



Instructions to complete the Provider Self-Assessment for Customized Living Services

General instructions

1. Complete and submit a separate assessment for each housing with services establishment in which you provide customized living services.
2. Staff completing the assessment 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 29, 2015
4. Additional instructions are available. We will update these instructions periodically to reflect questions and comments received.
5. A copy of the questions in this self-assessment are included at the end of these instructions. You may wish to review and/or print them prior to taking the assessment electronically.
6. 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.
7. Address questions to the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

Purpose of the provider self-assessment

Centers for Medicare and Medicaid Services (CMS) issued a new 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 1) follow-up with on-site monitoring and 2) 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 it will use to develop measurable criteria for settings where HCBS services are delivered.
2. Help providers understand changes they need to make to comply with the rules.
3. Identify sites that may not currently comply 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

CSSP addendum: Plans developed by the provider as required in Chapter 245D.

Customized living plan: Plan lead agencies develop.

Intermediate care facility for individuals with intellectual disabilities (ICF/IID): Federal term and means the same as intermediate care facilities for persons with development disabilities (ICFs/DD).

Person(s): Person 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.

Modifications of rule requirements must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan developed by the lead agency case manager or certified assessor:

- (1) Identify a specific and individualized assessed need.
- (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- (3) Document less intrusive methods of meeting the need that have been tried but did not work.
- (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.
- (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- (7) Include the informed consent of the individual.
- (8) Include an assurance that interventions and supports will cause no harm to the individual.

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 requirements.

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 later.
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.

Provider self-assessment questions

Demographic information

Q1 - Provider information

- **Name of enrolled provider:** Name of the licensed home care agency enrolled with Minnesota Health Care Programs to provide customized living services.
- **Provider NPI/UMPI:** Ten (10) digit National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI) number the provider used to enroll with Minnesota Health Care Programs to provide customized living services.

Q2 - Housing with Services Establishment (Provider practice address)

Complete these items for the housing with services establishment at which you provide customized living services.

- Name of Housing with Services Establishment (if any)
- Street address of housing of services establishment
- P. O. Box, if any (optional)
- City
- State
- Zip
- HFID of Housing with Services Establishment. Click on the link provided to access this information on the Minnesota Department of Health website. Indicate “housing with services” at the top and then enter the name of the establishment below, or search by city or county.
- Taxonomy code if you have assigned to this specific to this location, if applicable. (Does not apply to providers using an UMPI)
- Provider FEIN. This is the federal employer identification number for the enrolled provider.
- Provider phone number (phone number associated with this NPI or UMPI with Provider Enrollment)
- Telephone number for the enrolled provider’s representative at this Housing with Services Establishment

Q3 and Q4 - The following person provided information for this assessment. This person has personal knowledge of the customized living services provided in this Housing with Services establishment due to on-going contact.

- Name
- Title
- How frequently is this person on-site? Click the response that best reflects how often this person is at this site on average.

Q5 - DHS should contact the following person with any follow up questions:

- Name (if different from above) (Optional field)
- Title (if different from above) (Optional field)
- Telephone number (required)
- Email address (required) Please double-check for accuracy

Providers are invited to specify whom in their organization they wish DHS to contact with any follow up questions. This often varies within different provider organizations. If the name and title are left blank, DHS will contact the person listed in Q3 & 4 using the telephone and/or email provided in Q5.

Q6 - Please answer each question about your Housing with Services Establishment:

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/IID) or institution for mental diseases (IMD)?

If hospital, nursing facility (home), ICF/IID or IMD services are provided in the same building, you must check "Yes."

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/IID or IMD?

For a facility to be "publicly owned and operated" it must be:

- a. Owned by a (federal, state, county, city or other) public entity and also
- b. Operated by a (federal, state, county, city or other) public entity. This means that the service license holder is a public entity.

Q7 - Please answer each question about your Housing with Services Establishment:

The following questions are about how the housing (not services provided within the housing) are/were funded. The term "disability" applies to any person or group of people covered by the Americans with Disabilities Act or any other federal or state definition of disability.

