Delaware DDDS Service Recipient Questions re: Employment & Day Services

Individual Supported Employment/Group Supported Employment

1. Do you have a paid job in the community?
2. Who chose (or picked) the place you work? (Did you help make the choice?)
3. Are you working as much as you would like?
4. Do you like working there?
5. Would you like to work somewhere else? (Would you like a different job instead of this one?)
6. Are you taking classes, training, or doing something to help you get a better job?
7. Do people who are helping you during the day listen to what you say?
8. Does your support staff ask what you want? (Does your support staff ask what is important to you?)
9. Does your staff treat you with respect? (Do they listen and talk to you?)
10. Are services and supports helping you to live a good life?

Pre Vocational

1. What do you do during the day?

2. Do you go to a program or workshop (program or center where other people with disabilities work?)

3. Would you like to go more or less to the workshop/program/center?

4. Do you volunteer?

5. Would you like to have a paid job in the community?

6. Are you taking classes, training, or doing something to help you get a job?

7. Do you get to do the things you like to do as much as you like?

8. Do you get to pick who you do activities or go places with?

9. Do people who are helping you during the day listen to what you say?

10. Does your support staff ask what you want? (Does your support staff ask what is important to you?)

11. Does your staff treat you with respect? (Do they listen and talk to you?)

12. Are services and supports helping you to live a good life?

Day Habilitation

1. What do you do during the day?
2. Do you go to a program or center with other people with disabilities?
3. Would you like to go more or less to the program/center?
4. Do you volunteer?
5. Would you like to have a paid job in the community?
6. Are you taking classes, training, or doing something to help you do more things on your own?
7. Do you get to do the things you like to do as much as you like?
8. Do you get to pick who you do activities or go places with?
9. Do people who are helping you during the day listen to what you say?
10. Does your support staff ask what you want? (Does your support staff ask what is important to you?)
11. Does your staff treat you with respect? (Do they listen and talk to you?)
12. Are services and supports helping you to live a good life?

Delaware DDDS Consumer Residential Survey

Residential Survey for _____

Please identify who completed this survey:

The person receiving services Y/N

The Person's guardian Y/N, Name & Date _____

Other Y/N Name/Title & Date
_____.

Did you choose where to live? Yes/No

Did you visit other types of residential settings to see if you liked them before making your choice of where to live?

Do you like living in this home or would you like to move?

Did you choose who you live with?

Is your home physically accessible for you?

Do you have a key to your home? (Bedroom)

Do you go out when you want?

Do you go out to shop, out to eat, church, the gym etc.?

Do you participate in your IP (ELP) planning meeting?

Can you see your family and friends when you want to?

Can you spend your own money?

Does staff at home or work treat you with respect?

Do you have enough privacy at home?

Delaware DDDS Provider Self-Assessment
Medicaid Home and Community Based Services (HCBS)
Shared Living Service

Overview:

The Centers for Medicare and Medicaid Services (CMS) issued a rule which for the first time defines the standard of what being "community-based" means for certain Medicaid programs that serve people with disabilities. The DDDS Waiver is one of those Medicaid programs.

The intent of the rule, also referred to as the "HCBS Rule", is to ensure that people with disabilities have opportunities to:

- receive services in integrated settings
- realize the benefits of community living
- seek employment and work in competitive, integrated settings
- engage in community life
- control personal resources
- participate in the community to the same extent as people who do not receive Medicaid Home and Community Based Services (HCBS)

States must assess their level of compliance with the new rules. If a state is not currently in compliance, it has until March 17, 2019 to become fully compliant.

Instructions:

Please complete this self-assessment tool as it relates to the DDDS consumers who live in your home. In this self-assessment, the term "individual" refers to DDDS consumers who live with you. Where the individual has a guardian, you may answer questions about the individuals you support from the perspective of their parent or guardian. The survey instrument provides the opportunity for you to explain your answers. If the answer to any question indicates that an individual does not engage in an activity because restrictions are in place as a result of a Behavior Support Plan, please explain that in the narrative section that accompanies that question.

The survey must be completed no later than December 7, 2015. Failure to complete the survey by that date may result in your termination as a DDDS Authorized Provider.

The survey results will give the state a baseline from which improvements may need to be made. If non-compliant areas are discovered, DDDS will work collaboratively with you to fix any areas that do not currently comply with the rule. You should not try to "fix" anything about the supports you provide at this time. DDDS will review your responses to the survey and may need to ask follow up questions. For each survey question where your response indicates it is compliant with this requirement, you should be prepared to provide documentation demonstrating compliance if requested by DDDS. It may also be necessary for DDDS to conduct an onsite review.

