

Note: This document is for archival purposes. Please do not complete and return it to DADS.

April 15, 2016

Dear Direct Service Provider,

The purpose of this letter is to provide you with the HCBS self assessment. Attached is the mandatory provider self-assessment concerning the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) settings.

This provider self-assessment has been designed to help the Texas Department of Aging and Disability Services (DADS) evaluate the extent to which agency regulations, standards, policies and licensing requirements comply with a federal regulation issued by CMS. CMS is requiring the states to evaluate settings where services are provided to ensure compliance with the CMS HCBS Final Rule. Please ensure staff at the location where services are provided fills out this assessment.

The self-assessment must be completed and submitted, along with any supporting documentation, to DADS by May 1, 2016.

The assessment is lengthy, because the federal rule is complex. It is not anonymous and DADS will know during the analysis the responses come from your specific site so this information can be linked to individuals from your service area.

The assessment also asks for documentary evidence of your policies and practices. This includes, but is not limited to, written policies, staff guidelines, or other written materials. We ask that you submit these materials along with your completed assessment. Supporting documentation must be compliant with state and federal regulations, including privacy rights and Health Insurance Portability and Accountability Act (HIPAA) regulations.

Sanctions will not be applied to program providers who are in non-compliance with the federal HCBS rules at the time of this assessment. The federal rules require all waiver-funded sites become fully compliant by March 2019.

To learn more about the HCBS Final Rule, please visit:

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>.

To review the state's amended Statewide Transition Plan, please visit:

<http://www.hhsc.state.tx.us/medicaid/hcbs/amendment-to-stp-0216.pdf>.

If you have questions regarding the provider self-assessment, please submit them to:

HCBSurvey@dads.state.tx.us.

Sincerely,

S. Michelle Martin
Director
Center for Policy and Innovation

Home and Community Based Services

Assessment for Residential Direct Service Provider

Introduction

On March 17, 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new regulations with additional requirements for Medicaid-funded Home and Community-Based Services, including Medicaid 1915(c) and (i) waiver programs. Providers must comply with the new rules by March 17, 2019. As part of the transition to the new rules, the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS) are assessing its current services and practices. Part of that project is a self-assessment by community direct service providers.

Providers are asked to submit written evidence in support of the assessment, including documents such as policies, training materials, and others. Federal policies require that Texas collect documentation. You are asked to include documents for each section of the assessment. Several other assessments will be conducted as part of this transition. Service coordinators at local IDD authorities, providers of group home services, providers and others associated with STAR+PLUS, and individual program participants will be assessed.

The new rules specifically apply to services provided in the individual's own home, family home, 3- and 4-person homes, host/companion homes in the Home and Community-based Services (HCS) program, assisted living facilities in the Deaf Blind with Multiple Disabilities (DBMD) program, out-of-home day habilitation programs, and a few others. STAR+PLUS services provided in an assisted living facility and adult foster care are also included.

The text of the new rule can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>.

A copy of Texas' statewide settings transition plan can be found at: <http://www.dads.state.tx.us/providers/HCBS/StatewideTransitionPlan.pdf>.

Instructions

This assessment is focused on supporting the State Transition Plan. It is primarily concerned with measuring Participant's choice of residence, choice of activities, freedom of access, and integration into the community.

Please be as accurate as possible. This portion of the assessment must be completed only by direct support professionals who work with the participants in the setting. Participation in the assessment is required and is not anonymous. Answers to each question are required.

Note this assessment begins with Part 2, Question #6. This is because the Program Provider/home office was required to complete questions 1-5 in Part 1.

Goals

Federal Rule Goal

According to The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), the GOAL of the new HCBS rule is "to describe the qualities of settings in which services intended to provide an alternative to institutional care may be delivered. The purpose of this regulation is to widen the door of opportunity for individuals receiving Medicaid HCBS to support the same choices to participate in community activities as are available to individuals not receiving Medicaid HCBS; to have a choice in how, when, and where they receive services; and to remove unnecessary barriers and controls." The full text of the rule and comments can be found here: https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider?utm_content=previous&utm_medium=PrevNext&utm_source=Article

Assessment Goal

The goal of the HCBS assessment is to support the State Transition Plan (STP) which is concerned with compliance to the new HCBS rule, whose goal is to insure individuals receive services in settings that are integrated in and support full access to the community. When in doubt, provide the BEST answer. The answer should reflect your general policy, not specific exceptions to the rule. We realize individuals' experiences may differ based on their service plan. When answering, keep in mind what your policy would be if there were no limitations in service plans.

