Instructions for State Review of HCB Settings

BCG Decision Matrix: How the state will determine actions to take

State finds compliance flag?	Provider specifies compliance flag? Yes	Provider specifies compliance flag? No
Yes	* Follow up questions required * Transition plan required by provider * Site visit required by staff for 13 or more flags per settings, or settings that specify non-compliance with HCB overall	* Follow up questions required * Transition plan *may be* needed * Site visit *may be* required
No	* Follow up questions required * Transition plan *may be* needed * Site visit *may be* required	* No action needed on compliance item

Setting Review Process

1. By September 30, 2014, providers complete an initial setting survey for each setting (*only 1/3 of all settings were submitted*). A new provider self-assessment does not need to be completed at this time for each setting previously omitted. But this assessment must be answered in a way that covers each setting
2. By February 28, 2015, providers complete the revised setting survey and inventory ALL of their settings. The survey is revised to reflect the changes made to the transition plan and the focus on the federal regulations specifically.
3. By February 28, 2015 BHD staff conduct analysis on provider settings assigned to them using data from IRs, Complaints, last site survey, rep sample case reviews, case management quarterly reports, stakeholder surveys submitted, and the setting surveys submitted by the provider previously. They complete a preliminary compliance report with this information.
4. Between March 1 and March 30, 2015, BHD staff compare the provider's compliance survey with the BHD analysis to complete a draft report of compliance for providers. Provider reviews the draft report and submits additional evidence of compliance by March 30 if they have it.
5. April 1 – April 15, 2015, BHD staff issue a final compliance report to the provider with follow up action needed for each flagged area of non-compliance.
6. April 2015 to October 2015, each Provider with areas of non-compliance identified in the final report will develop and submit a transition plan to BHD staff to come into compliance over the next four years, with milestones listed that will be achieved each year.
7. From October 2015 to March 2019, BHD Staff will monitor the approved transition plan and the annual progress completed on each milestone during annual certification visits and other state monitoring processes (rep sample reviews, CM reports, IR/Complaints).

Wyoming Department of Health — Behavioral Health Division

Home and Community Based (HCB) Setting Compliance Report

Provider Organization Name:	ALLSTAR INC	**Provider name, phone and email:**	ALLSTAR INC 307-555-1212 Allstar@provider.com	**BHD Name, phone and email:**	eric.jensen@wyo.gov 777-5699	**Date of Review: 12/22/2014**	*An HCB Setting analyzed during this process includes any service setting where direct care habilitation services are provided in a group setting or in a provider owned or operated facility, excluding services such as respite provided in a the provider's family home. Services in the participant's own home, family home, or community integrated employment setting will not be analyzed*	
Setting information	**Setting 1**	**Setting 2**	**Setting 3**	**Setting 4**	**Setting 5**	**Setting 6**	**Setting 7**	**Setting 8**
a. List each physical provider setting ADDRESS & CITY where services are provided	ALLSTAR Recycling 600 Sun Dr. Cheyenne, WY 82001	ALLSTAR Day site 500 Sun Dr Cheyenne, WY 82001	ALLSTAR Hobbie and Hangout 750 Sun Dr. Cheyenne, WY 82001	Coffee Shop Allstar 5566 Bean Counter Rd Cheyenne WY 82009	1333 Bluff Dr, Cheyenne WY 82001	3344 Main St Cheyenne WY 82001	2222 Berry Rd Cheyenne WY 82009	321 Starry Rd Cheyenne WY 82009
b. List the type of setting *(use drop down menu)*	7) Enclave/small group supported employment	6) Group work center - prevocational in nature	5) Facility-based day service site	7) Enclave/small group supported employment	3) Res hab-group home	4) Supported living (apartment complex owned/leased by provider)	3) Res hab-group home	2) Res hab-apartment setting
c. List the number of participants in the setting *(drop down menu)*	9	8	20+	6	5	8	7	13
d. List the number of participants share a bedroom or living unit *(drop down menu)*	n/a	n/a	n/a	n/a	2	0	2	n/a
HCB Compliance Area *(A setting includes the structure and provider staff)*	**Current State of Compliance (yes - in compliance or not yet & action required)**	**List the Setting(s) found not in compliance**	**State follow up questions or evidence needed from the provider to ensure compliance**		**Response from provider (provide examples, reference policies, procedures, or name artifacts that will be submitted separately to the state which shows compliance.) If not yet in compliance, state that the item will be addressed in the provider transition plan.**			**Data Analysis for state staff to complete from other data sources**

