



## Community Connections Kansas Provider Self-Assessment 2019

### Section P: Provider Information

*[This Section is completed once per provider, separate from the rest of the survey which is completed for each site.]*

**P1. Please provide your full name, the name of your provider agency, and your email contact information:**

First and Last Name: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Re-enter Email: \_\_\_\_\_

**P2. In Kansas, how many sites (i.e., locations) do you own or operate that receive HCBS Medicaid funding associated with each setting-type?**

**Note:** *If you own or operate 0 sites (i.e., locations) associated with a setting-type, please type in "0" in the blank. Please do not leave any blanks empty.*

Adult day care: \_\_\_\_\_

Assisted living facility: \_\_\_\_\_

Board care homes: \_\_\_\_\_

Children's Residential Services/Professional Resource Family Care: \_\_\_\_\_

HCBS Services provided in a Licensed Foster Home: \_\_\_\_\_

Home plus facility: \_\_\_\_\_

IDD day services: \_\_\_\_\_

IDD residential where 1-2 persons-served live: \_\_\_\_\_

IDD residential where 3-8 persons-served live: \_\_\_\_\_

Supported employment: \_\_\_\_\_

## Section A: Site Information

A1. What is the name of the site (i.e., location) for which you are filling out this assessment?

A2. Provider NPI for this site: \_\_\_\_\_

A3. Which waiver service is provided at this site? Select all that apply.

- Autism (AU) – child who starts service before 6
- Frail Elderly (FE) – 65+ years
- Intellectual and Developmental Disability (I/DD) – 5+ years
- Physical Disability (PD) – 16-64 years
- Serious Emotional Disturbance (SED) – 4-18 years

A4. Please mark which setting-type describes the site for which you are filling out this assessment: [choose one]

- Adult day care
- Assisted living facility
- Board care homes
- Children’s Residential Services/Professional Resource Family Care
- HCBS Services provided in a Licensed Foster Home
- Home plus facility
- IDD day services
- IDD residential where 1-2 persons-served live
- IDD residential where 3-8 persons-served live
- Supported employment

A5. Please enter the street address of the site for which you are filling out this assessment:

A5.1 Street Address: \_\_\_\_\_

A5.2 Zip Code: \_\_\_\_\_

A6. Current number of persons-served at this site (regardless of funding source): \_\_\_\_\_

A7. Current number of persons-served at this site receiving HCBS Medicaid funding: \_\_\_\_\_

A8. Is this setting considered residential or non-residential?

- Residential
- Non-residential

## Section B: Upload Documents for Desk Review

*[This is the section of the survey where you will upload all of the documentation you collect.]*

***Each question for the remainder of the survey (Sections C-I) will allow for files to be connected to that specific question from the list of files that the provider submitted previously in Section B: “Upload Documents for Desk Review”.***

***Answers that will require documentation are noted.***

Some sections will be skipped based on whether the site is a residential or non-residential setting. Some follow-up questions will appear depending on your answers. (All follow-up questions are listed in this document.) A pop-up window will appear if your answer requires documentation so you can select the applicable documentation files.

## **Section C: Integrated Setting and Community Access**

**C1. Is this site located in or attached to a building that also provides inpatient institutional treatment (e.g. nursing home/facility or hospital etc.)?**

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source), other applicable documents.

**C2. Is this site located in a building on the grounds of, or immediately adjacent to, a public institution?** Examples of public institutions are: a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital, or any other locations that have qualities of an institutional setting (42 CFR 441.301(c).5).

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures of outside of facility from all directions, Birds-eye-view image (from google maps or other source, other applicable documents.

**C3. Is this site in a gated/secured community?**

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Picture of outside of facility from all directions, Picture (google maps, provider picture, or other source) from the front out to the street or from the street in showing there is no gate, other applicable documents.

**C4. Does your agency own or operate multiple sites (i.e., locations) located on the same street/block?**

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): File (word document/excel spreadsheet/etc.) with all site addresses listed, Birds-eye-view image (google maps or other source) with site locations noted, other applicable documents.

**C5. Are the persons-served at this site exclusively people with disabilities?**

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Any applicable documentation available. (Reminder: do not include private health information)

**C6. Are persons-served at this site required to receive medical, behavioral, or therapy services on-site?**

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document, organizations policy on people receiving medical/behavioral/other needs, a section of a manual, a pamphlet of activities provided, other applicable documents.