Submitting Documentation

For each section of the assessment, please include copies of any policies, procedures, or documentation your organization uses in order to guide staff interactions with participants

within your facility. This is not for individual service plan exceptions; this is for overarching policies and procedures.

For example, if the section is concerned with transportation issues, please upload the policies and procedures your organization has in place to handle participant transportation.

At the end of each section, you will be reminded to provide evidence of your policies and procedures.

According to CMS, documents that can fulfill evidence of compliance are:

1. Policies and Procedures
2. Plans of Care (Person Directed Plan or Implementation Plan)
3. Participant Handbooks
4. Leases/Residency/Room and Board Agreements
5. Staff training materials
6. Training Schedules
7. Licensure/certifications

The best process would be to gather all of the policies and procedures in one place prior to beginning the assessment.

Please do NOT provide any individual/participant information. When the document in question could contain participant information, please include a BLANK document only. There should be NO individual identification information as a part of this assessment.

Thank you for your help with this important effort.

Part 2: About this site

This portion of the assessment seeks to determine the type of setting in which the individual resides, how many other individuals reside at the site, and if the other residents are also receiving HCBS. We are also interested in determining whether this residence is located near other similar facilities.

6. Please provide your name, the location code of your service location and address (including street address, city and zip code) and your contact information.

First Name:

Last Name:

Location code in CARE:

Street Address:

Apt/Suite/Office:

City:

State:

Zip:

Email Address:

Phone Number
(example. 555-555-5555):

Name of the Legal Entity:

7. Please choose from the following options for this service location

Please select the answer that best describes your site. This answer should correspond to the type of setting being addressed in the remainder of the assessment.

- 3-bed home
- 4-bed home
- Host home/companion home
- Assisted living facility
- Adult foster care provider

8. How many individuals served by HCS program currently reside at this site?

Please indicate the number of individuals served by the HCBS who currently reside at this location.

9. How many other individuals currently reside at this site?

Please indicate the number of individuals not receiving HCBS who currently reside at this location.

10. To the best of your knowledge, within one block of this site, are there any other sites or facilities that provide services to individuals with IDD or who are elderly or have a physical disability? (for example, intermediate care facilities for individuals with an intellectual disability or related conditions, state supported living centers, other group homes or assisted living facilities, day habilitation programs, nursing facilities, etc.)

Please indicate whether you are aware of any other facilities operating nearby that service an aging or disabled population.

- Yes
- No

11. If yes, how many?

Please provide a number. This number should reflect the number of sites nearby that also serve elderly or disabled individuals. If there are none, then please write '0.'

Please include relevant documentation.

Please provide any possible documents that support your answers in Part 2 of this assessment. Documents such as site plans, maps, or brochures would be helpful. Anything that documents location, number of residents, types of services offered, neighborhood would be useful to upload here. Please remember that no documents should have participant's identifying information. All forms should be blank.

Part 3: Choosing a home

This section is in response to the federal rule that participants are able to choose provider, setting type, and day activities. The evidence in this section could include policies and procedures, manuals, staff training, applications.

12. Before individuals move to this home, do they have a chance to look at other homes and options?

Please select 'Yes' if individuals are able to visit other residences and decide which residence best suits their needs prior to signing up for services at this location. Please select 'No' if residents typically do not have other options for residence.

- Yes, unless there is an emergency or other unusual problem
- No, or not always

**13. If an individual wants to consider moving, who assists them in looking for other homes?
Check all that apply.**

Please select the answer that describes how your site handles participants' requests to change where they live. You may select multiple answers. Remember to base your answer on policies in place for HCBS participants.

- Staff in this home
- Local Authority
- Family or LAR
- Other staff in our organization
- No one

14. Can future residents visit in advance to decide if this home meets their needs and preferences?

Please indicate whether or not potential residents are allowed to visit the home before deciding whether or not to live at this site.

