



HCBS Self-Assessment Pilot Follow-up Q & A

Questions/Comments		Response
Question #2		
1	Section 2, Rule 2, is the guidance only referring to apartments, home etc. or does it include an AFL as a private unit in a residential setting? Question #5 addressed accessibility for those clients requiring full assistance with ambulation needs. The answer referenced "accessibility to the home". I am assuming in AFLs the door width for internal doors must also be addressed and clear door openings would need to be 32 inches to comply with ADA guidelines.	The AFL home must be accessible to the individual. If the individual uses a wheelchair, then can they get in and out of the home and move within the home?
Question #3		
2	Regarding telephone access - a couple of the AFLs use cell phones only (no land line service). If a client has to ask the staff for the cell phone, does that meet the intent for having access and opportunity to speak on the telephone?	Yes, as long as they are not denied access of use – again reasonability is the key – if the person is calling regarding a marketing scam, etc. that could result in cost to the individual or AFL provider access would not be expected. However, if this is a continuing problem there should be review by the support team through the PCP. It is further suggested that the system/practice of access be evaluated as part of this process.
3	In one AFL, the cell phone is carried by the employee (the client is allowed to use the phone when they ask for the phone). In having to ask for the cell phone, is that interpreted as having to ask permission to use the phone?	Yes, as long as they are not denied access of use – again reasonability is the key – if the person is calling regarding a marketing scam, etc. that could result in cost to the individual or AFL provider access would not be expected. However, if this is a continuing problem there should be review by the support team through the PCP. It is further suggested that the system/practice of access be evaluated as part of this process.



HCBS Self-Assessment Pilot Follow-up Q & A

4	<p><i>“For people using psychotropic medications, is the use based on specific psychiatric diagnoses?” “Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?”</i> These bulleted factors do not apply to one of the members receiving Supported Employment from [REDACTED] for whom she was completing an assessment. Thus, she wanted to know whether she should answer “yes” or “no” to meeting the characteristics of Question 3 if the provider can satisfy all of the other bulleted factors for that member.</p>	As long as they have notified the Care Coordinator then the answer is yes.
5	If, of a group of consumers who are receiving Supported Employment, one does not have a psychiatric diagnosis and is not receiving psychotropic meds, is the characteristic met?	Yes.
Question # 6		
6	If the client has never been given a key, and the team feels the client has no ability or desire to use the key, should we give the client the key and obtain documentation from staff regarding the use of the key and attempts to assist the client with learning to use the key, or just go ahead and note this information in the plan after team collaboration. (See page 13 of 17 of Companion Document)	Responses should be based on evidence of an individual’s ability, desire and/or preference to use or not use a key. It should be clearly documented.
Question # 9		
7	Do we need to address the NC tenancy eviction statutes in an agreement for an AFL?	Yes. Leases or agreements must provide individuals with the same rights as a tenant under North Carolina law.
8	The agency leases the property. Do the clients need individual leases with the actual landlord or can the agency process this in-house as an agreement between the agency and client.	Leases or agreements must provide individuals with the same rights as a tenant under North Carolina law.
9	If not a generic agreement, can it be a sublease situation?	Additional clarification will be needed before we can provide a response to this question.
10	The person’s rent amount is based on their benefits	This is an acceptable practice.



HCBS Self-Assessment Pilot Follow-up Q & A

11	<p>I am interpreting this question to include the need for some type of agreement between the client and the AFL provider. Is this correct?</p> <p>If so, in an emergency is it acceptable to include when a client poses a danger to himself or others that a notice would not be required? I believe we currently require a two week notice of discharge - is that acceptable or do we need to apply the termination notices of the lease (two days, seven days, one month, based on the general statutes)?</p>	<p>Yes.</p> <p>Agreements are expected to comply with the landlord/tenant act for the State of NC.</p>
Questions #10		
12	<p># 10 (page 13 of 17 of the Companion Document) Is the rule's intent to assure a lock is on the outside of a client's bedroom or bathroom door?</p>	<p>It is so they are able to lock their bedroom or bathroom door from the inside and the bedroom door when they leave (if they choose).</p>
Question #14		
13	<p>Could you possibly explain question number 14 in the assessment documents in an understandable manner? Would a behavior plan be considered a modification?.....This would be person specific not site specific.</p>	<p>If the behavioral plan restricts any of the above of the characteristics, it would need to be approved by the client rights committee. The person specific plans/restrictions need to be considered when reviewing the site.</p>
14	<p>Is the question designed to discuss changing staffing patterns if they exist? Or are we looking at simple physical modifications?.....Can you, maybe, give some other examples?</p>	<p>The question is regarding restricting any of the HCB characteristics.</p>
15	<p>We are revising the agreement to reflect the NC tenancy laws. This is stated in the POC for question 9. It appears we need to address in the ISP as we are out of compliance. How do we do this?</p>	<p>POC for residency agreement should be addressed in the self-assessment not the ISP for this question.</p>