Home and Community Based (HCB) Setting Compliance Report

1. The setting does not provide people with disabilities multiple types of services and activities on-site.	not yet-action required	Setting 2,3	Where else do persons in this setting receive services and take part in activities? How often?	SAMPLE RESPONSES FROM "ALLSTAR" provider We will include ideas in our transition plan to give participants options to receive many services outside of the day-hab facility. We have a goal to have participants receive (specific services) x# of times outside of the setting for x number of participants a week within five years.	Self Assessment Questions: Is this setting designed specifically for people with disabilities and is this setting designed specifically to provide people with disabilities multiple types of services and activities? State staff use knowledge of site for reference.
2. Participants in this setting interact with members of the community whenever they please.	not yet-action required	Setting 1-8	How often? How are staff trained to support participants with interacting with other people in the community? Do non-verbal participants participate/interact to the extent they prefer? What type of interactions regularly occur? How do you monitor interactions to ensure the participant is talking/communicating as much as possible? Describe integrated activities in the community that occur on a weekly/monthly basis.	In residential settings, many of the participants were spending time working in integrated competitive environments. In the residential settings, they'd often get home and want to relax in solitude. We are providing the state with standard working hours, and the times in which activities are included, and metrics to show the participants who worked typically wanted a break alone in their houses.	Self Assessment Questions: Do people in this setting have limited, if any, interaction with the broader community and are participants in this setting able to access the community at any time of their pleasing? Gdn question on community access in rep sample.
3. Participants have safe physical access to the community.	yes		Describe walkways nearby and where people can go. What distance do people have to walk to visit a business nearby that welcomes foot traffic?	We have established sidewalks by all locations and gas stations less than a block away from the settings. Other businesses are available as well.	Questions: Do individuals feel safe walking to businesses so they can shop for food, clothes, and other goods from this setting
4. Participants have transportation options that result in the ability to access the community when they please.	yes		Describe options used to access the community. What other options could be explored to increase access? How do participants schedule transportation when needed? What limitations on access do you place on participants? How are participants encouraged to use natural supports to get rides?	The city bus stops near most of our settings. All settings have a vehicle available for staff to take participants out according to their individualized schedule. We have floater staff who can also take people where they want to go, within about 2 hours of notice. We don't limit access unless their plan specifies a limit. We encourage participants to ask friends and family to take them places as much as possible.	Questions: What modes of transportation are typically available to participants at this HCBS setting?