- Yes, if space is available
- No, or not always

15. If yes, can the visit be overnight?

Please select 'YES' if potential residents are allowed an overnight visit before deciding to live at this location or 'NO' if potential residents are not allowed an overnight visit prior to making that decision.

- Yes, if space is available
- No, or not always
- Not applicable

Please include relevant documentation.

Please remember to include any policies, procedures, manuals, handbooks, application forms, site visit policies, residency agreements or resident handbooks that outline how your organization supports the answers provided in Section 3. What are your guidelines for assisting residents and future residents in making a decision about where they can live? Make sure this is included when you return your assessment packet.

Part 4: Community Integration

This portion of the assessment is in response to the federal guidelines encouraging full access to and participation in the greater community by HCBS participants. This section is in response to the federal rule that requires that all participants are able to participate in the greater community to the same extent as all citizens. Participant integration to community life should in no way be restricted unless there is a valid need

on their service plan. They should not be isolated from other participants, nor the greater community. Remember you should include documentation for this section that reflects the policies and procedures in place at this site that support free access and support for participants to participate in the community.

16. Are individuals able to come and go from the home at any time they choose?

Please select 'YES' if your HCBS participants are able to come and go as they please at this residence. Please select 'NO' if there are schedule restrictions in place at this residence.

- Yes, unless otherwise specified in the individual's service plan
- No

17. Are individuals able to participate in community activities without staff support?

Select 'YES' if it is the policy of this residence to allow individuals to actively participate in activities of their choosing on their own. Choose 'NO' if residents must be accompanied/assisted/supported by staff members.

- Yes, unless otherwise specified in the individual's service plan
- No

18. If individuals require staff support to participate in community activities, are they able to participate individually, or only as a group? (Please choose 'not applicable' for HHCC)

Please select 'YES' if it is your policy to allow individuals to participate individually in the community. Select 'NO' if most or all activities are intended for all of the residents.

- Yes, community outings are arranged for single individuals
- No, most community outings include all residents
- Not applicable

19. Do residents participate in unpaid service or volunteer activities away from the home, in places where most people do not have disabilities at least weekly?

Please select the answer that best reflects whether residents participate frequently in volunteer or community service activities outside of the home with members of the greater community who do not have disabilities.

- Yes
- No

20. Do residents do volunteer work?

Please select 'YES' if it is your policy to allow individuals to participate as volunteers in the community. Select 'NO' if residents do not volunteer.

- Yes
- No

21. When residents participate in volunteer or service activities, do they all go together, or can each resident participate in unique activities?

Please select 'All together' if residents volunteer together as a group. Select 'Unique activities' if individual residents volunteer individually at different sites. Select 'Depends...' if sometimes residents go as a group and other times they choose and attend their own activities at different sites. Select 'Residents do not participate...' if there are no residents who participate in volunteer or service activities.

- All together
- Unique activities
- Depends on the volunteer activity
- Residents do not participate in volunteer or service activities

22. Is there a curfew or set time when individuals are required to return to the home?

Please select, 'YES' if there is a curfew that applies to ALL residents. Select 'NO' if there is no curfew for anyone unless a particular individual has other needs as specified by their plan of care/service plan.

- Yes for all
- No, unless otherwise specified in the individual's service plan

23. Is public bus or transit or paratransit (special transportation services for people with disabilities) service available in the community where this home is located?

For this question, please select 'YES' if public transportation of some sort is available in this community. Select 'NO' if there is no readily accessible public transportation for residents at this location.

- Yes
- No

24. Does at least one resident use public transportation on a weekly basis?

Please select 'Yes' if you have at least one HCBS resident that uses public transportation frequently. Select 'No' if this is not the case.

- Yes
- No

25. Are individuals provided individualized support and training to use public transportation?

Please select 'YES' if residents are supported and trained in using public transportation as long as not precluded by their service plan. Select 'NO' if residents are not provided with support for using public transportation at this residence. If you selected 'No' to Q 24, then select 'not applicable'.

