



HCBS Day Training and Habilitation (DT & H) / Prevocational Provider Self-Assessment

Instructions

You must submit a separate assessment for each of the following:

- a. Facility-based service site including each satellite for which licensure is required under MN Chapter 245D.27.
- b. Program (s) for which there is no facility based service site.

Staff with personal knowledge of the DT&H and/or Prevocational Services provided within the facility-based service site or program must provide the information.

Submit all provider self-assessments electronically on or before **May 29, 2015**.

Additional instructions are available.

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.

Purpose of provider self-assessment

The Centers for Medicare and Medicaid (CMS) issued a new rule governing 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 transition plan require Minnesota to complete an assessment of all provider owned and controlled settings to determine their 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 HCBS services in the future.
2. Identify sites that are not in currently in compliance with the rules.
3. Identify settings that are presumed not to be HCBS.
4. Help providers understand changes needed to comply with the rules.

Definitions for purposes of this assessment:

Person: Refers to the individual receiving services.

Plan: Refers to plans developed by the lead agency certified assessor or case manager.

CSSP addendum: Plans that providers develop as required in Minnesota Statute, chapter 245D.

Navigation

A toolbar at the bottom of each page will help you as you complete the assessment.

1. Please disable any pop-up blockers when completing this assessment.
2. To move between pages, use the BACK and NEXT buttons at the bottom of each page. **DO NOT USE THE BACK BUTTON ON YOUR WEB BROWSER!**
3. To reset your responses on a current page, use the RESET button at the bottom of the page.
4. Use the SAVE button to return to the assessment on the same computer at a later time.
5. Use the PRINT button (found on the last page of the assessment) to print the completed responses for the assessment.
6. When you have completed the assessment, click the SUBMIT button at the bottom of the last page to return your completed responses to DHS.

Q1

Provider information

Name of provider as enrolled with Minnesota Health Care Programs

Provider NPI/UMPI (10 digit #)

Name of facility based service site (if any)

Day service facility license number associated with this program

Name of day service program (if no facility-based site)

Street address of day service facility site or program business address

P.O. Box, if any

City

State

Zip

Taxonomy code for this day service program location if there is more than one location for this NPI

Provider FEIN

Provider phone number associated with this NPI or UMPI as enrolled with Minnesota Health Care Programs

Telephone number for the enrolled provider representative at this day program location

Q2 Contact information for the person who provided information for this assessment

First name

Last name

Title

Q3 Frequency on site

Daily

Weekly

Monthly

Quarterly

Annually

Q4 DHS should contact the following person with any follow up questions:

First name

Last name

Title

Telephone number

Email address

Q5 Check all the waiver services this program provides:

- Day Training and Habilitation
- Prevocational services
- Structured Day
- Supported Employment

Q6 Please answer each questions about this day services site.

	Yes	No
Is this day service program in a building that also provides licensed services as a hospital, nursing facility, Intermediate Care Facility for individuals with intellectual disabilities (ICF/IID) or Institution for Mental Diseases (IMD)?	<input type="radio"/>	<input type="radio"/>
Is this day service provided in a building, on the grounds of or immediately adjacent to a publicly owned or operated hospital, nursing facility, ICF/IID or IMD?	<input type="radio"/>	<input type="radio"/>

Q7 Please indicate the proximity of the day services program to any of the following:

	Within 5 blocks	Within 10 blocks	Within 2 miles	More than 2 miles
Bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors office/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House of worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grocery store(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other retail businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 License holders providing DT&H and Prevocational services in a facility must have a day service facility license (a satellite license) of the day services program in addition to a 245D program license or just a 245D program license if there is no facility.

Please indicate additional licenses, certification or accreditation this site/program has:

- 245D Mental health certification
- CARF accredited
- MDH home care license - Class A, Class B, Class F, Basic or Comprehensive

Q9 **How many people are receiving the following services? Enter zero if there are no people.**

DT&H DD Waiver

DT&H county-funded

Prevocational

Total number of people served in this day program

Q10 **Please estimate the percentage of people currently served based on their primary disability or condition.**

	Do not curren tly serve	Less than 25%	Betwe en 25% & 75%	Greate r than 75%
Brain injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementias or memory losses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disabilities (including but not limited to mobility challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

left character left. Briefly describe the primary disability or condition.