Home and Community Based (HCB) Setting Compliance Report

5. The setting does not use or authorize interventions or restrictions that are used in institutional settings. ***(e.g. seclusion, involuntary restraints).*** .	yes		Are restrictions used on participants that are not in the plan of care? Are participants involuntarily restrained? Are participants receiving chemical restraints at frequencies or levels similar to an institutional setting?	All restrictions used are in the plan of care but will be reviewed to ensure they are not out of compliance with the plan or unnecessarily being used prior to less intensive interventions. The review will be in our transition plan.	Questions: On average, do participants or their guardians in this setting consent to the use of certain adverse actions, such as restrictions on rights or restraints; and, are participants in this setting ever required to take "time outs" or "quiet time" with no human contact allowed? Check IRs on Restraints and Injuries. Rep Sample questions on restraints. CM 1/4ly data on restraints and restrictions.
6. The setting integrates non-disabled persons who are not paid staff.	not yet-action required	Setting 1-8	Do other people like family members, friends, community members visit the setting weekly/monthly? How are they invited and how often? Do family members and friends know they are welcome to visit? How could you show the state that people are integrated?	Participants have or had little to no connection with their family, and prefer to invite friends with disabilities over when they have visitors. Family knows that they are welcome to visit if the participants wants for them to visit. We ask this in our annual satisfaction survey.	Questions: Do participants in this HCBS setting regularly interact with people without disabilities; and, on a weekly basis, with whom do the other individuals in this setting interact? Select all applicable; and, are there any provider restrictions regarding visitors; and, is this setting regularly visited by people who are not paid staff?
7. The setting supports full access to the greater community.	not yet-action required	Setting 1-8	How would you prove a participant has full access? Artifacts? Do participants get restricted from the community? If so, how is this regulated and monitored so it happens rarely and only as specified in a person's plan of care after all other attempts have been tried?	This area is a problem due to available staffing. Allowing participants to access the community whenever they please would be impossible given our current staffing situation. We included this item in our transition plan over the next four years.	Does this setting have the effect of isolating individuals from the broader community; and, do people in this setting have limited, if any, interaction with the broader community; and, what percentage of people in this setting are neither staff nor participants?

Home and Community Based (HCB) Setting Compliance Report

8. The setting supports and encourages interactions with people in the greater community when participants have visitors or visit community locations, stores, etc.	not yet-action required	Setting 1-8	Is the setting conducive to visitors? Are staff trained to support and encourage personal interactions between a participant and a member of the community? How do you know if participants have visitors in the setting and visit with others in the community?	Staff are trained to support and encourage personal interactions, but participants either work at an integrated setting, and want alone time afterward. We will include this item in the transition plan.	Are participants in this setting able to access the community at any time of their pleasing; and, are their any restrictions regarding visitors; and, is the HCBS setting regularly visited by people who are not paid staff; and, do participants have to earn the right to go out in the community; and do participants in this HCBS setting regularly interact with people without disabilities (do not count paid staff). Check CM 1/4ly data on community outings/integration
9. The setting includes opportunities to seek employment.	not yet-action required	Setting 1-8	How? What action do staff take to help participants seek employment?	There are only a few employed participants, but we are committed to providing employment to participants. We will include our current and future efforts in our transition Plan.	Use CM 1/4ly for employment status of participants, HCBS provider self-assessment "how many participants in this setting are employed". Use employment questions in Rep Sample process to check for satisfaction with employment.
10. Employment opportunities include competitive integrated work places.	not yet-action required	Setting 1-8	How? What actions do staff take to help participants work in competitive, integrated settings? How do you monitor that staff are supporting the person to work (through help with hygiene, proper attire, mental preparation, ensuring lunch or items for the day are prepared to go).	A number of our settings are fully integrated, having partnered with private companies. We are also working on piloting customized employment. Using the new employment pathway guide, we will explore employment opportunities with the rest of participants not currently working. This will be included in our transition plan.	Use CM 1/4ly to look at employment status of participants, HCBS provider self-assessment "how many participants in this setting are employed".
11. The setting includes opportunities for persons to engage in community life.	not yet-action required	Setting 1-8	How do participants actively engage in activities in the community? How could you show evidence of their engagement?	We will include this item in the transition plan which details how staff will allow for more opportunities to engage people in a meaningful community life.	Questions: Do people in this setting have limited, if any, interaction with the broader community; and, does this setting have the effect of isolating people receiving HCBS from the broader community; and, on a weekly basis, with whom do participants interact.

