



Instructions to complete the Provider Self-Assessment for Adult Day Care and Structured Day Services

General instructions

1. A separate assessment must be submitted for each of the following:
 - a. Structured Day Program services provided in facility-based service sites including each satellite for which licensure is required under MN Chapter 245D.27
 - b. Adult Day Services provided in:
 - i. Adult Day Care: licensed adult day centers and
 - ii. Family Adult Day Services: licensed adult foster care or family adult day services homes.
2. Staff completing the survey should have knowledge of the Adult Day Care or Structured Day Program services provided within the day service site.
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 survey 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.

Day service program: Services (Structured Day or Adult Day Care) provided within the day service site and the community

Day service site: The location (building) in which Structured Day Program Services or Adult Day Care Services are provided

Person(s): Person receiving services.

Plan: 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: The plan developed by the provider consistent with and required to implement the ISP, CSP, CSSP or other plan developed by a lead agency or to meet any other licensing requirements.

Service Delivery Plan: The plan for family adult day services as described in 245A.143 subd. 5

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.
- Name of Day Service Site:
- **License number (s):** Indicate all licenses associated with this site (245D-Day Facility, Adult Day Service, Adult Foster Care, FADS, Nursing Facility, Hospital or Board and Care through MDH)
- **Street address of day service site:** Indicate the street address of the day service facility site or program business address if there are no programs provided in a licensed day service facility.
 - P. O. Box, if any (optional)
 - City
 - State
 - Zip
- **Taxonomy code:** Indicate if this site/program has a taxonomy code 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:** Indicate the phone number associated with this NPI or UMPI with Provider Enrollment)
- **Telephone number for the enrolled provider's representative at this day service facility or program business site**

Q2 and Q3 - The following person provided information for this assessment. This individual has personal knowledge of the Adult Day Care or Structured Day Program services provided in this day service facility site or program 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.)

Q4 - 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 who 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 Q2 and 3 using the telephone and/or email provided in Q4.

Q5- Provision of Waiver services. Check all the waiver services this program provides: Please check all of the waiver services this program provides including Adult Day Care, Family Adult Day Care, Day Training and Habilitation (DT & H), Prevocational Services, Structured Day and Supported Employment.

Q6 and Q7: Physical location. Please answer each question about this day service program:

Q6 - Is this day service provided 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 day service provided in a building, on the grounds of or immediately adjacent to a publicly owned and operated hospital, nursing facility, ICF/DD 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. Be operated by a (federal, state, county, city or other) public entity. This means that the service license holder is a public entity.

Is this service operating under a hospital, nursing facility, ICF/IID, IMD or Board and Care license? Please answer if you provide Adult Day Services only. (NOTE: If you answer yes to this question, you must obtain a license to continue to serve people who use waiver services.)

Q7 - Location of building. Please answer this question based on average proximity (within 5 blocks, 10 blocks, 2 miles or greater than 2 miles) of the day services site to typical community businesses.

Q8 - Additional licenses, certifications or accreditation. Structured Day Programs require a 245D-Day Service Facility License. Adult Day Services require either an Adult Day Care license (centers), Family Adult Day Service (FADS) license or Adult Foster Care license

Please indicate additional licenses, certifications or accreditations, in addition to licenses required for Structured Day Program or Adult Day Care services from the options provided (may select more than one):

- 245D mental health certification
- CARF accredited
- MDH licenses
- Additional licenses
- Other certifications
- Accreditation this site/program holds.

Q9 - People served. Provide an unduplicated count of all people served in this licensed day service facility or licensed program. The intent of this question is to understand the populations you serve in regardless of payer.

- Structured Day Services (BI Waiver)
- Adult Day Care Services (BI, CADI, CAC, DD, EW Waivers)

Please respond to the questions remainder of the survey based on the total number of people indicated in Q9.

Q10 - Disabilities/Conditions of people served. Please indicate by percentage (less than 25%, between 25%-75% and greater than 75%), the primary disabilities or conditions of people served at this site/program. If this program does not serve people with a certain type of disability or condition, please indicate, “Do not currently serve” in response to Q10. “Other” is an optional field.

Q11 - Access and unrestricted use. 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

- Common areas inside of the day service site
- Common outdoor areas
- Cooking appliance, i.e. microwave oven
- Dining/Break/Lounge area
- Refrigerator with freezer for private food storage

Q12 - Person-centered choices. 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 current 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. Check N/A if questions are site specific and do not apply due to the nature of this program (i.e. if services provided are all community based, policies addressing freedom to move in and around the day service facility would not be applicable. Answer these questions based on the total number of people indicated in Q8 regardless of payment source.

- Each person is free to come and go from the day service site
- Each person is free to move in and around the day service site(people are not restricted to one room or designated area)
- Each person is free to move in and around the community
- Each person has choice of:
 - How often they participate in social/community activities
 - Types of community activities
 - Types of social activities within the facility
 - Where they eat
 - With whom they eat or to eat alone

NOTE: These questions relate to the person having freedom of movement within the day service facility and as well as the community. They do not refer to a person having the freedom to move to another place of residence.

Q13 - Rights, 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.

Check “currently implemented” if written policies, documentation of staff training and current 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.

Answers these questions based on the total number of people indicated in Q8 regardless of payment source.

- All incidents of lost or stolen property are documented and investigated
- 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
- Each person has a place to secure their personal property
- Each person has access to a telephone in a private area
- Staff treat each person with respect in interpersonal communications (i.e. people addressed by their proper or preferred name, staff use respectful tone when speaking to people, etc.)
- Type, amount and process for staff sharing information assures the privacy and respect of each person
- When a person needs assistance with person care, it is provided in private

Q14 - Please indicate for people in Q9, the average frequency people are interacting with community members by type of community interaction (onsite, community-based enrichment or skill development).

If there are other types of community interaction, briefly describe.

Responses should be based on a typical week of service delivery (1 day per week, 2-3 days per week, 4 or more days per week, less than one day per week).

If you indicated that people interact with community members less than one day per week, briefly explain why within a limited number of characters.

Satisfaction

Q15 - Satisfaction with services/supports. Answer yes/no to the following questions:

- Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?
- Do people know where to go to report dissatisfaction/concerns?
- Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?

Final steps

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

Please remember to click the **SUBMIT** button to submit your assessment.

Thank you for your participation in this assessment.