Q11 The following question addresses unrestricted facility access.

Please check if each facility feature is physically accessible and if the policy supports unrestricted use. Please use Question 27 to check N/A (Not applicable) if DT&H and Prevocational Services are not provided in a facility.

	Physical ly acces sible	Policy s upports unrestri cted use	Feature does not exist
Common areas inside of the day service site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking appliance, e.g. microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining/Break/Lounge area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator with freezer for private food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 The following address person-centered choices required in the federal rules.

Please indicate if written policies, 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 a person's choice.

Each person is free to:

	All currently implemented	All will be implemented by 1/1/17	Don't know
Come and go from the day service program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move in and around the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move in and around the day service facility (people are not restricted to one room or designated area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Each person has choice of:

	All currently implemented	All will be implemented by 1/1/17	Don't know
Where they eat (i.e. common dining area, kitchenette, outdoor picnic table)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With whom they eat or to eat alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 The following address a person's rights to personal privacy, security and respect.

Please indicate if written policies, 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 a person's choice.

	All currently implemented	All will be implemented by 1/1/17	Don't know
All incidents of lost or stolen property are documented and investigated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other program participants or visitors in public areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person has a place to secure their personal property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person has access to a telephone in a private area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff treat each person with respect in interpersonal communications (e.g. people addressed by their proper or preferred name, staff use respectful tone when speaking to people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
When a person needs assistance with personal care, it is provided in private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 The following questions address a person's satisfaction with services/supports.

	Yes	No
Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?	<input type="radio"/>	<input type="radio"/>
Do people know where to go to report dissatisfaction/concerns?	<input type="radio"/>	<input type="radio"/>
Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?	<input type="radio"/>	<input type="radio"/>

Q15 Please indicate if written policies, 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 a person's choice.

	All currently implemented	All will be implemented by 1/1/17	Don't know
Each person is assessed to identify community integration needs/preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person has community integration goals identified in their CSSP Addendum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider supports person in implementing community integration goals in their CSSP Addendum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff resources are allocated for integrating people in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All currently implemented	All will be implemented by 1/1/17	Don't know
Each person has a choice of:			
How often they participate in social/community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of social activities within the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person's strengths and preferences are assessed to identify jobs of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person with employment goals specified in their county developed plan (i.e. ISP, CSP or CSSP) or CSSP Addendum has the opportunity to choose among employment experiences, including competitive employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff resources are allocated toward individual job development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 How many people do not have employment interests or goals specified in their CSSP addendum? Enter zero (0) if all the people have employment interests or goals specified.

Q17 Did people in question 16 make an informed choice not to work based on the following? Please use Question 28 to check N/A (Not applicable).

	Yes	No
a. Information was provided about the benefits of employment.	<input type="radio"/>	<input type="radio"/>
b. Visits to community employers have been facilitated.	<input type="radio"/>	<input type="radio"/>
c. Person has been offered opportunities to meet with other individuals with disabilities who are working.	<input type="radio"/>	<input type="radio"/>

left characters left. Briefly explain why information was not provided about the benefits of employment.

left characters left. Briefly explain why visits to community employers have not been facilitated.

left characters left. Briefly explain why people have not been offered opportunities to meet with other people with disabilities who are working.

Q18 During a typical week, what is the average frequency the {Q16} people with no employment goals interact with community members. Please use Question 29 to check N/A (Not applicable).

Type of community interaction

	1 day per week	2 -3 days per week	4 or more days per week	Less than 1 day week
On-site (i.e. book club, cooking, lunch with kids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based enrichment activities (recreational, social, cultural, volunteer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill development/maintenance (i.e. social skills, transportation, completing purchases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

left characters left. Briefly describe interacting with community members on-site less than one day per week.

left characters left. Briefly describe interacting with community members in community-based enrichment activities less than one day per week.

left characters left. Briefly describe interacting with skill development / maintenance less than one day per week.

left characters left. Briefly describe Other type of community interaction.

Answer Q19-Q26 for people who have employment goals specified in their CSSP Addendum.

Q19 Please indicate if written policies, 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 a person's choice.

