



Minnesota Department of **Human Services**

## **HCBS Customized Living Provider Self-Assessment**

**Thank you for completing this provider self-assessment!**

### **Instructions:**

- 1) Complete and submit a separate assessment for each housing with services establishment in which customized living services are provided.
- 2) Staff completing the survey should have knowledge of the customized living services provided within the housing with services establishment.
- 3) Submit all provider self-assessments electronically on or before May 15, 2015
- 4) Additional instructions are available at <http://mn.gov/dhs/images/HCBS-ProvidersSelfAssessmentCL-Inst.pdf>. These instructions will be updated periodically to reflect questions and comments received.
- 5) Responses should be as accurate as possible. Immediate compliance with the new federal requirements is not required. The state will offer a transition period for providers who are not yet, but intend to, comply with the new requirements.
- 6) Address questions to the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

## **Purpose of Provider Self-Assessment**

Centers for Medicare and Medicaid Services (CMS) issued a new rule (rule) governing home and community-based services (HCBS) waiver services effective March 17, 2014. The rule defines settings in which HCBS services may be delivered, settings that are not HCBS and settings that are presumed not to be HCBS. Minnesota submitted a transition plan to CMS indicating how it will come into compliance with the new rule.

The rule and the Minnesota transition plan require an assessment of all provider-owned and controlled settings to determine the level of compliance with the new requirements. CMS requires states to follow-up with on-site monitoring and to assure on-going compliance. Completion of this provider self-assessment is the first step in the process.

**The provider self-assessment is designed to:**

- 1) Provide the state with information that will be used to develop measurable criteria for settings where HCBS services are being delivered.
- 2) Help providers understand changes needed to comply with the rules.
- 3) Identify sites that may not be currently in compliance with the rules.
- 4) Identify settings that are presumed not to be HCBS for which additional work with CMS must be done.

**Definitions (for purposes of this assessment):**

**Customized Living Plan** refers to the customized living plan developed by the lead agency

**Person(s)** refers to the individual (s) receiving services.

**Plan** refers to plans developed by the lead agency certified assessor or case manager. Any modification of rule requirements must be supported by an assessed need and contain required documentation in the person-centered service plan developed by the county, tribe or health plan.

**Provider Plan:** Plan developed by the provider consistent with and required to implement the ISP, CSP, CSSP Customized Living or other plan developed by a lead agency or to meet any other licensing

## Demographic information

Q1(a) **Provider information: Please enter the following:**

Name of enrolled provider:

Q1(b)

Provider NPI/UMPI (10 digit number)

Q2(a) **Housing with Services Establishment (Provider practice address)**

Name of Housing with Services Establishment (if any)

Q2(b)

Street address of housing of services establishment

Q2(c)

P.O. Box, if any

Q2(d)

City

Q2(e)

State

Q2(f)

ZIP Code

Q2(g)

HFID of Housing with Services Establishment

http  
://

[www.health.state.mn.us/divs/fpc/directory/providerselect.cfm](http://www.health.state.mn.us/divs/fpc/directory/providerselect.cfm)

Q2(h)

Taxonomy code if you have assigned to this specific to this location, if applicable. (Does not apply to providers using an UMPI)

Q2(i)

Provider FEIN

Q2(j)

Provider phone number (phone number associated with this NPI or UMPI with Provider Enrollment)

Q2(k)

Telephone number for the enrolled provider representative at this Housing with Services Establishment

Q3(a) **Information for this assessment was provided by the following person (This individual has personal knowledge of the customized living services provided in this HWS establishment due to on-going contact)**

Name

Q3(b)

Title

Q4

**How frequently is this person on site?**

--Click Here-- ▼

Daily

Weekly

Monthly

Quarterly

Annually

Q5(a)

**DHS should contact the following person with any follow up questions:**

Name (if different from above)

Q5(b)

Title (if different from above)

Q5(c)

Telephone Number

Q5(d)

Email address

## Housing with Services Establishment

Q6(a) Please answer each question about your Housing with Services Establishment:

	Yes	No
Is this housing with services in a building that also provides licensed services as a hospital, nursing facility, Intermediate Care Facility for individuals with intellectual disabilities (ICF/IDD) or Institution for Mental Diseases (IMD)?	<input type="radio"/>	<input type="radio"/>

Q6(b)	<input type="radio"/>	<input type="radio"/>
Is this housing with services in a building, on the grounds of or immediately adjacent to a publicly owned and operated hospital, nursing facility, ICF/DD or IMD?		