Please use Survey Monkey if you have access to a personal computer. You will be sent the link to use in Survey Monkey in a separate email. You may come to a DDDS office to use one of our computers if you don't have one or if you need assistance from one of the DDDS Shared Living Coordinators. You may also complete the survey on paper and send it to your DDDS Shared Living Coordinator via either US mail or email.

If you have technical questions about Survey Monkey questions as you complete this survey, please contact Robert Paxson, DDDS website liaison at 302-741-9359 or at Robert.paxson@state.de.us

If you have any questions about the content of any of the questions, please contact Meghan Morgan at 302-933-3147 or at: Meghan.Morgan@state.de.us

Provider Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Number of DDDS consumers residing at this address at the time of survey completion: _____

Delaware DDDS Residential Provider Self-Assessment Questions

A. Privacy Dignity & Respect

1. Is personal care assistance, when needed, provided in private?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

2. Are all individuals given the opportunity to choose their clothes and are they clean and appropriate for the weather?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

3. Are all individuals' grooming preferences honored?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

4. Are all individuals' personal information, including health information, kept private?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

5. Do you provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others privately?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

6. Do all individuals have the opportunity to close and lock their bedroom doors?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

7. Do all individuals have the opportunity to close and lock their bathroom doors?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

8. Do you always knock and receive permission to enter the individual's private space?
   Yes: __ No: ___
   If No, why not: _____

9. Are all individuals offered the opportunity to have a key/access device to the home?
   Yes: _____ No: _____
   If No, why not: _____

10. Do you communicate in a way that the individual understands?
    Yes: _____ No: _____
    If No, why not: _____

11. Do you interact routinely with all individuals living in your home while providing assistance and during the course of daily activities?
    Yes: _____ No: _____
    If No, why not: _____

12. Do you discuss any issues related to the individual(s) you support in public spaces?
    Yes: _____ No: _____
    If Yes, explain: _____

13. Did you receive orientation and training on all individual's rights, needs, abilities, and interests?
    Yes: _____ No: _____
    If No, why not: _____

14. Does the dining area afford dignity to the diners, such as not requiring individuals to wear bibs or use disposable cutlery, plates and cups unless that is what everyone is using?
    Yes: _____ No: _____
    If No, why not: _____

15. Is information about filing a complaint made available to all individuals in a manner that is understandable to them?
    Yes: _____ No: _____
    If No, why not: _____

16. Do you review how to file a complaint with individuals you support at least annually?
    Yes: _____ No: _____
    If No, why not: _____

17. Are all individuals living in your home comfortable raising concerns?
    Yes: _____ No: _____ _____
    If No, why not: _____
    _____
    _____

18. Do all individuals know the person to contact or the process to make an anonymous complaint?
    Yes: _____ No: _____ _____
    If No, why not: _____
    _____
    _____

19. Do you ever use physical restraints and/or restrictive interventions (unless documented and agreed upon in the person-centered plan)?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

    a. Have you been trained in any behavioral supports included each individual's person-centered plan and have you documented that positive, less intrusive, interventions and supports were used prior to any plan modifications?
       Yes: ___ No: ___
       If No, why not: _____
       _____
       _____

    b. Do you have a plan for how you respond to emergency situations that require an intervention?
       Yes: ___ No: ___
       If No, why not: _____
       _____
       _____

20. Are there common areas in your home that individuals are told they are not allowed to access?
    Yes: _____ No: _____
    If Yes, why: _____
    _____
    _____

B. Optimize Autonomy/Independence in Making Life Choices

1. Do all individuals have full access to common spaces in the home such as the kitchen, dining area, laundry, and family room?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

2. Does the choice and positioning of furniture, decorations, and household and personal items in the individual's bedroom reflect his or her personal preferences and interests?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

3. Can any individuals you support have their meals at the time and place of their own choosing, including eating in private if desired and choosing with whom they dine?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

4. Can any individual you support obtain an alternative meal, if desired?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

5. Are snacks accessible and available anytime?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

6. Does the individual you support have the opportunity to converse with others during meal times?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

7. Is the individual you support able to choose their own schedule?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

8. Are all individuals made aware of their right to have visitors at any time, subject to "house rules" to which you and the individual(s) have mutually agreed?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

9. Is there evidence that indicates that visitors have been present at regular frequencies?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

10. Do you support the individual to attend their person-centered planning meeting?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

11. Do you support the individual to lead their person-centered planning meeting?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

12. Do you support the individual you support (and their authorized representative, as needed) to have an active role in the development and update of their person-centered plan?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

13. If there are any individual restrictions for an individual, are they supported by an assessment and justified in the person-centered plan?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

14. Do you support the individual to achieve their goals, as outlined in individual's person-centered plan?
    Yes: _____ No: _____
    If No, why not: _____
    _____
    _____

