

# **The Hilltop Institute**



analysis to advance the health of vulnerable populations

## **Maryland Residential Provider Self-Assessment**

The Centers for Medicare and Medicaid Services (CMS) is requiring states to review and evaluate current Home and Community-Based Settings (HCBS). There are new rules to make sure that individuals who get Medicaid waiver services and supports have full access to the benefits of community living.

More information about the rule may be found at: http://www.medicaid.gov/MedicaidCHIPProgramInformation/ByTopics/LongTermServicesandSupports/Homean dCommunityBasedServices/HomeandCommunityBasedServices.html

This survey asks questions about the settings of your organization. Please answer the questions to reflect what is typical of each type of provider.

Surveys should be completed for each type of provider. For example, if your organization is both an assisted living provider and a residential habilitation provider, two surveys should be completed.

The surveys will be used to assist the Maryland Department of Health and Mental Hygiene (DHMH) write its transition plan for CMS.

If you have questions about the plan you may contact DHMH by email at: dhmh.hcbssetting@maryland.gov.

You may also send questions to: DHMH 201 W. Preston Street Baltimore, MD 21201 Attn: Rebecca VanAmburg

If you have any questions about this survey, please contact MaryAnn Mood, Policy Analyst at The Hilltop Institute, 410-455-6395,mamood@hilltop.umbc.edu.

This survey should take you approximately 15 minutes to complete. There is space at the end of the survey for additional comments.

Please return the completed survey to: UMBC The Hilltop Institute, 3<sup>rd</sup> Floor Sondheim Hall 1000 Hilltop Circle Baltimore, MD 21250 Attn: MaryAnn Mood

All surveys must be RECEIVED by October 31, 2014 to be included in the analysis.

Maryland Residential Provider Self-Assessment Background Information	
	Name:
	Company:
	Address:
	City/Town:
	State:
	Zip:
	Email address:
	Phone number:
2.	Please identify the provider type-by filling in the circle.
	O Assisted living
	O Residential Habilitation
3.	What is the maximum number of individuals who can be served by this provider?
	O Don't know
	Number of individuals:
4.	How many individuals are currently being served by this provider?
	O Don't know Number of individuals:

#### **Physical Location of Setting**

Please choose one answer—by filling in the circle.

5. Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment? (For example, a nursing facility (NF), an institute for mental disease (IMD), or an alternative care facility for individuals with intellectual disabilities (ICF/IID))?

O Yes

- O No
- O Don't know
- 6. Is the setting near other settings that the provider runs for people with disabilities?
  - O Yes
  - O No
  - O Don't know
- 7. Is the setting located in the same building as an educational program or school?
  - O Yes
  - O No
- 8. Are there private residences near the setting?
  - O Yes
  - O No
- 9. Are there other businesses near the setting?
  - O Yes
  - O No

#### **Community Involvement**

Please choose the one answer—by filling in the circle—that reflects what is typical of this provider.

- 10. People who are served at the setting include:
  - O Only people with disabilities
  - O The majority of the people have disabilities, but not all
  - O Very few people have disabilities
- 11. Does the setting serve people with a specific type of disability only? (For example, only those with dementia are served.)
  - O Yes
  - O No
- 12. Approximately what percentage of individuals are employed?
  - O Less than 10%
  - O 10-25%
  - O 26-50%
  - O 51-75%
  - O 76-100%
  - O Don't know

13. Are there supports available to help individuals who want to work find jobs?

- O Yes
- O No
- O Don't know
- 14. Are individuals given information about community activities? (Festivals, religious activities, concerts, sporting events, movies, etc.)
  - O Yes
  - O No
  - O Don't know

#### **Community Involvement continued**

Please choose the one answer—by filling in the circle—that reflects what is typical of this provider.

- 15. Do individuals talk about activities occurring in the community?
  - O Yes
  - O No
  - O Don't know

16. Is public transportation accessible from the setting? (For example, a public bus stop is nearby.)

- O Yes
- O No
- O Don't know

17. Are staff available to take individuals to non-health related appointments, shopping, etc...?

- O Yes
- O No

# **Maryland Residential Provider Self-Assessment**

#### **Rights and Control**

Please choose the one answer—by filling in the circle—that reflects what is typical of this provider.

- 18. Are staff available to assist individuals privately? (For example, if the individual needs help going to the bathroom.)
  - O Yes
  - O No

19. Is information about filing a complaint posted in an easy-to-find location?

- O Yes
- O No

#### **Rights and Control continued**

Please choose the one answer—by filling in the circle—that reflects what is typical of this provider.