- Does funding for this **housing** limit it to people with disabilities?
- Does funding for this **housing** require that 80% of residents be seniors be at least 55 years of age or older?
- Does funding for this **housing** require that 80% of residents be either seniors at least 55 years of age or older or people with disabilities?
- Are there (any) other residences (such as apartment buildings or single or multiple family dwelling units) within a 3-block radius of this Housing with Services Establishment?

Q8 - 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. Also, please enter an exact number rather than a range.

Please do not count any bedroom more than once. For purposes of this question, an apartment includes, at minimum, a self-contained unit that includes a sleeping, living, dining and cooking area and a bathroom.

- Number of apartments with two or more bedrooms
- Number of apartments with one bedroom
- Number of studio or efficiency apartments
- Number of private bedrooms
- 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?

This question **only** refers to people receiving personal care assistance as a service through Medicaid State Plan or as an extended HCBS waiver service. This does not include

- People to whom you provide personal care assistance as part of their customized living service.
- People whose care is not paid for through Medicaid.

Note: If the answer to Q9 is “no” the assessment will skip to Q11.

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?

Note: The following questions are about **CUSTOMIZED LIVING SERVICES** that are paid for by the Elderly, Community Alternatives for Disabled Individuals or Brain Injury waivers and comparable services provided to other people regardless of payor unless specifically asking for numbers of people on HCBS 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.

Service delivery model: Customized living and residential care providers may have different service packages within a single housing with services establishment or lodging establishment. The following are indicators that there may be different service delivery models within a single 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

Note: Providers often refer to service delivery models as service packages.

Q11 -Do you provide more than one service delivery model of customized living within this Housing with Services Establishment?

This question only applies to this assessment. It does not pertain to your licensure, registration or enrollment as a Minnesota Health Care Provider. It is designed to allow providers to offer different responses to questions when different service delivery models are used.

Q12 - Please list the name of each service delivery model.

If there is no formal name, please name each program for purposes of completing this assessment.

You may list up to six different service delivery models for each housing with services establishment in which you are willing to serve people on CADI, BI or EW HCBS waivers.

You will answer the remaining questions for each of the service delivery models that you listed. If you only have one service delivery model for the housing with services establishment, you will answer them only once. A “___” indicates the name of the service delivery model.

Enter the average number of people served in March 2015 for the following questions:

Q13 - How many total people do you serve in ___ regardless of funding source?

Q14 - How many people in ___ are receiving customized living through EW, CADI or BI?

Q15 - All customized living providers have a home care license. Please check all additional licenses, registration or designation, if any, which apply to ___.

- 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]

Q16a - Provide an unduplicated count of all people served in ____. Please estimate the percentage of people currently served based on their primary disability or condition:

The intent of this question is to understand the populations you serve in ___ regardless of payor.

The following questions are designed to help the state understand your service design(s). Your responses are not a reflection of your licensure or a guarantee/assurance that this level of service is provided.

Q17 - Does ___ provide:

- 24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability?
- 24 hour staff support to meet unscheduled care needs such as toileting and transferring of people?
- 24 hour staff oversight to meet other health needs of people?
- A secure area with delayed egress of people (door requiring keypad code or other mechanisms designed to prevent or delay development)?

Q18 - Please answer the following questions for ___:

- Is _____ in a distinct area or physically separated from other program/areas of the housing with services
- Do people in ___ 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)

Q19 –Does each person in ___ have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?

If yes, you will answer questions –20-26. If “no,” you will answer questions 27-35. The assessment will automatically advance you to the correct questions based on your response.

Q20 - Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having a key, unless specified in their plan?

Q21 - Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?

Q22 - Does each person have access to a washer and dryer available within the building?

Q23 - Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. doors that people are unable to open without human assistance)?

Q24 - Does each person in _____ have access to and unrestricted use of each of the following unless specified in their plan?

Please indicate if the area on the grid is *physically accessible to all current people living there* and if the policy supports unrestricted use by people living there. Check if the answer is “yes.”

- All common areas of the _____
- All common areas of the Housing with Services Establishment?
- All common outdoor areas including decks or porches

Q25 - Does each person have private phone service available to them (if they pay for it

Q26 - 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?