C. Services and Supports

1. Do you actively solicit the individual's preferences, provide options to the individual and honor their choices about services?
   Yes: _____ No: _____
2. If No, why not: _____
   _____
   _____

3. Do you have a process for conflict resolution between the individual you support and other members of the household?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

4. Please go to section D.

D. Access to the Greater Community

1. Do you provide individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc.?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

2. Are these public transportation schedules and telephone numbers made available to the individual?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

3. If public transportation is limited, do you provide information about resources for the individual to access the broader community, including accessible transportation for individual who use wheelchairs?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

4. Is your home located in the community among other private residences that are not exclusively for people with disabilities?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

5. Does the individual you support have the same access to community amenities such as shopping and dining as individuals without disabilities?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

E. Community Life

1. Do you provide the individual you support with information in a format that they understand regarding activities occurring in the community?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

2. Does the individual you support participate regularly in meaningful activities of their choice such as shopping, banking, exercising, attending classes, and frequenting restaurants in integrated community settings?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

3. Does the individual have the freedom to come and go at times of their choosing?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

4. Do you assist the individual you support to exercise their right to vote if they so choose?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

F. Personal Resources

1. Does the individual have a checking account, savings account, or other means to control their funds?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

2. Do you support the individual in gaining access to their funds?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

3. Do you educate and support the ability of the individual who lives with you to effectively secure and protect their funds?
   Yes: _____ No: _____
   If No, why not: _____
   _____
   _____

G. Residential Setting

If you don't know the answer to a question please indicate that in the space provided.

1. Was the individual you support given a choice of available residential settings and the opportunity to visit multiple settings?
   Yes: _____ No: _____

If No, why not: _____

2. Does your home reflect the individual's identified needs (for example, a person who is prone to elopement not being on a busy street)?
   Yes: _____ No: _____
   If No, why not: _____

3. Was the individual you support offered their own room?
   Yes: _____ No: _____
   If No, why not: _____

4. Do couples (married or not) have the choice and opportunity to share a room?
   Yes: _____ No: _____
   If No, why not: _____

5. If you support more than one individual, did they choose their housemate(s)?
   Yes: _____ No: _____
   If No, why not: _____

6. If you support more than one individual, do they all know how they can request a change of housemate?
   Yes: _____ No: _____
   If No, why not: _____

7. Is your home located on the grounds of or adjacent to the grounds of an institution?
   Yes: _____ No: _____
   If Yes, explain: _____

8. Are multiple settings specifically designed for people with disabilities located in close proximity to your home? Yes: _ No: ___
   If Yes, explain: _____

9. Does your home have any isolating qualities?

Yes: _____ No: _____
If Yes, what are they?: _____

H. Physical Accessible Setting

1. Does your home have obstructions such as steps, lips in a doorway, narrow hallways, etc. that limit individuals mobility within the home?
   Yes: _____ No: _____
   If Yes, explain: _____

2. For those individuals who need supports to move about and live in your home, is your home free of obstructions such as steps, lips in a doorway, narrow hallways, etc., that could limit any individuals' mobility or safety?
   Yes: _____ No: _____
   If No, why not: _____

3. Does your home have environmental adaptations and/or modifications to ensure accessibility of all individuals including but not limited to grab bars, raised seats in the bathroom, ramps for wheelchairs, elevators and lifts, accessible appliances, usable furniture, and accessible emergency exits?
   Yes: _____ No: _____
   If No, why not: _____

4. Are there any physical barriers, such as gates, that individuals are not able to open or move around without the assistance of another person?
   Yes: _____ No: _____
   If No, why not: _____

Delaware DDDS Provider Self-Assessment: Medicaid HCBS Day Services

Overview:

The Centers for Medicare and Medicaid Services (CMS) promulgated a rule which, for the first time, defines the standard of being "community-based" for Home and Community Based Services (HCBS) funded under certain Medicaid authorities. The DDDS Waiver is funded under one of those Medicaid authorities.

The intent of the rule, also referred to as the "Community Rule", is to ensure that opportunities are maximized for people receiving federally-funded HCBS to receive services in integrated settings and realize the benefits of community living, including opportunities to seek employment and work in competitive, integrated settings. This also includes opportunities to engage in community life, control personal resources, and participate in the community to the same extent as people who do not receive HCBS.

The final rule required states to submit a Statewide Transition Plan to CMS on or before March 17, 2015: 1) demonstrating the process the State will undertake to assess the HCB services provided to participants and the settings in which these services are provided and 2) describing the assessment process, timeframes and remediation necessary to ensure full compliance with federal requirements by March 17, 2019.