*[Shown for IDD day service sites – determined by chosen setting type in question A4]*

**C7A. Does this site also offer residential services?**

- Yes
- No (This answer will require documentation from IDD day service settings)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

*[Shown for residential providers – determined by question A8 “Is this setting considered residential or non-residential?”]*

**C7B. Does this site also offer on-site day services?**

- Yes
- No (This answer will require documentation from residential providers)

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual, a pamphlet of activities provided, other applicable documents.

## Section D: Community Integration

**D1. In addition to on-site activities, does this site provide opportunities for persons-served to participate in community events, activities and services?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Activities calendars, picture of an activity board, section of a manual or policy that shows opportunities available, other applicable documents.

**D2. Does this site share information with persons-served about community events and activities?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Picture/image of a message board, bulletin board, Facebook page, flyer, newsletter, email, or other methods of information sharing/other applicable documents.

**D3. Can persons-served at this site attend community activities and services (e.g., shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook about: procedures regarding sign up, how persons-served can decide whether to attend activities and services, and/or transportation policy/schedule, OR other applicable documents.

**D4. Are there restrictions at this site regarding when persons-served can "come and go"?**

- Yes (This answer will require an answer to question D4.1)
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Section of a policy document or handbook, other applicable documents.

*[Shown if yes is selected for question D4]*

**D4.1 Were the restrictions at this site regarding when persons-served can "come and go" developed and agreed upon by persons-served?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document about writing the behavioral support plan, a section of a de-identified person-centered support plan, or service agreement, other applicable documents.

**D5. Can persons-served have visitors of their choosing at any time?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of: a policy document, organizations policy, manual, or handbook, other applicable documents.

## **Section E/F: For Residential Sites Only**

[Not listed in this Non-Residential Site Assessment]

## **Section G: Rights**

**G1. Do you provide staff and volunteers at this site with training and continuing education related to the rights of persons-served?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Training manual, section of a policy document, schedule or agenda of training, copy of consumer rights, other applicable documents.

**G2. Do you provide persons-served at this site with information about their rights?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, a section of a family and consumer handbook, a copy of consumer rights, other applicable documents.

**G3. Do you provide persons-served at this site with a process to file a grievance if they believe their rights have been violated?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document
- AND Section of a family and consumer handbook
- AND Copy of grievance process (and grievance form if applicable) OR Copy of consumer rights IF not included in the above documents
- Other applicable documents

## Section H: Accessible Environment

### H1. Is the facility physically accessible to persons-served at this site?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

### H2. Does this site offer accommodations (e.g., grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move about the facility?

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): ADA compliance/ licensing OR pictures of grab bars, seats in the bathroom, ramps for wheelchairs, etc., section of facility/program handbook, section of service agreement, other applicable documents.

### H3. Does the facility at this site have any barriers which limit access (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.)?

- Yes
- No (This answer will require documentation)

Suggested Documentation Types (what you have may vary): Pictures without barriers (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.), section of facility/program handbook, section of service agreement, other applicable documents.

## Section I: Non-Residential Services

**I1. Is this site a work setting?** *[No documentation unless answering I1.1]*

- Yes (This answer will require an answer to I1.1)
- No

*[Question shown only if “yes” is selected on question I1]*

**I1.1 When working, are persons-served allowed to participate in deciding their work schedule?**

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other de-identified behavior support plan, other applicable documents.

**I2. When not doing paid work, are persons-served allowed to participate in deciding their activity schedule?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other de-identified behavior support plan, other applicable documents.

**I3. Does the facility at this site have a space for persons-served to secure personal belongings?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a manual/handbook, a pamphlet of facilities provided, picture of lockers, image of facility layout, other applicable documents.

**I4. Is the facility at this site arranged in a way that ensures privacy during personal care?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary):

- Section of a policy document, section of a handbook, other applicable documents
- AND image of facility layout, other applicable documents

**I5. Do persons-served at this site have the opportunity to participate in tasks and activities matched to their skills, abilities, and desires?**

- Yes (This answer will require documentation)
- No

Suggested Documentation Types (what you have may vary): Section of a policy document, section of a handbook, a de-identified copy of a person-centered support plan, other de-identified behavior support plan, other applicable documents.