



Child Foster Care and Supported Living Services for Children Provider Self-Assessment

Instructions

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

- a. Child Foster Care services provided in a licensed child foster care home
- b. Supported Living Services (SLS) provided in a licensed child foster care home

Staff with personal knowledge of the Child Foster Care or SLS home must provide the information.

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

Responses should be as accurate as possible. Immediate compliance with the new federal requirements is not required. The state will offer a transition period for providers who are not yet, but intend to, comply with the new requirements.

Purpose of provider self-assessment

The Centers for Medicare and Medicaid (CMS) issued a new rule governing HCBS waiver services effective March 17, 2014. The rule defines settings in which HCBS services may be delivered, settings that are not HCBS and settings that are presumed not to be HCBS. Minnesota submitted a transition plan to CMS indicating how it will come into compliance with the new rule.

The rule and transition plan require Minnesota to complete an assessment of all provider owned and controlled settings to determine their level of compliance with the new requirements. CMS requires states to follow-up with on-site monitoring and to assure on-going compliance. Completion of this provider self-assessment is the first step in the process.

The provider self-assessment is designed to:

1. Provide the state with information that will be used to develop measurable criteria for HCBS services in the future.
2. Identify sites that are not currently in compliance with the rules.
3. Identify settings that are presumed not to be HCBS.
4. Help providers understand changes needed to comply with the rules.

Definitions for purposes of this assessment

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

Home: Home licensed as adult foster care or community residential setting.

Person: Child receiving services.

Plan: Plans developed by the lead agency certified assessor or case manager (i.e. CSP, CSSP, ISP).

Navigation

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

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

Q1 Provider information

Name of provider as enrolled with Minnesota Health Care Programs

Provider NPI/UMPI (10 digit #)

Name of foster care or SLS home

License number associated with foster care or SLS home

Street address of foster care or SLS home

P.O. Box, if any

City

State

Zip

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

Provider FEIN

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

Telephone number for the enrolled provider representative at this foster care or SLS home

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

First name

Last name

Title

Q3 Frequency on site

Daily

Weekly

Monthly

Quarterly

Annually

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

First name

Last name

Title

Telephone number

Email address

Q5 What services do you or are you enrolled and licensed to provide in this home? Check all that apply.

- Adult Foster Care services (AFC)
- Child Foster Care services (CFC)
- Family Adult Day Services (FADS)
- Respite Care services
- Supported Living Services (SLS)

Q6 Please answer each question about this home:

Yes No

Are Child Foster Care or Supported Living Services 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)?

Are Child Foster Care or Supported Living Services provided in a building, on the grounds of or immediately adjacent to a publicly owned or operated hospital, nursing facility, ICF/IID or IMD?

Q7 Please answer each question about this home:

Yes No

a. Does funding for this housing limit it to people with disabilities?

b. Are there other residences within a 3 block radius of this home?

Q8 What is the foster care license capacity of this home?

Q9 Please indicate the proximity of the home to any of the following:

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

Q10 The following questions are about CHILD FOSTER CARE AND SUPPORTED LIVING SERVICES that are paid for by the Community Alternatives for Disabled Individuals, Community Alternative Care, Developmental Disability or Brain Injury Waivers.

Please check all licenses, registration or designations, that apply to services provided in this home:

- 245D Mental health certification
- 245D program license-CRS (Community Residential Setting)
- Adult Foster Care license
- Child foster care license
- MDH home care license - Basic or Class B
- MDH home care license - Comprehensive, Class A or Class F

Q11 How many people are receiving the following services? Enter zero (0) for none.

Child Foster Care (BI, CAC, CADI waivers)

Supported Living Services (DD Waiver)

Q12 Please estimate the percentage of people currently served based on their primary disability or condition.

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

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

Q13 How many bedrooms are available for children receiving:

Foster care services

Supported living services

Q14 For people receiving Child Foster Care or Supported Living Services in this home.

Yes No

a. Do you have policies supporting choice of roommates and document roommate preferences in the child's provider plan?

b. Does each child 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 (i.e. age of child)?

c. Does each child have a key (or fob) to open the outside door of their home unless specified in their plan?

d. Does each child have access to a telephone in a private area?

e. Do all bathrooms shared by more than one child have a lock unless specified in each child's plan?

f. Does each child have a place to secure their personal property with only appropriate staff or others having access?

Q15 The following question addresses unrestricted facility access.

Please check if each facility feature is physically accessible and if the policy supports unrestricted use.

	Physically accessible	Policy supports unrestricted use	Feature does not exist
All common areas of the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All common outdoor areas (i.e. decks, porches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking appliance(i.e. stove or microwave oven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry area with washer and dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerator with freezer for private food storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 The following address person-centered choices required in the federal rules.

Please indicate if written policies, documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a child's plan (i.e. restrictions due to age must be included in a child's plan and reflected in policies). Policies should explicitly address each area to assure a child's choice.

Each child has choice of:

	All currently implemented	All will be implemented by 1/1/17	Don't know
Décor in their bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair style and color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often they participate in social/community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May have visitors at any time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possessions and personal furnishings within their bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Types of social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What personal clothing and accessories they wear on a daily basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What they want to eat within options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When and how they bathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When they eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When they go to bed and get up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where they eat (i.e. common dining area, kitchenette, living room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With whom they eat or to eat alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 The following address a child's rights to personal privacy, security and respect.

Please indicate if written policies, documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a child's plan. Policies should explicitly address each area, to assure a child's choice.

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

Q18 During a typical week, what is the average frequency children interact with community members.

Type of community interaction

	1 day per week	2 or 3 days per week	4 or more days per week	Less than 1 day per week
At home (i.e. book club, study groups, play dates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based enrichment activities (recreational, social, volunteer, sports, after school extracurricular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill development/maintenance (i.e. social skills, transportation, completing purchases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

left characters left. Briefly describe frequency of less than 1 day per week at home.

left characters left. Briefly describe frequency of less than 1 day per week with community-based enrichment activities.

left characters left. Briefly describe frequency of less than 1 day per week with skill development maintenance.

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

Q19 The following questions address a child's satisfaction with services/supports.

Yes **No**

Do people know how and where to report dissatisfaction/concerns?

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

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

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

Please respond to this assessment by May 29, 2015.

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