Instructions:

All providers of Medicaid-funded Home and Community Based Waiver Services are required to complete a self-assessment tool as part of Delaware's transition Plan. This survey includes providers of day habilitation, prevocational service and supported employment, both group and individual. This survey only applies to services funded by the DDDS HCBS waiver; however, we know that most providers serve both waiver and non-waiver individuals in each service/site. Please include all DDDS consumers in the requested program counts at the beginning of the survey, regardless of funding source. For all services, except Individual Supported Employment, a separate survey must be completed for each individual site (this includes each job site at which group supported employment is provided) and for each service provided at that site. So if a provider provides two services at a single site, they would complete a survey for each service at that site. If a provider operates three sites that offer the same service, they would complete a separate survey for each site. Providers of Individual Supported Employment only need to complete one survey. In this self-assessment, the term "individual" refers to recipients of HCBS supports and services provided by your agency. Where the individual has a guardian or is a minor and has a parent, you may answer from the perspective of the parent or guardian.

Please note that we are not expecting every question to be answered indicating that each service or site is already in full compliance. Some questions may not be entirely applicable to a particular service. For example, question #6 provides a list of activities in which individuals might be engaged while receiving DDDS day services. This should not suggest that all individuals will necessarily engage in each activity. Another question asks if the setting encourages visitors. If you are providing Supported Employment to a DDDS consumer and the employment site is a factory, it would be appropriate for you to answer that question, "no" with the explanation "job sites generally do not allow visitors". The survey instrument provides the opportunity for you to explain your answers. If the answer to any question indicates that an individual may not engage in an activity because restrictions are in place as a result of a Behavior Support Plan, please explain that in the narrative section that accompanies that question. Please be frank in your responses in describing what is currently in place. We do not expect that all services and settings are currently in compliance of all aspects of the Community Rule.

The survey must be completed no later than November 13, 2015. Failure to complete the survey for all relevant parts of your organization doing business with DDDS by that date may result in the termination of a provider's status as a DDDS Authorized Provider.

The survey results will give the state a baseline from which improvements may need to be made. If non-compliant areas are discovered, DDDS will work collaboratively with the provider to develop remediation strategies. Providers are not required to engage in remediation activities at this time. Remediation strategies will need to also have input from stakeholder groups as part of the implementation of the Statewide Transition Plan. The state has until March 17, 2019 for the entire system to become fully compliant with the Rule. DDDS will review the responses to the survey and may need to ask follow up questions. For each survey question where the provider response indicates it is compliant with this requirement, the provider should be prepared to provide documentation demonstrating compliance if requested by DDDS or as part of the "look-behind" review process.

If you have content questions as you complete this survey, please contact Marissa Catalon, Manager of Day and Transition Services at: marissa.catalon@state.de.us

If you have technical questions about how to use Survey Monkey to complete this survey, please contact Robert Paxson, DDDS website liaison at:

Robert.paxson@state.de.us

Printing the Survey for Your Records:

If you want to print your completed surveys, you must press the "print" button AT THE END OF EACH SECTION OF THE SURVEY. If you wait until the end of the survey, you will only be able to print the last section.

Delaware HCBS Day Services Provider Self-Assessment

Provider:		Date:	
Address:			
Person Completing the Assessment: Name:		Title	
Email:		Alt. Email:	
Phone:		Alt. Phone:	
Service Provided:		Site of Service:	

What is the total number of people participating in this particular day service at this specific site?

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. Delaware submitted a transition plan to CMS indicating how it will come into compliance with the new rule. The rule and transition plan requires Delaware to complete an assessment of all provider owned and controlled settings to determine their level of 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 HCB 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 rule.

1) SUPPORTING FULL ACCESS TO THE GREATER COMMUNITY

a) During the past month, how many service recipients participated in the following inclusive activities of his or her choosing in the community?

	WITHIN THE LAST MONTH WHAT WAS THE AVERAGE FREQUENCY OF PARTICIPATION IN THESE INCLUSIVE ACTIVITIES			
	TOTAL # OF CLIENTS	DAILY	WEEKLY	MONTHLY
Shopping	0			
Religious or Spiritual Services	0			
Appointments *(Personal or Medical)*	0			
Meals with Friends or Family	0			
Recreation Activities	0			
Community Events	0			
Volunteer Community Services	0			
Community Employment	0			
Adult Ed / Post-Secondary Education	0			
Fitness / Wellness Activities	0			
Other:	0			

b) Do you offer more than one community activity option when community activities are offered? YES NO

If No, Why Not?

c) Is your setting located in the same building or on the same campus as an institutional treatment option? YES NO

(A setting that is either a nursing facility, institution for individuals with mental illnesses, or an intermediate care facility for individuals with intellectual / developmental disabilities.)

