

HCBS Settings Provider Self-Assessment Frequently Asked Questions

Applicability

Q1. Who needs to complete the provider self-assessment?

Providers must complete self-assessments if they are providing the following services:

- Customized living
- Residential care
- Supported living services (adult and child)
- Foster care (adult and child)
- Adult day care
- Structured day program
- Day training and habilitation (DT&H)
- Prevocational services

Lead agencies are not required to complete the provider self-assessment unless they are providing one of the listed services.

Q2. Who does not need to complete a self-assessment? *(Modified 5/12/15)*

- Providers who provide services to people who receive supported living services (SLS) in their own home (e.g. privately owned family home, rented apartment, etc.)
- Providers providing services to people with disabilities in an ICF/DD (added 5/1/15)
- Providers who are enrolled for, but are not currently providing the services listed in Q1 (added 5/1/15).

Q3. What will the self-assessment data be used for?

We designed the provider self-assessment to:

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

Survey specific

Q4. Do providers need to complete a self-assessment for housing with services (HWS) establishment that does not provide waiver services?

No. Providers must complete a self-assessment for residents receiving Medicaid HCBS waiver services living in the HWS establishment.

Q5. Do providers of supported employment need to complete the self-assessment?

No. Supported employment providers do not need to complete the self-assessment.

Q6. If one of our homes is a child foster-care home and the provider lives in the home (child family foster care), is the self-assessment applicable?

Yes. Both corporate and family foster-care providers must complete the self-assessment.

Q7. How many surveys need to be completed when a provider has one UMPI and multiple locations?

The answer varies depending on the service:

- **Customized living:** A separate assessment must be completed for each housing with services establishment in which customized living services are provided
- **Residential care:** A separate assessment must be completed for each lodging establishment in which Residential Care services are provided
- **Supported living services/foster care:** A separate assessment must be completed for each home in which adult foster care and/or SLS is provided
- **Structured day program:** A separate assessment must be submitted for each facility-based service site including each satellite for which licensure is required under MN Chapter 245D.27 in which Structured Day services are provided
- **Adult day care:** A separate assessment must be submitted for each licensed Adult Day Service center or Family Adult Day Service home in which Adult Day care is provided
- **DT&H and prevocational services:** A separate assessment must be submitted for each:
 - Facility-based service site, including each satellite for which licensure is required under MN Chapter 245D.27 in which DT&H or prevocational services are provided
 - Community-based program.

Q8. Our customized living program is not a HCBS, but it is comprehensive. Do we do a self-assessment?

No. You do a self-assessment only if residents who reside in a customized living program receive Medicaid home and community-based (HCBS) waiver services.

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Q9. What is meant by primary “disability or condition” in the question below (Added 5/12/15)?

What if a person has more than one disability or condition?

You need to determine the primary disability or condition. To do that, please estimate the percentage of people based on their primary disability or condition (i.e. brain injuries, chemical health conditions, etc.) Percentages should reflect the “primary” disabilities or conditions that underlie the need for services and health care. It is not necessary to document secondary disabilities, diagnoses or conditions.

Q10: What should written policies look like for the following question (Added 5/12/15)?

Please indicate if written policies, documented staff training and performance evaluation systems are or will be in place and will cover the following choices unless specified in the person’s plan:

Each person has choice of:

- **Décor in bedroom**
- **Hair style and color**
- **How often they participate in social or community activities**
- **Possessions and person furnishings within their bedroom**
- **Types of community activities**
- **Types of social activities**
- **What person clothing and accessories they wear on a daily basis**
- **What they want to eat within options available**
- **When and how they bathe**
- **When they go to bed and get up**
- **When they eat**
- **Where they eat (i.e. common dining area, bedroom, kitchen, living area)**
- **Where and who provides their hair care**
- **With whom they eat or to eat alone**

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

If you do use examples in your policy, DHS recommends you use the self-assessment examples.

The DHS website has [sample policies and forms \(PDF\)](#) (i.e. staff orientation and training packet, recipient rights packet, person-centered planning and service delivery requirements, etc.) available for 245D-licensed providers. These may provide additional guidance with the development of policies, staff training and evaluation plans.

Q11: If the provider selects “all will be implemented by 1/1/2017,” will DHS assume existing policies are NOT in place (Added 5/12/15)?

No. DHS will not assume existing policies are not in place. By selecting “all will be implemented by 1/1/2017,” you are telling DHS you have identified ways to improve your existing policies and procedures.

Q12. What is considered a publicly owned or operated hospital, nursing facility, ICF/IID or IMD? What is a public institution?

Publicly owned, as defined by the rule, is an inpatient facility financed and operated by a county, state, municipality or other unit of government.

Technical

Q13. How should I distribute the self-assessment to employees if I have multiple sites?

You can email a link to the survey to the appropriate people at each site.

Q14. Can I do one assessment for adult foster care and child foster care provided at the same site?

No. Adult foster care and child foster care require separate assessments. If you provide these services at the same site, you will need to complete two self-assessments.

Q15. I did not receive a self-assessment. What should I do?

If you did not receive a self-assessment, please call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411. The Provider Call Center can drop the self-assessment into your MN-ITS mailbox.

Provider Call Center Instructions:

1. Call 651-431-2700 or 800-366-5411
2. Press 1
3. Then press*
 - 1 again for an NPI
 - 2 for an UMPI starting with A
 - 3 for an UMPI starting with M
 - 4 if you are a waiver provider.

* If you enter an invalid NPI/UMPI or do not have one, the call center will ask you to select your provider service type from the queues.

Q16. Is completion of the self-assessment a lengthy and/or time-consuming process?

The length of time it will take to complete the self-assessment, with depend on a number of factors including:

- **How many settings you have.** You must complete a self-assessment for each housing with services establishment, lodging establishment and/or home or day service setting you oversee.
- **How many service models are in play.** Questions need to be answered for each service delivery model in the building for customized living and residential care services.

Q17. Can a provider submit a paper version of the self-assessment?

No. You must complete self-assessments online. Refer to the MN-ITS Mailbox memo sent to you. It has a link to your specific self-assessment.

Definitions

Q18. What is a Delivery Service 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:

- 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.”

Q19. The self-assessment makes reference to a person’s “plan” throughout. What is the definition of “plan”?

- **“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”** refers to the plan developed by the provider consistent with and required to implement the ISP, CSP, CSSP or other plan(s) developed by a lead agency or to meet any other licensing requirement.
- **“CSSP addendum”** refers to plans developed by the provider as required in Chapter 245D. The CSSP addendum is not a single document. It is multiple documents or documentation the provider is required to develop to identify how services will be delivered in order to meet a

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person's identified needs and desired outcomes. The CSSP addendum may include Positive Support Transition Plans.

Q20. What is the definition of "roommate" in the residential self-assessments?

For purposes of the questions in the self-assessment, a roommate is a person who is sharing a bedroom with another person. It does not mean people who share a living space together (e.g. a housemate).

Q21. Where should modifications of rule requirements be specified?

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

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

Q22. What if the provider does not have a "plan" from the county that specifies modifications or restrictions specific to the requirements of the rule?

The provider should document individualized restrictions/modifications to rule requirements and have these signed off on by the case manager and person receiving services. Documentation can become part of the person's CSSP addendum.

Timelines

Q23. When are the self-assessments due?

Self-assessments are due on or before **May 29, 2015**.

Accessing the self-assessment

Q24. What should I do if I cannot find a self-assessment in my MN-ITS mailbox?

If you have not received a self-assessment in your MN-ITS mailbox and are enrolled to provide any of the services listed under "applicability," please contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.