- Yes, unless otherwise specified in the individual service plan
- No
- Not applicable

26. Are an accessible vehicle and staff available for one individual to use or is it limited to group outings?

If there is always a vehicle accessible to any given resident and staff available to assist, select '*Always available for individuals*'. If there is an accessible vehicle and staff, but not all of the time, then select '*Sometimes available for individuals*'. If there is a vehicle and staff, but they are only available for group outings, then select '*Only available for group outings*'.

- Always available for individuals to use
- Sometimes available for individuals to use
- Only available for group outings

27. Does the available vehicle accommodate the physical needs of all waiver participants in the household?

Please respond with '*YES*' if all residents are able to use the vehicle regardless of type of disability. Respond with '*NO*' if there are some limitations to the vehicle that preclude its use by all residents. For example, if there is a resident with a wheelchair but the chair won't fit or it needs a lift.

- Yes
- No

Please include relevant documentation.

Please remember to include any documentation you have regarding participant's community access. What are your regulations and policies? This can include policies about transportation, scheduling, neighborhood amenities, day activities, types of vehicles at site, and site specific programming. *Reminder:* Do not upload any participant identifying information. These documents should be policies, procedures, certifications, handbooks, or blank forms and should be included in your assessment packet.

Part 5: Employment and Day Programs

This section is in response to the federal rule section regarding participant employment. Please gather the policies and procedures in place at this site in regard to residents' employment activities and options.

28. How many individuals who receive waiver services in this home have a job where they work for at least minimum wage?

Please provide a number that reflects the count of residents at this location who receive HCBS waiver services AND work somewhere for at least minimum wage.

29. How many individuals who receive waiver services in this home have paid jobs in settings where the majority of other workers do not have disabilities?

Please provide a number that reflects the count of residents at this location who receive HCBS waiver services AND work in a job where their co-workers are not disabled.

30. Do you facilitate employment assistance and job training for individuals who do not currently work for pay but would like to?

Please select 'YES' if residents of this home are provided with employment assistance and job training unless otherwise specified in the plan of care/service plan. Please select 'NO' if this residence does not offer job assistance or training.

- Yes, unless otherwise specified in the individual service plan
- Sometimes
- No

Among individuals who receive waiver services in this home, how many:

31. Attend a day habilitation program?

Please provide a number that reflects how many HCBS participants living in this home also attend a day habilitation program.

32. Do not attend any formal employment or program during the day?

Please provide a number that reflects how many HCBS participants living in this home do not attend some sort of formal program during their day.

33. Participate in pre-vocational, employment assistance or other services with a goal of future employment?

Please provide a number that reflects how many HCBS participants living in this home participate in some sort of job training or assistance because they desire employment.

Please include relevant documentation.

Please remember to include any documentation you have regarding participant's employment. What are your regulations and policies? *Reminder:* Do not upload any participant identifying information. These documents should be policies, procedures, certifications, handbooks, or blank forms and should be included in your assessment packet.

Part 6: Choice and Control in the Home

This section is in support of the section of the new rule that deals with an individual's "individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact." Please gather all policies and procedures, forms, or documentation of individual choice in scheduling, activities, living arrangements.

34. How many individuals who receive waiver services in this home have their own bedroom?

Please provide a number that reflects how many HCBS participants living in this home have their own bedroom.

35. If individuals have roommates, can they choose who they are? (Choose 'not applicable' if all the individuals have their own bedrooms.)

If a resident has a roommate, do they choose that roommate? If so, please select 'YES'; otherwise, select 'NO'. If no one in this home has a roommate, then select '*Not Applicable*'.

- Yes
- No
- Not applicable

36. Are individuals able to change roommates if they request to do so? (Choose 'not applicable' if all the individuals have their own bedrooms.)

If individuals are allowed to change roommates as long as both parties agree and not otherwise documented in a service plan, then select '*Yes*'; otherwise select '*No*'.

- Yes, if both parties agree and unless otherwise specified in the individual's service plan
- No
- Not applicable

37. Do individuals who receive waiver services set their own schedules for sleeping, waking, bathing, eating, exercising, and other daily activities?

Select '*Yes*', if it is your policy to allow individuals freedom in their activities unless otherwise specified in their service plan/plan of care. Select '*Sometimes*' if most of the time they are given freedom, but certain activities have a schedule, such as mealtimes, etc. Select '*No*' if residents should adhere to the home's set schedule. (Remember to include your policy and schedule for this question).