If Yes, Why?

d) Is your setting located among private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community? YES NO

If No, Why Not?

e)	Is your setting designed specifically for people with disabilities?	YES	NO
f)	Are the individuals in your setting exclusively people with disabilities and on-site staff provides many services to them?	YES	NO
g)	Does your setting encourage visitors or other people from the greater community (aside from paid staff) to be present?	YES	NO
	If No, Why Not?		
h)	Do you provide individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc.?	YES	NO
	If No, Why Not?		
i)	Are these public transportation schedules and telephone numbers available in a convenient location?	YES	NO
	If No, Why Not?		
j)	If public transportation is limited, do you provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?	YES	NO
	If No, Why Not?		

2) SELECTION BY THE INDIVIDUAL AMONG SETTING OPTIONS

a)	Do you offer a variety of setting options from which the individual has the opportunity to choose?	YES	NO
	If No, Why Not?		
b)	Has your agency received, or been provided with, the Person-Centered Plan for all individuals you serve who are receiving HCB waiver services?	YES	NO
	If No, Why Not?		
c)	Do you support the individual to have an active role in developing their service plan within your agency?	YES	NO
	If No, Why Not?		
d)	Have you provided all individuals with information on how to request a new setting within your services?	YES	NO
	If No, Why Not?		
e)	If an individual desires to work in an integrated community setting, do you have consistent processes in place to ensure the desire is communicated to the DDDS Case Manager?	YES	NO
	If No, Why Not?		

3) INSURING INDIVIDUAL RIGHTS OF PRIVACY, DIGNITY AND RESPECT

a)	Do you conduct employer outreach and support to integrate the individual with a disability into the employer's general workforce?	YES	NO
	If No, Why Not?		
b)	Do you assure that tasks and activities for individuals who receive Medicaid funded HCBS are comparable tasks and activities for people of similar ages who do not receive Medicaid funded HCBS?	YES	NO
	If No, Why Not?		
c)	Are appliances, equipment, tables / desks and chairs accessed by the individual at a convenient height and location?	YES	NO
	If No, Why Not?		

		YES	NO
d)	Does your setting have any features such as steps, lips in a doorway, narrow hallways, etc., that limit individuals' accessibility or mobility in the setting?		
	If Yes, Why?		
e)	Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of your setting?		
	If Yes, Why?		
f)	If obstructions are present, are there environmental adaptions such as stair lift or elevator to get around the obstructions?		
	If No, Why Not?		
g)	Do you protect the privacy of an individual's personal and health information?		
	If No, Why Not?		
h)	If an individual needs assistance with personal care, does he or she have privacy when receiving this support?		
	If No, Why Not?		
i)	Does your staff address individuals in the manner with which the individual would prefer to be addressed?		
	If No, Why Not?		
j)	Does your staff discuss in public spaces any issues related to specific individuals who receive day services?		
k)	Do you have policies that prohibit the use of physical restraints and / or restrictive intervention *unless documented and agreed upon by the person in the person centered plan*?		
	If No, Why Not?		
l)	Do you have policies that prohibit use of a restrictive or invasive method or behavior intervention without prior informed consent?		
	If No, Why Not?		
m)	Does your staff receive training and continuing education on individual rights and protections?		
	If No, Why Not?		
n)	Are your policies outlining the individual's rights, protections, and expectations of services and supports explained to the individual in a language the person understands?		
	If No, Why Not?		
o)	Are there cameras / video monitoring present within your facility?		
p)	Do you have policy & procedure that requires all allegations of abuse, neglect, exploitation and mistreatment to be reported and investigated *(regardless of source)?*		
	If No, Why Not?		
q)	If an individual has concerns, do you have a mechanism to facilitate discussion of their concerns?		
	If No, Why Not?		
r)	Do individuals have the ability to lock the bathroom door for privacy?		
	If No, Why Not?		

s)	Does your staff or other individuals knock before entering the bathroom?	YES	NO
	If No, Why Not?		
t)	Does your staff or other individuals communicate in a way that the individual can understand; based on the individual's preference?	YES	NO
	If No, Why Not?		