Q7(a) Please answer each question about your Housing with Services Establishment:

	Yes	No	Do not know
Does funding for this <b>housing</b> limit it to people with disabilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does funding for this <b>housing</b> require that 80% of residents be seniors be at least 55 years of age or older?			

Q7(c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does funding for this <b>housing</b> require that 80% of residents be either seniors at least 55 years of age or older or people with disabilities?			

Q7(d) Are there other residences within a 3 block radius of this Housing with Services Establishment?

Q8(a) **Please indicate the capacity of this Housing with Services Establishment by answering the questions below. (We are looking for an unduplicated count intended to provide information on the overall housing capacity of the HWS establishment. Please do not count any bedroom more than once.**

**Also, please enter an exact number rather than a range.**

- Q8(b) Number of apartments with *two or more* bedrooms
- Q8(c) Number of apartments with *one* bedroom
- Q8(d) Number of studio or efficiency apartments
- Q8(e) Number of private bedrooms
- Q8(e) Number of shared bedrooms

Q9 **Do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this building?**

- Yes
- No

Q10 **To how many people do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this building?**

**The following questions are about CUSTOMIZED LIVING SERVICES that are paid for by the Elderly, Community Alternatives for Disabled Individuals or Brain Injury Waivers.**

Many customized living providers offer more than one service delivery model within a single registered Housing with Services Establishment under one enrollment with DHS. As responses to questions in this assessment will often vary depending on the service delivery model, respond separately for each service delivery model within your building, even if they are all enrolled as one customized living provider.

**The following are some indicators that there may be different service delivery models within a housing with services or licensed lodging establishment:**

- Provider responses vary by program (It all depends)
- Established private pay rates are different
- Different licensure, registration, certification or designations apply.
- Serves different populations
- Different policies and procedures
- Different staffing patterns, job descriptions

Q11 **Do you provide more than one service delivery model of customized living within this Housing with Services Establishment? (if so, the online version of the survey will ask you to complete a survey for each service delivery model)**

- Yes
- No

## Customized Living Questionnaire

Q187 **How many total people do you serve in this customized living program (regardless of funding source)?**

Q188 **How many people in this customized living program are receiving customized living through EW, CADI or BI?**

Q189 **All customized living providers have a home care license. Please indicate additional licenses, registration or designation, if any, which apply to this customized living program:**

**(Please check all that apply)**

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Assisted living (designation on housing with services registration)
- Special care unit - Alzheimer's or related condition (designation on housing with services registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q190(a) **Provide an unduplicated count of all people served in this customized living program for this question. Please estimate the % of people currently served based on their primary disability or condition:**

		<b>Do not currently serve this population</b>	<b>Less than 25% of those served</b>	<b>Between 25% &amp; 75% of those served</b>	<b>Greater than 75% of those served</b>
	Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(b)	Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(c)	Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(d)	Dementias or memory losses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(e)	Developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(f)	HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(g)	Mental illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(h)	Physical disabilities (including but not limited to mobility challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(i)	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q190(j)	<i>(please specify below)</i>				

- |         |   | <b>Yes</b>            | <b>No</b>             |
|---------|---|-----------------------|-----------------------|
| Q191(a) | <b>Does this customized living program provide:</b>   |                       |                       |
|         | 24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability? | <input type="radio"/> | <input type="radio"/> |
| Q191(b) | 24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?                                    | <input type="radio"/> | <input type="radio"/> |
| Q191(c) | 24 hour staff oversight to meet other health needs of people?   | <input type="radio"/> | <input type="radio"/> |
| Q191(d) | A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)? | <input type="radio"/> | <input type="radio"/> |
| Q192(a) | <b>Please answer the following questions for this customized living program:</b>  |                       |                       |
|         | Is this customized living program in a distinct area or physically separated from other program/areas of the housing with services    | <input type="radio"/> | <input type="radio"/> |

Q192(b)

Do people in this customized living program live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/ apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services)



## Customized Living Questionnaire

- Q193 **Does each person in this customized living program have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- Yes  
 No
- Q194 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having keys unless specified in their plan?**
- Yes  
 No
- Q195 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**
- Yes  
 No
- Q196 **Does each person have access to a washer and dryer available within the building?**
- Yes  
 No
- Q197 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. locks requiring entry code, doors that people are unable to open without human assistance)?**
- Yes  
 No

Q198(a) **Does each person in this customized living establishment have access to and unrestricted use of each of the following unless specified in their plan? Please indicate:**

**Area is Physically Accessible**

**Policy supports unrestricted use**

All common areas of this customized living establishment

Q198(b) All common areas of the housing with services establishment?