- Yes, unless otherwise specified in the individual's service plan
- Sometimes, or for some activities
- No

38. Does everyone who receives waiver services in the home follow the same daily schedule?

Select 'Yes' if all residents do the same things at the same times. Select 'No' if individuals partake in individual and group activities as they so choose unless their service plan restricts their participation.

- Yes
- No, unless otherwise specified in the individual's service plan

39. What do you do to help individuals understand they have choices about what they do with their day? Please check all that apply.

How are residents of this home informed about their choices in activities? How do you support them in recognizing their options for day activities? Select all that apply to this home and individuals on waiver services.

- Use calendars
- Use timesheets
- Use chore boards
- Use clock
- Use other device
- Discuss options with the individual(s)
- Other
- Staff do not use any aids

40. Do all individuals who receive waiver services have full access to the home's kitchen, dining area, laundry, and living space?

Select 'Yes' if residents of this home are not restricted in access unless indicated on their service plan. Select 'No' if residents' access is based on house rules. Please remember to upload forms such as residency agreements, schedules, or resident handbooks that document your policy.

- Yes unless otherwise indicated by individual service plans
- No

41. Do certain areas of the home have locked doors or alarms to prevent individuals who receive waiver services from entering or exiting?

Please select 'Yes' if there are devices intended to restrict access to residents. Select 'No' if waiver residents have free access to all areas of the home.

- Yes
- No, unless otherwise indicated by individual service plans

42. Are all individuals who receive waiver services able to access all rooms in home, without physical barriers?

Are there impediments in the home that prevent certain individuals from accessing those areas, such as stairs, gates, ramps, etc? Select 'Yes' if all areas of the home are accessible to all residents. Select 'No' if there are impediments in the home that prevent certain individuals from accessing those areas.

- Yes
- No, some areas are inaccessible to some residents without assistance, or are completely inaccessible

43. Are individuals who receive waiver services allowed to decorate their rooms and display their own pictures, books, or other belongings?

Select 'Yes' if individuals are allowed to decorate their own rooms with their own items. Select 'No' if décor is restricted by this home. Remember to include documentation as to policies and procedures in this home.

- Yes
- No

44. Are there times when visitors are not permitted?

Select 'No' if there are no set times for visitors unless the service plan specifies restrictions. Select 'Yes' if there are set visiting hours or a curfew for visitation.

- Yes
- No, unless indicated by individual service plans

45. When someone visits a waiver participant for the first time, are they required to identify themselves or go through any other procedures?

Select 'No' if there is no process for first time visitors. Select 'Yes, they must identify themselves to staff on arrival' if there is an informal check in for first time visitors. Select 'Yes, they must call first' if visitors are required to go through a screening or reservation process.

- Yes, they must identify themselves to staff on arrival
- Yes, they must call first
- Yes, some other requirement
- No, unless otherwise specified in the individual's service plan

46. Are visitors permitted in all public areas of the home?

Select 'No' if visitors are restricted to certain public or shared spaces areas of the home. Select 'Yes' if visitors are permitted in all of the shared spaces in the home (such as living room, activity rooms, kitchen, etc). For example, visitors might be restricted from bedrooms, but are they able to visit in the living room, garden, but restricted from kitchen and TV room?

- Yes
- No

47. Are individuals allowed to use the phone at any time they choose, as long as it is available?

Are there any restrictions to residents' phone access and use? Select 'Yes' if residents are always welcome to use the phone in the residence (if there is one) as long as no one else is currently using it. Select 'No' if there are phone restrictions other than those provided in the service/care plan.

- Yes unless otherwise indicated by individual service plans
- No

Please include relevant documentation.

Please remember to include any policies/procedures/training manuals/resident handbooks/leases/residency agreements that support your answers to the Choice and Control within the Home section. *Reminder:* Do not include any participant identifying information. These documents should be policies, procedures, certifications, handbooks, or blank forms and should be included in your assessment packet.

Part 7: Control of Resources

This section of the assessment deals with who controls the financial resources of the resident. It may be useful to consult with the case managers in your organization to complete this section. Please gather the policies/procedures/forms you have concerning a resident's access to their funds while living in this setting.