4) OPTIMIZING AUTONOMY, INDEPENDENCE IN MAKING LIFE CHOICES

a)	Do you provide individuals with opportunities to learn about self-advocacy?	YES	NO
	If No, Why Not?		
b)	Do you provide the support for individuals to understand their service options offered by your agency?	YES	NO
	If No, Why Not?		
c)	Do you ensure that individuals are supported to make decisions and exercise autonomy to the greatest extent possible?	YES	NO
	If No, Why Not?		
d)	Do you support individuals to exercise their rights in the same manner as individuals in similar and / or the same setting who are not receiving Medicaid waiver-funded services and supports? *(Voting, etc.)*	YES	NO
	If No, Why Not?		
e)	Do you have written policies in place that cover a clear process for supporting clients in achieving increased independence?	YES	NO
	If No, Why Not?		
f)	Do you have written policies in place that describe a clear process for fading supports as individuals develop and increase their skills?	YES	NO
	If No, Why Not?		
g)	Do you have written policies in place that describe a clear process for changing supports as an individual's needs or abilities change?	YES	NO
	If No, Why Not?		

5) FACILITATING CHOICE REGARDING SERVICES AND WHO PROVIDES THEM

a)	Do you allow individuals to choose with whom they participate in social or recreational activities?	YES	NO
	If No, Why Not?		
b)	Do you educate your staff on each individual's needs, abilities, and interests?	YES	NO
	If No, Why Not?		
c)	Do you allow for individuals to have meals or snacks at the time and place of their choosing?	YES	NO
	If No, Why Not?		
d)	Do you actively solicit the person's preferences, provide options to the person and honor the person's choices about services?	YES	NO
	If No, Why Not?		

Delaware DDDS Provider Self-Assessment
Medicaid HCBS Residential Services

Overview:

The Centers for Medicare and Medicaid Services (CMS) promulgated a rule which for the first time defines the standard of being "community-based" for certain Medicaid authorities. The DDDS Waiver is funded under one of those Medicaid authorities.

The intent of the rule, also referred to as the "Community Rule", is to ensure that opportunities are maximized for people receiving federally-funded HCBS to receive services in integrated settings and realize the benefits of community living, including opportunities to seek employment and work in competitive, integrated settings. This also includes opportunities to engage in community life, control personal resources, and participate in the community to the same extent as people who do not receive HCBS.

The final rule required states to submit a Statewide Transition Plan to CMS on or before March 17, 2015: 1) demonstrating the process the State will undertake to assess the HCB services provided to participants and the settings in which these services are provided and 2) describing the assessment process and timeframes and remediation necessary to ensure full compliance with federal requirements by March 17, 2019.

Instructions:

ALL providers of Medicaid-funded Home and Community Based Waiver Services are required to complete a self-assessment tool as part of Delaware's transition Plan. This survey includes providers of residential habilitation services including: neighborhood group homes, community living arrangements and shared living. Each provider must complete one self-assessment for each setting or location in which they provide residential HCBS. This survey only applies to services funded by the DDDS HCBS waiver. In this self-assessment, the term "individual" refers to recipients of HCBS supports and services in your residential setting. Where the individual has a guardian or is a minor and has a parent, you may answer from the perspective of the parent or guardian. The survey instrument provides the opportunity for you to explain your answers. If the answer to any question indicates that an individual may not engage in an activity because restrictions are in place as a result of a Behavior Support Plan, please explain that in the narrative section that accompanies that question.

The survey must be completed no later than November 13, 2015. Failure to complete the survey for all relevant parts of your organization doing business with DDDS by that date may result in the termination of a provider's status as a DDDS Authorized Provider.

The survey results will give the state a baseline from which improvements may need to be made. If non-compliant areas are discovered, DDDS will work collaboratively with the provider to develop remediation strategies. Providers are not required to engage in remediation activities at this time. Remediation strategies will need to also have input from stakeholder groups as part of the implementation of the Statewide Transition Plan. The state has until March 17, 2019 for the entire system to become fully compliant with the Rule. DDDS will review the responses to the survey and may need to ask follow up questions. For each survey question where the provider response indicates it is compliant with this requirement, the provider should be prepared to provide documentation demonstrating compliance if requested by DDDS or as part of the "look-behind" review process.

If you have content or technical/Survey Monkey questions as you complete this survey, please contact Robert Paxson, DDDS website liaison at:

Robert.paxson@state.de.us

DDDS will ensure that a response is provided to all residential service providers with each question and answer via an "FAQ" document.

Printing the Survey Results for Your Records:

If you want to print your completed surveys, you must press the "print" button AT THE END OF EACH SECTION OF THE SURVEY. If you wait until the end of the survey, you will only be able to print the last section.