Q27 - Does each person in _____ have a private bedroom?

If “no” you will answer Q28. If “yes,” the assessment will skip to Q29.

Q28 - Does {Q12a} have policies supporting choice of roommates and document roommate preferences in the person’s provider plan?

Answer the following questions for _____:

Q29 - 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?

Q30 - Does each person have a key (or fob) to open the outside door of their home and/or apartment building unless specified in their plan?

Q31 - Does each person have access to a telephone in a private area?

Q32 - Do all bathrooms shared by more than one person have a lock unless specified in the person’s plan?

Q33 - Does each person have a place to secure their personal property with only appropriate staff or others having access?

Q34 - 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?

Q35 - Does each person in 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

- Refrigerator with freezer for private food storage
- Cupboard for private food storage
- Cooking appliance, e.g. stove or microwave oven
- Dining area
- Living area
- Laundry area with washer and dryer
- All other common areas of the _____
- All common areas of the Housing with Services Establishment
- All common outdoor areas including decks or porches

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

Q36 - Does ____ make the following component services available (if included in the person’s customized living plan):

Answer this question for people funded by HCBS waivers only. Answer the following based on the service being available and provided by the customized living provider. “Support” and “assistance” means that customized living staff support is available and provided as needed by the person when included in their customized living plan for these activities. “Group transportation and “individual transportation” mean that customized living staff provide the transportation.

- Individual transportation
- Group transportation
- Assistance in arranging transportation
- Individual support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance
- Group support while in the broader community (outside of the Housing with Services Establishment) through socialization, active cognitive support or physical assistance
- Individual support within other areas of the Housing with Services Establishment
- Group support within other areas of the Housing with Services Establishment
- Assistance with grocery shopping
- Individual assistance with food preparation

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

Q37 - 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 consumer choice.

Check “currently implemented” if written policies, documentation of staff training and performance evaluation systems are currently in place, Check “Will be implemented by Jan.1, 2017 if you intend for ____ to be in compliance by that date, Check “Do not know” if you are unsure as to whether ____ can or

will be in compliance by Jan. 1, 2017. Answer this question based on all people served within ____ regardless of payment source.

- Each person is free to come and go from ____
- Each person is free to leave the Housing with Services Establishment
- Each person is free to move in and around the community
- Each person can close and lock their bedroom door or private living unit
- Each person may have any visitor of their choice
- Each person may have visitors at any time

Note: these questions relate to the person having freedom of movement within the housing with services establishment as well as the community. They do not refer to a person having the freedom to move to another place of residence.

Answer the following questions for ____: 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.

Q38 - Each person's choice of: Hairstyle and color, and so on.

Policies *do not need to explicitly address each area*. But they must assure they support consumer choice to the extent that their personal resources allow unless specifically stated in their plan.

Check "currently implemented" if written policies, documentation of staff training and performance evaluation systems are currently in place, Check "Will be implemented by Jan. 1, 2017 if you intend for ____ to be in compliance by that date, Check "Do not know" if you are unsure as to whether ____ can or will be in compliance by Jan. 1, 2017. Answer these questions for all people served in ____ regardless of payment source.

Answer the following questions for ____: The following relate to personal privacy, security and respect.

Q39 - 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.

Check "currently implemented" if written policies, documentation of staff training and performance evaluation systems are currently in place, Check "Will be implemented by Jan. 1, 2017 if you intend for ____ to be in compliance by that date, Check "Do not know" if you are unsure as to whether ____ can or will be in compliance by Jan. 1, 2017. Answer these questions for all people served in ____ regardless of payment source.

These privacy questions related to the availability of information within ____ as well as interpersonal/staff sharing of information.

Consumer satisfaction

Q40 - Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?

Q41 - Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?

Note: Questions 13 - 41 repeat for each service delivery model listed in Question 12.

Final steps to complete the self-assessment

Click the PRINT button to print your responses before you submit your assessment. You are unable to print your responses after you submit them.

Click the SUBMIT button to submit your assessment.

Thank you for your participation in this assessment.