HCBS Self-Assessment Pilot Follow-up Q & A

16	<p>#14 (page 15 of 17 of the Companion Document) This rule addresses restrictions and the restoration of a right in residential services and modifying the ISP should a restriction become necessary. Additionally, in the Client Rights Rules (95-2) the restriction of social interactions in day/night facilities requires that the restriction occur in compliance with 122C 62 (e). (Guidance for Rule # 3 also addresses the need to include a rights restriction and the restoration of the right in the ISP at the time of restriction.) Does this now mean that if a right is restricted that GS 122C 62-(e) is no longer followed? Currently a QP would document the need and rationale for the restriction in the record and then evaluate every 7 days, continuing or terminating the restriction after the 7 days. The restriction would have to be renewed every 30 days.</p>	<p>NCGS must be followed. Any restriction of an individual's rights must be documented in the individual's person-centered plan. Information regarding collection and review of data of the restriction must be included as part of the plan.</p>
<p>Supported Employment</p>		
17	<p>Since the assessments are site-specific, should our answers to each question reflect whether or not the items are met for ALL individuals at that site, or are we to select a representative individual from each site and determine whether or not the criteria is met for that individual?</p>	<p>The Self-Assessment is a site review where one or more of the following services is provided: residential supports, day supports, supported employment and/or adult day health.</p>
19	<p>When assessing the corporate office: Do we mark the "HCBS Service Type" as Supported Employment, or leave it blank?</p>	<p>Mark it as Supported Employment.</p>
20	<p>When assessing the corporate office: Does facility type and capacity type apply to the Corporate Office?</p>	<p>No</p>
21	<p>When assessing the corporate office: Does the number of persons for the Corporate Office need to be completed-if so, would the number be the total number of individuals receiving services or the number of individuals receiving Supported Employment?</p>	<p>No</p>
22	<p>When assessing the corporate office: Does the facility type and capacity apply to Supported Employment? If so, what is the facility designation? Capacity?</p>	<p>Designation would be Other; Capacity – N/A</p>



HCBS Self-Assessment Pilot Follow-up Q & A

23	<p>We have 10 individuals in the Partners MCO for whom we provide Innovations Supported Employment. There are amongst the 10 people 4 distinct “sites”.</p> <p>For example, two people work at [REDACTED] (same site) but on different days (one works M-W-F and one works T-Th). Am I to complete one self-assessment for the [REDACTED] site (even though two people work there) or two self-assessments (one for each person even though the site- and therefore the assessment- is exactly the same).</p> <p>Three other individuals work for [REDACTED], which is a subscription service. They work on different days and work different shifts. One person fills orders. One person completes deliveries. Another person picks up the vegetables from the farms, then sorts them. So, I guess again, do I complete three self-assessments for the individuals, or one for the [REDACTED] “site”.</p>	The self-assessments are site specific so there will be four based on the information below as it is stated that there are "4 distinct sites"
24	Will you please explain what’s meant for SE “and a minimum of 10 assessments or 10%, whichever is greater?” Does it mean an assessment per work site after one for corporate is completed?	That is correct. However for the purpose of the Pilot there will only be up to 10 assessments per provider, e.g. for SE example – 1 corporate, 9 SE sites.
Companion Document		
25	I have a question about the “companion document.” There have been so many changes, that I am not certain where to find the latest version of “the directions”	A link to the companion document can be found in the e-Assessment instructions. It can also be found on The HCBS website at the following link. http://www.ncdhhs.gov/hcbs/public_comment.html
Adult Day Health		
26	[REDACTED] has an Adult Day Care Program and not an Adult Day Health Program. Does our agency still need to be part of the Pilot Program?	According to the HCBS Final Rule, ADH is only impacted by the new changes. Because Adult Day Care programs do not receive reimbursement by the 1915 (c) CAP waiver, [REDACTED] should not receive the self-assessment from the identified Adult Day Care. If there is an adult day health in your community, work with that ADH for the completion of the self-assessment. Inform DMA of the ADH in your community, if a self-assessment will be completed.