Q198(c) All common outdoor areas including decks or porches

Q199 **Does each person have private phone service available to them (if they pay for it)?**

Yes

No

Q200 **Are each person's medications are stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**

Yes

No

Q201 **Does each person in this customized living program have a private bedroom?**

Yes

No

Q202

**Does this customized living program have policies supporting choice of roommates and document roommate preferences in the person's provider plan?**

Yes

No

## Customized Living Questionnaire

- Q203 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes  
 No
- Q204 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes  
 No
- Q205 **Does each person have access to a telephone in a private area?**
- Yes  
 No
- Q206 **Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?**
- Yes  
 No
- Q207 **Does each person have a place to secure their personal property with only appropriate staff or others having access?**
- Yes  
 No

Q208

**Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?**

Yes

No

Q209(a) **Does each person in this customized living program have access to and unrestricted use of each of the following unless specified in their plan?**

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

		<b>Feature Exists</b>	<b>Physically Accessible</b>	<b>Policy supports unrestricted use</b>
	Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(b)	Cupboard for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(c)	Cooking appliance, e.g. stove or microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(d)	Dining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(e)	Living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(f)	Laundry area with washer and dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(g)	All other common areas of this customized living program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(h)	All common areas of the Housing with Services Establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q209(i)	All common outdoor areas including decks or porches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Customized Living Questionnaire

Customized living has many component services. Each customized living plan is based on individual needs and preferences.

Q210(a) Does this customized living program make the following component services available (if included in the person's customized living plan):

	Yes	No
Individual transportation	<input type="radio"/>	<input type="radio"/>
Q210(b) Group transportation	<input type="radio"/>	<input type="radio"/>
Q210(c) Assistance in arranging transportation	<input type="radio"/>	<input type="radio"/>
Q210(d) Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q210(e) Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance	<input type="radio"/>	<input type="radio"/>
Q210(f) Individual support within other areas of the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>

- |         |   |                       |                       |
|---------|---|-----------------------|-----------------------|
| Q210(g) | Group support within other areas of the Housing with Services Establishment | <input type="radio"/> | <input type="radio"/> |
| Q210(h) | Assistance with grocery shopping  | <input type="radio"/> | <input type="radio"/> |
| Q210(i) | Individual assistance with food preparation                                 | <input type="radio"/> | <input type="radio"/> |

## Customized Living Questionnaire

The following address person-centered choices required in the federal rules

Q211(a) Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies should explicitly address each area to assure consumer choice is supported unless specifically stated in their plan.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Each person is free to come and go from customized living program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(b)	Each person is free to leave the Housing with Services Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(c)	Each person is free to move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(d)	Each person can close and lock their bedroom door or private living unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(e)	Each person may have any visitor of their choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q211(f)	Each person may have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Customized Living Questionnaire

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies do not need to explicitly address each area, but must assure consumer choice is supported unless specifically stated in their plan and to the extent that their personal resources allow.

Q212(a) **Each person's choice of:**

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(b)	Where, when and who provides their hair care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(c)	What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(d)	Where and when to shop for their own personal clothing and accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(f)	Décor in their apartment or bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(g)	Where they eat (e.g. in the dining room or living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(h)	With whom they eat (or to eat alone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q212(i)	What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(j)	When they eat within the range of options available in their plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(k)	When they go to bed and get up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(l)	When and how they bathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(m)	Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q212(n)	Community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Customized Living Questionnaire

The following are related to personal privacy, security and respect.

Q213(a) Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies should explicitly address each area to assure consumer choice to the extent that their personal resources allow.

		Currently implemented	Will be implemented by January 1, 2017	Do not know
	Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other residents or visitors in shared living or public areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q213(b)	All incidents of lost or stolen property are documented and investigated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q213(d)	The type, amount and process for staff sharing of information assures the privacy and respect of each person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q213(e)

Staff treat each person with respect in interpersonal communications, e.g. people addressed by their proper or preferred name or by "you" (the appropriate second person pronoun and Staff always talk with, rather than about people when they are present



## Customized Living Questionnaire

### Consumer satisfaction

Q214 **Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?**

Yes

No

Q215 **Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?**

Yes

No