	All currently implemented	All will be implemented by 1/1/17	Don't know
Each person's strengths and preferences are assessed to identify jobs of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each person with employment goals specified in their CSSP Addendum has the opportunity to choose among employment experiences, including competitive employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff resources are allocated toward individual job development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 Of the {Q9d} people receiving DT&H and Prevocational Services, how many have employment goals specified in their county developed plan (i.e. CSP, ISP, CSSP) or provider service delivery plan (i.e. CSSP addendum)? Enter zero (0) if there are no people.

Q21 Of the {Q20} people with employment goals, how many people... May count people more than once.

Spend the majority of their time developing job skills on site?

Spend the majority of their time developing job skills in the community?

Actively look for full or part-time work?

Actively look for individual work at a community business or organizational setting?

Actively look for group work at a community business or organizational setting?

Actively look for work that will pay at least minimum wage?

Work full or part -time?

Q22 Of the {Q21g} people who work full or part-time, how many people work... May count people more than once.

Individually at a community business or organizational setting?

In groups (paid work crew, job enclaves) at a community business or organizational setting?

At the day service site?

Q23 Of the {Q22a} people who work at a community business or organizational setting, how many people:

Earn at least minimum wage?

Receive or have had the option to receive benefits (i.e. health/fringe) paid by the employer at a level of benefits paid by the employer for the same or similar work performed by workers without a disability?

Q24 Of the {Q22b} people who work at a community business or organizational setting, how many people:

Earn at least minimum wage?

Receive or have had the option to receive benefits (i.e. health/fringe) paid by the employer at a level of benefits paid by the employer for the same or similar work performed by workers without a disability?

Q25 Of the {Q22c} people who work at the day service site, how many people:

Earn at least minimum wage?

Receive or have the option to receive benefits (i.e. health/fringe) at a level of benefits paid by an employer for the same or similar work performed by workers without a disability?

Q26 During a typical week, what is the average frequency the {Q20} people with employment goals interact with community members?

Type of community interaction

	1 day per week	2 -3 days per week	4 or more days per week	Less than 1 day per week
On-site (i.e. book club, cooking, lunch with kids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based enrichment activities (recreational, social, cultural, volunteer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill development/maintenance (i.e. social skills, transportation, completing purchases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the job Community-based enrichment activities (recreational, social, cultural, volunteer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

left characters left. Briefly describe interacting with community members on-site less than one day per week.

left characters left. Briefly describe interacting with community members in community-based enrichment activities less than one day per week.

left characters left. Briefly describe interacting with skill development / maintenance less than one day per week.

left characters left. Briefly describe interacting with on the job community-based enrichment activities less than one day per week.

left characters left. Briefly describe Other type of community interaction.

Not applicable answers for questions 11, 17 and 18.

Q27 **Question 11** addresses unrestricted facility access.

Please check N/A (Not applicable) if DT&H and Prevocational Services are not provided in a facility.

	Not applicable
Common areas inside of the day service site	<input type="radio"/>
Physically accessible	<input type="radio"/>
Common outdoor areas	<input type="radio"/>
Cooking appliance, e.g. microwave oven	<input type="radio"/>
Dining/Break/Lounge area	<input type="radio"/>
Refrigerator with freezer for private food storage	<input type="radio"/>

Q28 **Question 17:** Did people in question 16 make an informed choice not to work based on the following? Please check N/A (Not applicable) if appropriate.

	Not applicable
a. Information was provided about the benefits of employment.	<input type="radio"/>
b. Visits to community employers have been facilitated.	<input type="radio"/>
c. Person has been offered opportunities to meet with other individuals with disabilities who are working.	<input type="radio"/>

Q29 **Question 18:** During a typical week, what is the average frequency the {Q16} people with no employment goals interact with community members. Please check N/A (Not applicable) if appropriate.

Type of community interaction

	Not applicable
On-site (i.e. book club, cooking, lunch with kids)	<input type="radio"/>
Community-based enrichment activities (recreational, social, cultural, volunteer)	<input type="radio"/>
Skill development/maintenance (i.e. social skills, transportation, completing purchases)	<input type="radio"/>

After you have printed this assessment, click the SUBMIT button to complete the assessment process.

Please respond to this assessment by May 29, 2015.

Thank you for completing this assessment! We appreciate your assistance.