C) The abuse or threatened abuse of the legal process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are individuals encouraged to discuss concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do individuals or authorized representatives have an active role in the development and updating of Provider Service Plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Question	Answer
14a.	Is the setting integrated in and support full access of individuals to the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14b.	If there are restrictions/controls on individual's access to the broader community, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15a.	Are individuals able to receive visitors of their choosing at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15b.	If there are restrictions/controls on visitors/visiting hours, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16a.	Are individuals' choices limited by facility protocols or practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b.	If limited based on facility protocols or practices are you doing it based on State laws and regulations? If yes, please provide those laws or regulations citation(s) <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does the setting support individuals' comfort, independence and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a.	Do individuals have full access to typical home-like accommodations such as a bathroom, kitchen, dining area, laundry and family room/living room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18b.	If there are restrictions/controls on individual's full access to available areas of the home or facility; is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Is formal and informal communication conducted in languages/manners individuals understand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is the setting appropriate to the needs and ability of the individuals residing in the setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are supports or adaptations available for the individuals who need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Is the full facility physically accessible to individuals residing there?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Question	Answer
23a.	May individuals enter and exit the setting at their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23b.	If there are restrictions/controls on individual's right to enter and exit the setting at his/her will, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do individuals have access to public transportation or other transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Are individuals' Personal Health Information and other personal information kept private?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Are individuals, who need assistance to dress, dressed in their own clothes appropriate to the time of day, weather, and individual preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26b.	If there are restrictions/controls on individual's rights to be dressed in a manner of their choosing, is it in accordance with a determined need and documented in the individual's person centered service plan, residential service plan or personal care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Does staff communicate with individuals in a respectful and dignified manner in the way individuals want to be addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28a.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications for each individual for whom modifications have been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28b.	Does the plan include a description of the condition that is proportionate to the assessed need, data to support ongoing effectiveness of the intervention, time limited for periodic reviews, informed consent, and assurance that the intervention will not cause harm? <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do individuals have privacy in their living and sleeping spaces and toileting facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Do the individuals' private units/rooms have locks on their entrance doors and the door unlocks automatically from inside the bedroom when turning the door knob?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Do only appropriate staff members have keys to doors, as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Question	Answer
32.	Does your setting utilize video monitoring/continuous monitoring? If Yes, why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Are individuals given the opportunity to furnish and decorate their sleeping and/or living units as they desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34a.	Do individuals have a lease or written residency agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34b.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Are individuals informed of their rights regarding housing and when they could be required to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Are individuals informed of how to relocate and request new housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Definitions:

Individual's person centered service plan means the service developed to meet the needs identified in the functional needs assessment. IPCSP is developed by the individual, their person centered service coordinator and others chosen by the individual.

Provider service plan is the plan that defines how the provider will meet the service and support needs defined in the IPCSP. The PSP is developed by the individual, the provider and others chosen by the individual.

In residential treatment homes and residential treatment facilities licensed by AMH "Residential Service Plan" (RSP) means an individualized, written plan outlining the care and treatment to be provided to a resident in or through the facility based upon an individual assessment of care and treatment needs. The residential service plan may be a section or subcomponent of the individual's overall mental health treatment plan when the RTF is operated by a mental health service agency that provides other services to the resident.

In adult foster homes licensed by AMH "Personal Care Plan (PCP)" means a written plan outlining the care and services to be provided to a resident. The PCP is based upon the review of current assessment, referral, observations, resident preference, and input from members of the Personal Care Plan Team. The plan identifies the care, services,

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activities, and opportunities to be provided by the caregiver to promote the resident's recovery and independence.