How do individuals receiving waiver services access their personal funds—including earnings and personal needs allowances? This does not include funds from the individual's SSI or earnings that are paid to the provider for room and board. Please indicate the number of individuals who access their funds in each of the following ways:

48. Number of individuals who have no personal funds; all SSI or earnings are paid directly to the provider for room and board

Provide the number of residents in this home who receive waiver services and have no personal funds to access.

49. Number of individuals who have all their funds, in their own possession to use as they wish

Provide the number of residents in this home who receive waiver services and have access to their own funds whether that is in cash, through checking accounts, debit cards, etc.

50. Number of individuals for whom funds are held by the provider or another entity (guardian or trust manager, for example) and turned over the individual at the other entity's discretion

Provide the number of residents in this home who receive waiver services and have their funds held by the provider or someone outside of the home (such as their legal guardian or money manager) and that person or organization releases the funds to the individual at a set time or when the external person or company decides it is necessary.

51. If any individuals do not have full access to their personal funds (in cash or through a bank or debit account) is the reason specified in the individual service plan?

If there are any individuals in this home who do not have full access to their own personal funds is there a reason for that restriction in their service plan? Select *'Yes, in all cases'* if any time there is a restriction it is documented in the service plan. Select *'No, or not in all cases'* if funds can be restricted without a reason in the service plan. Select *'Yes, but not in all cases'*, if there are residents who have documentation for why their funds are restricted, but the information is incomplete or only documented for some residents. Select *'All individuals have full access...'* if no individual in this home has access to their funds restricted.

- Yes, in all cases
- No, or not in all cases
- Yes, but not in all cases
- All individuals have full access to their personal funds

52. If there are individuals working for pay, are individuals expected to sign over their paychecks to the provider?

Select *'No'* if there are HCBS waiver individuals in this home who work for pay and are allowed to keep their paycheck. Select *'Yes'* if there are HCBS waiver individuals in this home who work for pay and are required to release their paycheck to the provider. Select *'Yes, some are expected to'* if there are HCBS waiver individuals in this home who work for pay and some of them are expected to release their paycheck to the provider.

- No, none are expected to
- Yes, some or all are expected to

53. Do individuals have a written residency agreement that gives them enforceable rights (similar to a lease)?

Select 'Yes' if individuals in this home are given a residency agreement outlining their rights. Select 'No' if individuals in this home are not provided with a residency agreement. Please remember to upload one of these agreements (without individual's information on it).

- Yes, in all cases
- No, or not in all cases

54. Are individuals or their LARs or family informed about their rights under the residency agreement in a language that is accessible and understandable to them?

Select 'Yes' if the residency agreement is available in formats accessible to the residents and their LARs, for example in Spanish, Braille, etc. Select 'No' if the residency agreement is unreadable by certain residents.

- Yes, in all cases
- No, or not in all cases

Please include relevant documentation

Please include any policies, procedures, or forms that support your answers in section 7. This could include residency agreements, policies regarding access to funds, resident handbooks, executorships (please remember to remove any identifying information on these forms before including them in your assessment packet).

Part 8: Food and Meals

This section of the assessment is concerned with the section of HCBS federal rule that requires "Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time." Please gather all policies, procedures, and schedules regarding food in the home.

55. Are individuals able to choose when and where they eat their meals?

Select the answer that best reflects the flexibility in this home for HCBS participants to eat when and where they choose. Please remember to include documentation that supports this answer at the end of this section of the assessment.

- Yes, unless otherwise specified in the individual's service plan
- Yes, sometimes, but not at all meals
- No, mealtimes and locations are always established by staff

56. If an individual doesn't want to eat the meal that has been prepared, can they request and receive a different meal?

Please select the answer that best reflects the resident's ability to choose his or her meals.

- Yes, always
- Yes, sometimes, but not at all meals
- No, never

57. Are individuals able to get their own snacks anytime they wish?

Please select 'Yes' if residents are able to choose, get, and consume snacks as they desire (unless the service plan states otherwise). Please select 'No' if the policies and procedures of the home restrict access in any way.

- Yes, unless otherwise specified in the individual's service plan
- No, or not always

58. At meals, are bibs required?

Please select the answer that best describes how the policies of the home enforce the use of bibs at meal time.