HCBS Self-Assessment Pilot Follow-up Q & A

27	Sampson County Department of Aging is Lead Agency for CAP/DA. The ADHC for our county is also under our umbrella as well. As Director I may be the same person completing both these sections. Do you see this as a problem and if so, how should we handle this?	If you are the designated person to make decisions for the ADH in your community, then you should complete the self-assessment. If there is a manager or supervisor on site at the ADH, it would be better for that person to complete the self-assessment and send to you for review of completion and that timeline was met.
28	██████████, because we have an Adult Day Care and not Adult Day Health, our agency would need to be in compliance in the 5 year plan?	According to the HCBS Final Rule, ADH is only impacted by the new changes. Because Adult Day Care programs are not included in the new changes, the Adult Day Care programs would not need to be in full compliance to the new rules within 5 years. Because your agency is designated as a Lead Agency in the community, it is your responsibility to assure that all community-based programs that are impacted by this HCBS Final Rule comply with the requirements by the specified timeframe.
29	The e-Assessment is really meant for the ADH provider to complete and the Lead Agency to look at afterwards or offer advice if needed. The lead agency is not responsible for completing-correct.	The ADH centers are primarily responsible to complete the self-assessment. They will need to attest that they are meeting the requirements of HCBS Final Rule or with some changes in policies and procedures will have the ability and capacity to meet the requirements in near future. Then Lead Agency's role is to provide any guidance to the ADH in terms of policies and procedures of the CAP waiver and answer any question as received. The Lead Agencies will also receive all completed self-assessments to assure accuracy of completion and that they were completed within the established timeline.
Documentation of Evidenced		
30	I understand we do not need to submit supplemental documents. Do we however need to document under "Yes" any compliance with individual elements of the characteristics when a plan of correction is required?	Yes - identify what you are doing towards the characteristic. Evidence of compliance is kept on site.
31	When a particular bulleted factor within a characteristic does not apply, should the assessor answer "yes" or "no" as to whether its practices meet the characteristic's requirements? Reference: For people using psychotropic medications, is the use based on specific psychiatric diagnoses? Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?	LME-MCO/LLA has been authorized to answer only process-related questions. However, your question goes beyond the limited scope of the process relating to the completion of the Self-Assessment. An answer to your question will be provided at the conclusion of this Pilot process.



HCBS Self-Assessment Pilot Follow-up Q & A

Self-Assessment Submission		
32	The link in my email to submit the self-assessment will not open.	Try copying and pasting into the address bar.
33	I am attempting to complete the HCBS self-assessment for the pilot program and the form will not let me select yes or no. Therefore when I attempt to submit, it will not allow me to do so. Please advise. We are utilizing Internet Explorer 11. It is all questions in section II and III I am having problems selecting the yes/no. In section II, I cannot select either option and in section III the “no” is already selected and I cannot change it to yes.	Please refresh the page, the problem should be resolved.
34	We are having a problem finding the actual assessment using the website we wrote down during the webinar. Could you please send us a link or give us the website again in case we wrote it down incorrectly?	The link can also be found on slide 60 of the PowerPoint. http://www.ncdhhs.gov/hcbs/assessment.html .
35	We provide CAP/DA services and have two Adult Day Healthcare facilities that are participating in the pilot. What is the link to access the instructions and pilot tool?	The link to the e-assessment is below. It is also locate on slide 60 of the PowerPoint. http://www.ncdhhs.gov/hcbs/assessment.html . The Companion Guide can be found on the HCBS website. http://www.ncdhhs.gov/hcbs/public_comment.html
Self-assessment review		
36	I have received the provider’s self-assessments. I am to wait on the state to complete the E-Review tool before accepting the applications and the completing the review?	That is correct.