Home and Community Based (HCB) Setting Compliance Report

12. The setting includes opportunities for persons to control personal resources.	not yet-action required	Setting 1-8	Do participants use online banking, debit cards? Do they get support to monitor spending, save receipts, balance account? Can they carry and spend money as they desire? To what extent? What policy and practice is used to give participants as much freedom as possible?	Only some participants use online banking, most don't. We make safety from exploitation a priority. We will include a review of participants who could grow in financial responsibility as part of our transition plan.	Self assessment question: Do participants in this setting have to earn the right to use their own property. State staff knowledge of how people have access to use their own money.
13. The setting includes opportunities to receive services in the community to the same degree as persons not receiving Medicaid HCBS.	not yet-action required	Setting 1-8	How are participants given opportunities afforded to other people not on the waiver? How often? How do you ensure opportunities are given as specified in your policies?	We will include this item in our transition plan for these settings.	CM 1/4ly reports - Community Integration Satisfaction: With whom do participants interact? Self assessment: Do people in this setting have little or no interaction with the broader community? Do participants in this HCBS setting regularly interact with people without disabilities?
14. The setting is selected by the person from options including non-disability specific settings.	yes		How do you ensure participants have chosen the best setting(s) options from other choices available to them? How do they learn about non-disability specific settings available to them? How often do they review other options?	We think there are few other options to choose from. Working with the person's case manager, we will figure out how to offer other options that include non-disability specific settings. This will be in our transition plan.	Self assessment: How many other residential settings did the individual visit before making his or her choice?
15. The setting ensures a person's rights of privacy.	yes		How is privacy upheld? How are staff trained to respect the person's privacy?	The participant's guardian has given informed consent, and these restrictions are a part of the plan of care.	Can participants lose basic rights, such as the right to privacy and property, even if not declared a threat to themselves and others? Review recent site survey reports for concerns.
16. The setting ensures a person's rights of dignity and respect.	yes		Do staff treat each person with dignity and respect? How do you know? How do you monitor? Are staff required to report issues in this area if observed? Are participants asked how staff treat them?	The participant's guardian has given informed consent, and these restrictions are a part of the plan of care.	Representative Sample (QoL, Participant and Provider Staff Interview). Also, any recent issues noted in site survey reports?

Home and Community Based (HCB) Setting Compliance Report

17. The setting ensures a person's rights of freedom from coercion and restraint.	not yet-action required	Setting 5-8	Are all restraints done per the plan of care? Are staff asked to report any activities that show coercion or improper uses of restrictions or restraints? Are participants and guardians asked if they feel the person is free from coercion and restraint?	Participants and guardians are asked if they ever feel coerced by staff in an annual survey. Staff are required by policy to report any witnessed behavior of coercion. For some participants, restraints used are in the plan of care as a last resort. The CM obtains written consent from the guardian, who was informed of the circumstances when one may be used.	Self-assessment: Do participants have to earn access to their own property? Do participants have to earn the right to go out in the community? On average, do participants in this setting consent to the use of certain adverse actions, such as restrictions on rights or restraint usage. Quality of life form (Representative Sample) and File Review.
18. The setting optimizes a person's independence in choosing daily activities.	yes		How does your agency maximize opportunities for participants to make choices on a daily and weekly basis? How do ensure that choice is honored?	We review choices in activities in weekly meetings at the settings. Choices are documented in communication logs and in calendars posted. Managers arrange for staff transportation if needed. An annual survey inquires about participant and guardian satisfaction with choices being honored. Case managers also ask about this during their service observations.	Self-Assessment questions: Are participants required to give advanced notice (hour or more) before making a change to their schedule? Representative Sample: Quality of Life form
19. The setting optimizes a person's independence in choosing his or her physical environment.	not yet-action required	Setting 5-8	Did participants select this setting from different options? Are participants provided sufficient information to make this choice?	This is a practical problem with space in settings and will be a part of the transition plan.	Representative Sample (Participant Interview, Quality of Life Form)
20. The setting optimizes a person's independence in customizing his or her physical environment.	yes	Setting 5	Does a participant have a choice in how to decorate his/her bedroom? Do they have a say in the decorations for the other setting areas? Do they see other environment options in which they can broaden their informed choice?	We allow participants to decorate as they would like as long as the choices do not make it unsafe or unwelcome to others in the home. Participants and case managers work with us on changes the person wants to make if the person informs the CM about the request. For significant changes, the participant may have a written agreement for the changes in the case that they leave and need to pay for repairs.	Are participants restricted from keeping personal items in their rooms? If a participant was in residential habilitation, how were living options explained and offered to him/her in the last year? Use self-assessment, Representative Sample: QOL questions and Participants Interview
21. The setting optimizes a person's ability to choose with whom to interact.	yes		How do participants choose who to be around and spend time with? Do they have choice in peer groups, friends, visitors, members of public that they want to interact with?	Staff are trained to interact with the participants and find out who else they want to socialize with. Training records reflect this topic.	Rep sample data: Quality of Life Interview and Participant Interview