Contact Information of Person(s) Completing the Assessment:

Name:	**Phone Number:**	**Email Address:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provider Name: _____

Address: _____

Type of Residential Habilitation Setting (check one):

- o **Neighborhood Group Home**
- o **Community Living Arrangement**
- o **Shared Living Arrangement**

Number of individuals residing at this address at the time of survey completion: _____

Delaware DDDS Residential Provider Self-Assessment Questions

A. Privacy Dignity & Respect

1. Is personal care assistance, when needed, provided in private?
   Yes: _____ No: _____
   If No, why not: _____

2. Are all individuals given the opportunity to choose their clothes and are they clean and appropriate for the weather?
   Yes: _____ No: _____
   If No, Why Not: _____

3. Are all individuals' grooming preferences honored?
   Yes: _____ No: _____
   If No, Why Not: _____

4. Are all individuals' personal information, including health information, kept private?
   Yes: _____ No: _____
   If No, Why Not: _____

5. Do you provide the opportunity for all individuals to have the space in order to speak on the telephone, open and read mail, and visit with others privately?
   Yes: _____ No: _____
   If No, Why Not: _____

6. Do all individuals have the opportunity to close and lock their bedroom doors?
   Yes: _____ No: _____
   If No, Why Not: _____

7. Do all individuals have the opportunity to close and lock their bathroom doors?
   Yes: _____ No: _____
   If No, Why Not: _____

8. Do staff always knock and receive permission to enter the individual's private space?
   Yes: __ No: __
   If No, Why Not: _____

9. Are all individuals offered the opportunity to have a key/access device to the home?
   Yes: _____ No: _____
   If No, Why Not: _____

10. Do your staff members communicate in a way that the individual understands?
    Yes: _____ No: _____
    If No, Why Not: _____

11. Do your staff members interact routinely with all individuals in the setting while providing assistance and during the course of daily activities?
    Yes: _____ No: _____
    If No, Why Not: _____

12. Do your staff members discuss in public spaces any issues related to specific individuals who attend residential programs?

Yes: _____ No: _____
If Yes, explain: _____

13. Do all staff and volunteers receive orientation and training on all individual's rights, needs, abilities, and interests?
Yes: _____ No: _____
If No, Why Not: _____

14. Does the dining area afford dignity to the diners, such as not requiring individuals to wear bibs or use disposable cutlery, plates and cups?
Yes: _____ No: _____
If No, why not: _____

15. Is information about filing a complaint posted in an obvious location and in a format understandable to all individuals?
Yes: _____ No: _____
If No, why not: _____

16. Do you review how to file a complaint with individuals you support at least annually?
Yes: _____ No: _____
If No, why not: _____

17. Are all individuals living in the setting comfortable raising concerns?
Yes: _____ No: _____ _____
If No, why not: _____

18. Do all individuals know the person to contact or the process to make an anonymous complaint?
Yes: _____ No: _____ _____
If No, why not: _____

19. Do you prohibit the use of physical restraints and/or restrictive interventions (unless documented and agreed upon in the person-centered plan)?
Yes: _____ No: _____
If No, why not?_____

    a. Is there evidence that your staff have been trained in any behavioral supports included each individual's person-centered plan and that you have documentation that positive, less intrusive, interventions and supports used prior to any plan modifications?
    Yes: __ No: __
    If No, why not? _____

    b. Do you have policies and procedures indicating how you respond to emergency situations that require an intervention?
    Yes: __ No: __
    If No, why not? _____

20. Are there areas in the setting that individuals are told they are not allowed to access?
Yes: _____ No: _____
If Yes, why: _____

B. Optimize Autonomy/Independence in Making Life Choices

1. Do all individuals have full access to common spaces in the home such as the kitchen, dining area, laundry, and family room?
   Yes: _____ No: _____
   If No, why not: _____

2. Do the choice and positioning of furniture, decorations, and household and personal items reflect all individuals' personal preferences and interests?
   Yes: _____ No: _____
   If No, why not: _____

3. Can all individuals have their meals at the time and place of their own choosing, including eating in private if desired and choosing with whom they dine?
   Yes: _____ No: _____
   If No, why not: _____

4. Can any individual obtain an alternative meal, if desired?
   Yes: _____ No: _____
   If No, why not: _____

5. Are snacks accessible and available anytime?
   Yes: _____ No: _____
   If No, why not: _____

6. Do all individuals have the opportunity to converse with others during meal times?
   Yes: _____ No: _____
   If No, why not: _____

7. Are all individuals able to choose their own schedule separate from their housemates or other individuals' schedules?
   Yes: _____ No: _____
   If No, why not: _____

8. Are all individuals made aware of their rights to have visitors at any time, subject to house rules that they and their housemates may have established?
   Yes: _____ No: _____
   If No, why not: _____

9. Is there evidence in the form of staff documentation that visitors have been present at regular frequencies?
   Yes: _____ No: _____
   If No, why not: _____

10. Does the provider support the individual to attend their person-centered planning meeting?
    Yes: _____ No: _____
    If No, why not: _____

11. Does the provider support the individual to lead their person-centered planning meeting?
    Yes: _____ No: _____
    If No, why not: _____

12. Does the provider support the individuals (and their authorized representative, as needed) to have an active role in the development and update of their person-centered plan?