- No, unless otherwise specified in the individual's service plan
- Yes
- Depends on the food served

59. Are individuals allowed to choose where they sit at meals, or are they given assigned seats?

Please select the answer that best describes the policies of this home regarding where residents are allowed to eat and how seating is arranged at mealtimes.

- Yes, they sit where they choose
- They can choose among limited options
- They have assigned seats

60. If an individual wants to eat alone, is he or she allowed to do that?

Please select 'Yes' if it is the home's policy to allow residents to eat alone if they choose. Please select 'No' if they are required to interact with others/eat at a shared table during meals.

- Yes, unless otherwise specified in the individual's service plan
- No

Please upload relevant documentation.

Please include any documentation of policies and procedures concerning mealtimes and access to food in this home. These documents should be included in your assessment packet.

Part 9: Service Plan

This section is assessing that “Any modification of the conditions (...) must be supported by a specific assess need and justified in the person-centered service plan...”. Please gather all policies, procedures, or forms this site uses to document changes to a resident’s service plan.

61. When individuals request new or changed services and supports, what is the usual response? Please check all that apply.

Please select all actions staff in this home would take should a resident want to change their services and supports. Please remember to include documentation of these policies and procedures at the end of this section.

- Hold the request until the next service plan update is scheduled
- Encourage and assist the individual to contact the family, LAR, service coordinator, or other appropriate persons
- Staff promptly contact the family, LAR, service coordinator and other appropriate persons to initiate a change in the service plan
- Other

62. When the service plan is developed or updated, who is consulted? Please check all that may be included.

Please select all persons who would be contacted when the service plan is written or changed. Remember to upload associated policies at the end of this section.

- LAR or family
- Individual
- LIDDA staff
- Home staff
- Program provider agency staff
- People whose participation is requested by the individual
- Other

63. How do you ensure that individual needs, preferences, goals, and desires are included in the service plan? Please check all that may be included.

Please select all steps staff at this home would take in order to ensure the individual’s service plan accurately reflects their desires.

- Ask the individual for input
- Talk with family, guardian, LAR, or other involved individuals
- Consult with the Service Coordinator or case manager
- Other

64. If an individual wished to change to a different day habilitation or employment program, who would have to act on the request? Please check all that must be included.

Please select all persons who would be contacted and need to be involved if the individual wanted to change their day activities.

- Provider staff
- LAR or family, if any
- Service Coordinator from the LIDDA
- Other

65. Are individuals informed that they can choose a provider for day programs?

Select ‘Yes’ if individuals are informed of their options for day programming. Select ‘No’ if the individual is assigned day programming.

- Yes, in all cases
- No, or not in all cases

Please include relevant documentation.

Please include any documents/training manuals/schedules containing policies and procedures in place at this home for creating/updating/adding to the service/care plan. These documents should be included in your assessment packet.

Part 10: Dignity and Respect

This section of the assessment concerns the section of the HCBS rule that states “[The setting] ensures an individual’s rights of privacy, dignity and respect and freedom from coercion and restraint.” Please gather staff training tools, policies, or procedures regarding privacy and communication with residents.

66. Is information about making complaints posted and available to residents in an understandable and accessible form?

Select 'Yes' if residents have access to their procedure for making complaints about their services in a format that is easily understood by them. (Braille, languages other than English, etc). Select 'No' if residents do not have access to this information in an accessible format.

- Yes
- No

67. Does staff ever use a language or communication method not understood by an individual in their presence?

Select 'Yes' if staff sometimes uses language not understood by an individual while in that individual's presence. For example, speaking German in front of an English speaker, or speaking English instead of signing in front of a deaf resident. Select 'No' if staff always speaks or communicates using a method all residents present can understand.

- Yes
- No

68. When individuals need help with personal care, such as tooth-brushing or grooming, is assistance provided individually, or to a group?

Select 'Always' if staff always provides individual personal care. Select 'Sometimes' if at times personal care is provided with other residents or staff present.

- Always individually
- Sometimes or always as a group

69. When help with personal care, such as bathing, toileting, or grooming is provided individually, is it provided in private?

Select 'Yes' if personal care is always provided in private unless otherwise specified in the individual's service plan. Select 'No' if sometimes this care is provided in front of other residents/staff.