Home and Community Based (HCB) Setting Compliance Report

22. The setting facilitates personal choice regarding services and supports.	yes		How do they get to choose the types of services and supports received daily/weekly? How do you ensure that choices are honored?	The case manager and setting manager ask questions about choice on a monthly basis and address issues with services and supports that may be brought up. During intake, we ask questions about preferences to try matching people up well, then follow up with satisfaction surveys annually to ensure people feel their choices were honored.	Rep Sample - Quality of Life Interview and Participant Interview. Review Complaints in Improv on choice provided by this provider.
23. The setting facilitates personal choice regarding which provider provides services.	yes		How do participants get to help choose the provider or staff who work with them?	The case manager offers choices in providers on a semi annual and annual basis. We discuss setting choices on a monthly basis with people who have voiced an interested in moving or who have voiced unhappiness with where they live.	Rep Sample - Quality of Life Interview and Participant Interview. Review Complaints in Improv on choice provided by this provider.
Additional Standards for Provider Operated Settings *(A setting includes the structure and provider staff)*	**Current State of Compliance (yes, not yet or n/a)**	**Setting(s) found not in compliance by the state or provider based on information collected**	**State follow up questions or evidence needed from the provider to ensure compliance**	**Response from provider (provide examples, reference policies, procedures, or name artifacts that will be submitted separately to the state which shows compliance. If not yet in compliance, state that the item will be addressed in the provider transition plan.**	**Data Analysis for state staff to complete from other data sources**
24. Each person in the residential setting has a signed lease or written residency agreement.	not yet-action required	Setting 5-8	Please submit a copy of a signed lease or residency agreement. If not in place, please address in transition plan.	We will include this item in our transition plan. Some have a lease and a draft residency agreement, which have been submitted.	Discussion with the provider. See copies of leases on file.

Home and Community Based (HCB) Setting Compliance Report

25. Each person has privacy in their sleeping or living unit.	not yet-action required	Setting 5,7	Does the person share a bedroom? If yes, how is privacy honored and supported by staff and the other roommate? If privacy is restricted due to a participant's need, how are staff directed to give the utmost privacy to a person?	Some participants share a bedroom and need to have better privacy for their area. Staff will receive retraining on privacy and supporting people properly. Some participants have less privacy due to medical and personal care concerns, which is specified in their plan of care. For other settings where we could do better, we will include it in the transition plan.	Self-assessment: Can participants lose basic rights, such as the right to privacy and property, even if not declared a threat to themselves and others? How many participants have their own private bedrooms (no roommates). Quality of Life Form (Representative Sample)
26. Each unit has lockable entrance doors (bedroom and house door) with access to the lock, along with appropriate staff having access.	not yet-action required	Setting 5-8	Does each bedroom have a door with a lock? How do participants access the room and front door? Do they an option to have a key, key code, card swipe, etc.? How do you monitor who has access to the setting and each bedroom to ensure security and safety?	Our participants all have an opportunity to have a key if they have requested one. We will include this item in the transition plan to make all doors have locks and ensure all participants have access to a key, unless they have a need for a restriction to this right in the plan of care. Other options for locks without keys, such as codes, will be reviewed.	Self-assessment: How many participants in this setting have their own keys?
27. Each person sharing a sleeping or living unit has a choice of roommates.	not yet-action required	Setting 5-8	For participants who share a bedroom, what procedures, policies anre in place which inform participants of their right to choose a roommate? How often? How do you monitor that choices have been respected?	Choices are offered to participants to have or not have a roommates annually per policy (provided).	How many participants in this setting have roommates; and, CM 1/4lys, Representative Sample (QoL, Provider Staff Interview)
28. Each person has the freedom to furnish and decorate within the lease/agreement.	not yet-action required	Setting 5-8	Are participant's instructed that they have the right to decorate within the lease or agreement? Please describe how you instruct and support them in excercising this right.	We visited these settings and felt that the provider allowed adequate customization for rooms. We will further address this area in our transition plan.	Self-assessment: Are participants restricted from keeping personal items in their rooms? Representative sample