- 20. Are individuals able to make complaints without providing their names?
  - O Yes
  - O No
- 21. Is health information about individuals kept in a secure and private location? (For example, in a locked file cabinet.)
  - O Yes
  - O No
  - O Don't know
- 22. Do staff speak to individuals in a respectful manner? (For example, do staff address participants using their names and without shouting?)
  - O Yes
  - O No
- 23. Are individuals allowed to have their own bank accounts that they manage?
  - O Yes
  - O No
  - O Does not apply. Individuals do not have bank accounts.
- 24. Are individuals required to have a representative payee to live in this setting? (A representative payee is an individual or organization named by the Social Security Administration (SSA) to handle another person's social security benefits.)
  - O Yes, all individuals must have a representative payee
  - O Only some individuals must have a representative payee
  - O No individuals are forced to have a representative payee
  - O Don't know

#### **Residential Settings**

Please choose the one answer choice—by filling in the circle—that is typical of the provider setting. A unit is a person's living space – which could be an apartment, a house, or a room or an apartment in an assisted living facility.

- 25. Do the entrance doors to the units lock?
  - O Yes, all of the units
  - O Most of the units
  - O Some of the units
  - O No, none of the units have lockable entrance doors

26. Do only the necessary staff have keys to the entrance doors?

- O Yes
- O No
- O Does not apply. The entrance doors are not lockable.
- 27. Are individuals who have bedrooms able to lock their doors?
  - O Yes
  - O No
  - O Does not apply. There are no separate bedrooms.
- 28. Are individuals able to lock the bathroom door?
  - O Yes
  - O No
- 29. Are there cameras in the unit used to monitor residents?
  - O Yes
  - O No
- 30. Do individuals have access to a phone, computer, or other device to have private conversations at any time?
  - O Yes
  - O No

#### **Residential Settings continued**

Please choose the one answer choice—by filling in the circle—that is typical of the provider setting. A unit is a person's living space – which could be an apartment, a house, or a room or an apartment in an assisted living facility.

- 31. Are individuals given the option of a private unit? (So individuals would not have roommates.)
  - O Yes
  - O No
- 32. If individuals are sharing units, were the individuals given a choice in their roommate(s)?
  - O Yes
  - O No
  - O Does not apply. Individuals are not sharing units.
- 33. Do individuals know how to request a roommate(s) change?
  - O Yes
  - O No
  - O Does not apply. Individuals are not sharing units.
- 34. Are individuals given a lease or other legally enforceable document that describes their rights in the event of an eviction?
  - O Yes
  - O No
- 35. Do individuals know how to request new housing?
  - O Yes
  - O No
- 36. Do individuals have access to food at any time in their units? (Access includes being able to make food in the kitchen at any time.)
  - O Yes
  - O No

#### **Residential Settings continued**

Please choose the one answer choice—by filling in the circle—that is typical of the provider setting. A unit is a person's living space – which could be an apartment, a house, or a room or an apartment in an assisted living facility.

- 37. Are individuals allowed to eat anywhere they want in their unit?
  - O Yes
  - O No
- 38. Do individuals pick their own clothing to wear each day?
  - O Yes
  - O No
- 39. Are individuals able to groom themselves as they want each day? (For example, can they cut their hair or shave when they want?)
  - O Yes
  - O No
- 40. Are individuals allowed to decorate their own space as they wish? (For example, they can hang their own pictures or pick their own curtains.)
  - O Yes
  - O No
- 41. Are individuals allowed to leave and return to their unit at any time?
  - O Yes
  - O No
- 42. Are individuals allowed to have visitors at any time?
  - O Yes
  - O No
- 43. Do individuals have a private space to meet with their visitors?
  - O Yes
  - O No

# **Residential Settings continued**

Please choose the one answer choice—by filling in the circle—that is typical of the provider setting. A unit is a person's living space – which could be an apartment, a house, or a room or an apartment in an assisted living facility.		
<ul><li>44. Are individuals able to use appliances in the unit? (For example, for individuals in wheelchairs, is the microwave oven at a height they can reach?)</li><li>O Yes</li></ul>		
O Some appliances, but not all of them		
O No		
<ul> <li>45. Are extra items provided as needed so that individuals can live comfortably in the unit? (For example, grab bars, seats in the bathroom, or ramps for wheelchairs, etc)</li> <li>O Yes</li> <li>O No</li> </ul>		
<ul> <li>46. Are there barriers that keep individuals from going to or leaving certain areas? (For example, Velcro strips, gates, or locked doors.)</li> <li>O Yes</li> <li>O No</li> </ul>		

#### Comments

47. Additional comments or questions?

# Thank you for completing this survey!

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