- Yes, unless otherwise specified in the individual's service plan
- No, or not always

70. When individuals are assisted with grooming are their preferences (hairstyle, clothing, etc.) taken into account?

When staff assists residents with dressing and grooming, do they get to provide input on their personal preferences and styles? Select 'Yes' if residents get to choose their own style of appearance, select 'No' if there are times that their options are restricted by staff.

- Yes, unless otherwise specified in the individual's service plan
- No, or not always

71. Are individuals able to choose their own clothing each day?

Select 'Yes' if residents are allowed to choose their own clothing options each day unless otherwise specified on the service plan. Select 'No' if staff restricts clothing options sometimes.

- Yes, unless otherwise specified in the individual's service plan
- No, or not always

72. Are things like an individual's therapy schedules, medications used, or restricted diets posted in a shared area of the home?

Select 'No' if resident's plans of care, medicines, and schedules are kept in a private area of the home. Select 'Yes' if this information is posted in a shared location.

- Yes
- No

73. Does staff discuss resident's health issues and services when other people are present?

Select 'No' if resident's plans of care and health or service preferences are only discussed with medical professionals, LAR, or others coordinating services for that individual. Select 'Yes' if sometimes staff discusses these items in front of other residents or visitors.

- Yes
- No, other than with medical professionals and family members, LAR or others with a direct concern

Please include relevant documentation.

Please include any policies that document the ways in which this facility supports the dignity and respect of its residents. This can be policies on grooming, toileting, dressing, communication, privacy, and resident complaint procedures.

Part 11: Privacy in the Home

This section of the assessment complements the portion of the rule that “Each individual have privacy in their sleeping or living unit.” Please gather all materials documenting the procedure at this home for supporting individual privacy in their living quarters.

74. Can individuals with private bedrooms close and lock their bedroom doors?

Select ‘Yes’ if individuals with private bedrooms are able to close and lock their bedroom door unless otherwise indicated on the service plan. Select ‘No’ if the individual is not permitted to close and lock their bedroom door and there is no reason listed on the service plan.

- Yes, unless otherwise specified in the individual’s service plan or there is a safety concern
- No or not always

75. Can individuals close and lock the bathroom door?

Select ‘Yes’ if the individual is able to close and lock the bathroom door unless there is a reason listed on the service plan. Select ‘No’ if they are not always permitted and there is no reason listed on the service plan.

- Yes, unless otherwise specified in the individual’s service plan or there is a safety concern
- No or not always

76. Does staff knock and receive permission prior to entering a bedroom or bathroom?

Select ‘Yes’ if staff always knocks before entering unless there’s a reason on the service plan or a safety concern. Select ‘No’ if staff does not always knock prior to entering and there is no reason listed on the service plan.

- Yes, unless otherwise specified in the individual’s service plan or there is a safety concern
- No or not always

77. Are surveillance cameras used in the home?

Select ‘Yes’ if there are cameras used for surveillance in the home. Select ‘No’ if there are not.

- Yes
- No

78. Can staff use a key to enter an individual's bedroom?

Select '*Yes under certain defined circumstances*' if there are documented reasons when a staff member can use a key to enter a resident's bedroom. Select '*Yes, but only with permission*' if staff is allowed to use a key to enter a resident's room with the individual's permission. Select '*No*' if the staff is not allowed keys to a resident's bedroom.

- Yes, under certain defined circumstances, such as cleaning, safety, laundry, etc.
- Yes, but only with the permission of the individual
- No

79. Is the phone in a place where individuals can usually have privacy while using it?

Select '*Yes*' if there is a phone in a location where residents can talk in privacy. Select '*No*' if there is a phone, but it is in a public area. Select '*No phone*' if there is no phone available to individuals in the home.

- Yes
- No
- No phone available to residents

Please include relevant documentation.

Please include any policies that document the privacy of residents in this home. This could include policies, procedures, resident handbooks, staff training manuals and should be included in your assessment packet.

Thank You!

These are all the questions we have.

If you have any other comments about the new rules, the transition, or the assessment, please email us at HCBSurvey@dads.state.tx.us

Thank you for your help with this important effort.