Home and Community Based (HCB) Setting Compliance Report

29. The persons do not have to follow a regimented schedule during services in this setting.	yes		How are participants given individual choice in their schedule development so they do not have to follow a schedule like everyone else?	We encourage them to develop personalized schedules on a weekly basis. This helps us plan for their transportation and support needs. It does not have to be regimented if they do not want it and they can refuse to do something on their schedule. For some refusals, the natural consequences are explained to them, such as possibly losing their job if they don't go to work.	Self-assessment: Are participants required to give advanced (one hour or more) notification before making a change to their schedule?
30. Each person has the freedom and right to support and control his/her own schedule and activities.	not yet-action required	Setting 5-8	How are participants supported to control their own schedule and activities depending on their preferences, work hours, community/club memberships, and other interests? How do you ensure participant and guardian choices are honored?	We feel that we can improve in this area by having more conversations or house meetings with participants on choosing their schedule and activities. This item will be addressed in our transition plan.	Self-assessment questions to review: Are participants required to give advanced (one hour or more) notification before making a change to their schedule; and, Select the fun activities participants in this setting do in a give week; and, do individuals partake in activities together. Also check Rep sample: Quality of Life Form
31. Each person has the freedom and right to support to access food at any time.	not yet-action required	Setting 5-8	How accessible is the food in the setting for each participant? Give details. Can participants choose other foods at meal times? To what extent? Describe any restrictions or "house rules" that limit access.	This item will be addressed in our transition plan.	Can Participants access food when they please.
32. Each person can decide when they want to eat.	yes		Can participants choose their preferred meal times? If so, how are participants told of this right? If not, please address this area in your transition plan.	Participants can inform house staff when they want to eat. No rules impact this unless they are on a diabetic diet with specified meal times for blood sugar safety.	Rely on state knowledge, past state surveys. Self-assessment: Do participants cook their own meals; and, do participants cook their own meals?
33. Each person can decide with whom to eat with.	yes		Do participants get to choose with whom they want to eat? Or choose to eat alone?	Participants can choose who they want to eat with or can choose to eat alone.	Self-assessment and review provider information on setting and past site survey, maybe IR data?
34. Each person may have visitors at any time.	not yet-action required	Setting 5-8	How are visitors allowed in setting? What house rules or provider rules limit visitors? How do you ensure participants are getting to have visitors according to their preferences or the preferences of the guardian?	This item will be addressed in our transition plan to reform the visitor policies for all settings.	Self-assessment: Are there any provider restrictions regarding visitors?

Home and Community Based (HCB) Setting Compliance Report

35. The setting is physically accessible to each person in it.	yes		How do you ensure the setting is fully accessible to the participants residing in it?	To our knowledge, each setting is accessible to those in it. We will put out a staff survey for them to evaluate settings for accessibility and let managers know if problems arise. This step will be included in our transition plan.	Representative Sample: File Review and QoL. Rely on state knowledge of setting and information provided by the provider.