

## Arkansas HCBS Non-Residential Site Review Survey Tool (draft)

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

Your setting has been selected for an on-site validation review based on a random sample of provider self-assessments received, or if you were a setting that did not complete and submit a provider self-assessment. This process will utilize the tool attached to verify the level of compliance with the CMS Regulatory Requirements. The format of the site review survey tool is consistent with the areas that were requested to be completed on the provider self-assessment. You may be asked to provide documentation that supports your level of compliance with these regulations as part of this on-site validation process. Additionally, there may be areas where beneficiary responses will be sampled in order to determine level of compliance with the HCBS settings requirements.

### Instructions

The site review survey tool contains a set of questions designed to measure this setting's level of compliance with federal HCBS guidelines.

**CMS Regulatory Requirements:**

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

### Section A – Provider Information

Date:

On-site Reviewers:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

Day Setting (ADC/ADHC)

Current Number of Persons Served, regardless of funding source \_\_\_\_\_

Current number of Medicaid beneficiaries served \_\_\_\_\_

Total Maximum census/capacity under this license, if applicable \_\_\_\_\_

### Section B – Integrated Setting and Community Access (Heightened Scrutiny)

Response shaded  equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(Select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B1. Is the setting located in or attached to a building that is also a nursing home/facility or hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)			

B1 Comments:

Intent Statement: This question relates to the physical location of the building in regards to the physical location of nursing home/facility or hospital.

How does site show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- Does a nursing home, hospital or other settings exist within the same physical structure as the HCBS setting?
- Is there a meaningful distinction between the two types of settings?

**Reviewers can validate by: (1) Observing the setting or (2) Interviewing staff.**

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B2. Is the setting located in a building on the grounds of, or immediately adjacent to, a public institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>

B2 Comments:

Intent Statement: This question relates to the physical location of the building in regards to the physical location of a public institution. The definition of a public institution is a government owned/operated facility.

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- Does a public institution exist on the grounds of or within the same physical structure as the HCBS setting?
- Does a relationship between the “institution” and the HCBS setting in question exist? If so, to what extent?
- Is the setting co-located and/or operationally (governed, directed or controlled) related, i.e., operated and controlled by the same provider?

**Reviewers can validate by (1) Observing the setting or (2) Interviewing staff and beneficiaries.**

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
B3. Is the setting in a gated/secured “community”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	(E.g. Facility is single family home located in a neighborhood)		<input type="checkbox"/>	<input type="checkbox"/>
<p>B3 Comments:</p> <p>Intent Statement: This question relates to the physical aspect of the setting being gated/secured with the intention of physically restricting people from coming and going from the setting.</p> <p>Are members allowed to interact with the broader community outside of the gated community?</p> <p>How does venue show characteristics of a HCBS setting?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• What services are provided in this setting? Do these services have the effect of isolating the individuals?</li> <li>• Does the setting authorize interventions/restrictions that are used in institutional settings (i.e., seclusion)?</li> <li>• Is the setting such that multiple types of services and activities are on-site—(and beneficiary does not have the choice to leave the grounds) including housing, day services, medical, behavioral, therapeutic, social, recreational and religious activities.</li> <li>• Does the setting potentially reduce the beneficiary’s access to the greater/broader community life? This may constitute “isolation”.</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and beneficiaries, (3) Reviewing activity schedule/calendars/sign out sheets or (4) Reviewing resident agreements and handbooks for clarification regarding services provided and if there are restrictions on how the services are to be delivered.</b></p>							





### Section C – Community Integration

Response shaded  equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
C1. In addition to on-site activities, does the setting provide opportunities for beneficiaries to participate in community events, activities, and services?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<p>C1 Comments:</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Determine whether the beneficiary participates regularly in typical community life outside of the setting to the extent the beneficiary desires.</li> <li>● Are individuals restricted from participating in activities outside of the setting?</li> <li>● Does the beneficiary get to participate in the selection of the activities or events they participate in?</li> <li>● If the beneficiary would like to work is there activity that ensures this option is pursued? <i>This prompt is only applicable in work or day settings.</i></li> <li>● Do the beneficiaries have the opportunity to participate regularly in non-work activities in an integrated community setting for the time they desire?</li> <li>● Do the beneficiaries have the opportunity to have relationships with people outside of the setting?</li> <li>● Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?</li> <li>● Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and from outside activities?</li> </ul> <p><b>Evaluators can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing staff, beneficiaries, and applicable community members and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</b></p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C2. Does the setting share information with beneficiaries about community events and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C2 Comments:							
<p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Within the setting, is information posted that announces community events or activities outside of the setting? Are there flyers/calendars posted within the setting that announce community events? Are other materials available to individuals to promote activities outside of the setting—such as pamphlets, schedules of church services/community events?</li> <li>• Does staff talk with beneficiaries about events and activities that are occurring outside of the setting?</li> <li>• Does the schedule of activities show events and activities that occur outside of the setting? Are there phone numbers or websites available so beneficiaries can find out more information if so desired?</li> <li>• Do beneficiaries participate in the selection of the activities they are interested in outside of the setting?</li> <li>• Do the beneficiaries know how to make arrangements for attendance at these activities?</li> <li>• Are beneficiaries required to sign in/sign out for attendance to outings within the community?</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting for posted information, (2) Interviewing staff, beneficiaries, and others or (3) Reviewing records to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.</b></p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C3. Can the beneficiary attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C3 Comments:

Evidence would constitute answering such things as:

- Does the evaluator witness beneficiaries coming and going without restrictions?
- Does staff talk with beneficiaries about events and activities that are occurring outside of the setting? Do they know who to ask about scheduling these activities?
- Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?
- Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and getting back from outside activities?
- Is public transportation available in the community?
- If public transportation is available, are bus and other transportation schedules and telephone numbers posted in a convenient location?
- Do beneficiaries talk about activities occurring outside of the setting? Do they know how to go about attending these activities?

**Reviewers can validate by (1) Observing the setting, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided, (3) Interviewing staff, beneficiaries, and others or (4) Reviewing record to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.**













Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
E2. Do you provide beneficiaries with information about his/her rights in plain language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E2 Comments:							
<p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• How are beneficiary rights communicated to the individual, the individual's family or guardian?</li> <li>• What other methods are used, to assist individuals who cannot utilize the written word, such as verbal/interpreter?</li> <li>• Are these rights contained in an admission document of some sort? Does the beneficiary or the beneficiary's representative have to sign that they have received this information and understand it?</li> <li>• Is information written in such a way that the language is understandable? Or is it written very technically and difficult to understand?</li> <li>• Are rules or beneficiary rights posted in a place that can be easily seen and read by beneficiaries, visitors and others who enter the setting?</li> <li>• Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents?</li> </ul> <p><b>Reviewers can validate by (1) Observing the environment for posted information, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the beneficiary rights.</b></p>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
E3. Do you provide beneficiaries with information on the process to file a grievance if they believe their rights have been violated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
E3 Comments:							
<p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• What is the facility grievance procedure policy?</li> <li>• How does the facility administrator/staff make beneficiaries, resident's family or representatives aware of the internal grievance process or of their formal appeal rights?</li> <li>• How are employees made aware of the processes for internal grievances or for requesting a formal appeal?</li> <li>• Does the facility post anything with regard to grievance/appeal procedures? If so, where?</li> <li>• Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents for purposes of requesting an appeal or filing a grievance?</li> <li>• Does the admission agreement address beneficiary rights and grievance procedures?</li> </ul> <p><b>Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the grievance procedure.</b></p>							

**END OF NON-RESIDENTIAL SITE ASSESSMENT TOOL**