Yes: _____ No: _____
If No, why not: _____

13. If there are any individual restrictions for an individual, are they supported by an assessment and justified in the person-centered plan?
Yes: _____ No: _____
If No, why not: _____

14. Does the provider support all individuals to achieve their goals, as outlined in individual's person-centered plan?
Yes: _____ No: _____
If No, why not: _____

C. Services and Supports

1. Does the provider actively solicit the person's preferences, provide options to the person and honor the person's choices about services?
Yes: _____ No: _____
If No, why not: _____

2. Do you have a process for resolving conflicts between staff and individuals?
Yes: _____ No: _____
If No, why not: _____

3. Does your agency have a standardized process to match staff with individuals based on their interests and preferences?
Yes: _____ No: _____
If No, why not: _____

D. Access to the Greater Community

1. Does the setting provide individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc.?
Yes: _____ No: _____
If No, why not: _____

2. Are these public transportation schedules and telephone numbers available in a convenient location?
Yes: _____ No: _____
If No, why not: _____

3. If public transportation is limited, does the setting providing information about resources for the individual to access the broader community, including accessible transportation for individual who use wheelchairs?
Yes: _____ No: _____
If No, why not: _____

4. Is the setting in the community among other private residences that are not exclusively for people with disabilities?
Yes: _____ No: _____
If No, why not: _____

5. Do all individuals have the same access to community amenities such as shopping and dining as individuals without disabilities?
   Yes: _____ No: _____
   If No, why not: _____

E. Community Life

1. Are all individuals provided with information in a format that they understand regarding activities occurring in the community?
   Yes: _____ No: _____
   If No, why not: _____

2. Do all individuals participate regularly in meaningful activities of their choice - such as shopping, banking, exercising, attending classes, and frequenting restaurants - in integrated community settings?
   Yes: _____ No: _____
   If No, why not: _____

3. Do all individuals have the freedom to come and go at times of their choosing?
   Yes: _____ No: _____
   If No, why not: _____

4. Do all individuals have opportunities and needed supports to register and vote?
   Yes: _____ No: _____
   If No, why not: _____

F. Personal Resources

1. Do all individuals have a checking account, savings account, or other means to control their funds?
   Yes: _____ No: _____
   If No, why not: _____

2. Do all individuals have access to their funds?
   Yes: _____ No: _____
   If No, why not: _____

3. Are all individuals educated and supported to effectively secure and protect their funds?
   Yes: _____ No: _____
   If No, why not: _____

G. Residential Setting

1. Were all individuals given a choice of available residential settings regarding where to live and the opportunity to visit multiple settings?
   Yes: _____ No: _____
   If No, why not: _____

2. Does the residential setting reflect each individual's identified needs (for example, a person who is prone to elopement not being on a busy street)?
   Yes: _____ No: _____
   If No, why not: _____

3. Are all individuals offered their own room?
   Yes: _____ No: _____
   If No, why not: _____

4. Do couples (married or not) have the choice and opportunity to share a room?
   Yes: _____ No: _____
   If No, why not: _____

5. Can all individuals choose their housemate(s)?
   Yes: _____ No: _____
   If No, why not: _____

6. Do all individuals know how they can request a change of housemate?
   Yes: _____ No: _____
   If No, why not: _____

7. Is the setting located on the grounds of or adjacent to the grounds of an institution?
   Yes: _____ No: _____
   If Yes, please explain: _____

8. Are multiple settings specifically designed for people with disabilities located in close proximity?
   Yes: __ No: __
   If yes, explain: _____

9. Does the house have any isolating qualities?
   Yes: _____ No: _____
   If yes, what are they? _____

H. Physical Accessible Setting

1. Does the setting have obstructions such as steps, lips in a doorway, narrow hallways, etc. that limit individuals mobility in the setting?
   Yes: _____ No: _____
   If Yes, explain: _____

2. For those individuals who need supports to move about and live in the setting, is the setting free of obstructions such as steps, lips in a doorway, narrow hallways, etc., that could limit any individuals' mobility or safety?
   Yes: _____ No: _____
   If No, why not: _____

3. Does the setting provide environmental adaptations and/or modifications to ensure accessibility of all individuals including but not limited to grab bars, raised seats in the bathroom, ramps for wheelchairs, elevators and lifts, accessible appliances, usable furniture, and accessible emergency exits?
   Yes: _____ No: _____
   If No, why not: _____

4. Are there any physical barriers, such as gates, that individuals are not able to open or move around without staff assistance?
   Yes: _____ No: _____
   If No, why not: _____