HCBS Provider Self-Assessment
Frequently Asked Questions

Wufoo Questions

Question	TennCare Response
1. How do I sign into Wufoo?	Wufoo is accessed by using the link emailed to your agency by your designated reviewer (DIDD or an MCO). This email would have been sent to the person listed with the MCOs or DIDD as the primary contact for your organization. You should make sure staff within your agency did not receive this email. If your agency did not receive an email, reach out to any of the organizations in which you are contracted to provide services (either DIDD or an MCO) and request that they assist you in identifying your designated reviewer and accessing Wufoo.
2. When a resubmission is required, Wufoo requires the provider to initiate a new entry. Is initiating a new entry the appropriate process to "resubmit" items that are missing, or need updating/correcting?	Wufoo only allows for one submission per provider, per assessment type; therefore, resubmission on an existing assessment is not an option. For this reason, it is critically important that providers review Wufoo to ensure they've entered their responses correctly, and double check their crosswalk to ensure that all documents are attached prior to hitting 'submit' in Wufoo. In the event that a provider submits their self-assessment in error or with incomplete or incorrect attachments, they will need to promptly reach out to their designated reviewer to communicate the error and work with the designated reviewer to submit the remaining and/or correct information outside of Wufoo, or, in instances where there is a large amount that is missing or incomplete, the reviewer may need to delete the original submission. Do not resubmit without first discussing the issue with your designated reviewer.

3. If an agency's operational manual (which includes evidence of compliance with the HCBS Settings Rule) is too large for electronic submission via Wufoo, can the manual be mailed to the designated reviewer?	Wufoo allows for the submission of large documents. We recommend that providers attempt to attach all documents via Wufoo. It is important to remember that the entire manual may not be necessary. You may only need to submit sections that are applicable to demonstrating compliance with the HCBS Settings Rule. In the instance that a document is too large, reach out to your designated reviewer for instruction on their preferred method of delivery.

Self-Assessment Process

Question	TennCare Response
1. If a DIDD agency completes a Provider Self-Assessment, will the annual QA survey still be required as well?	Yes. The HCBS Settings Provider Self-Assessments are not considered an acceptable substitute to meet the QA-related requirement.
2. How many assessments are required per service provided?	• Providers of Residential Habilitation, Family Model Residential, ACLFs, and Adult Care Homes must complete one self-assessment for each setting site. • Providers of Supported Living services must complete one self-assessment per licensed service type. If contracted in multiple regions, one self-assessment per region is required. • Providers of CHOICES Adult Day and DIDD Facility-Based Day must complete one self-assessment per service site. • Providers of Community-Based, In-home Day, and Supported Employment must complete one self-assessment per licensed service type.

HCBS Provider Self-Assessment
Frequently Asked Questions

3. The questions for the self-assessment in comparison to the crosswalk are worded differently. Based on the wording of the question on the self-assessment, the answer is mainly "yes." However, the wording indicated on the crosswalk changes the same question to "no."	Make sure the current self-assessment and crosswalk tools are being used. They have been revised to read the same. If you are concerned that you are working from the wrong version, we recommend you reach out to your designated reviewer to verify.
4. When will members be transitioned from providers who do not intend to comply with the HCBS Settings Rule?	When a designated reviewer receives notification that a provider does not intend to comply with the HCBS Settings Rule, the MCO and/or DIDD will immediately begin working with you to develop a plan to transition individuals receiving services into another care setting. Providers are required to provide, at minimum, 30 days notice prior to transitioning the individual. More than 30 days may be needed and shall be determined on an individual basis.
5. If notes or documents including member information are being used as evidence, should the provider redact the PHI before submission?	Yes. Wufoo is not a secure or encrypted site and **no individual or PHI information of any type** should be submitted via Wufoo.
6. If a provider offers two different services at the same location (Adult Day Care, ACLF, for example), is it the expectation that the provider close one of the businesses and relocate?	Providers are permitted to provide multiple HCBS services at the same location as long as the location meets the HCBS Settings Rule criteria or the provider comes into compliance with the Rule so that the setting meets the criteria. The setting(s) and services provided should not prohibit individuals from being able to access and participate in their broader community. In addition, individuals must have freedom of choice to participate in services from other options available at that setting and understand their rights to request a change if necessary. In the example provided, a provider who operates an ACLF that complies with the HCBS Settings Rule could also offer Adult Day Care in the same location.

HCBS Provider Self-Assessment
Frequently Asked Questions

Incorporating Stakeholders into Assessment Process

Question	TennCare Response
1. Does the term "advocate" in reference to stakeholder group requirements refer strictly to persons who provide professional advocacy services? If not, are there any suggestions for appropriate persons?	Advocates may be "professional, paid" advocates or they can be part of an organization whose primary focus is advocacy. For example, local ARCs are considered to be an advocacy organization and MCOs employ Member Advocates who may be able to assist.
2. Must stakeholder groups include a consumer receiving services through the specific program (and at the specific site, if applicable) being assessed?	An organization may use one stakeholder group regardless of the number of self-assessments they are required to complete. However, the groups must be representative of the array of services and sites being assessed by the organization. For example, it would be inappropriate to have a person receiving personal assistance/care services to serve on the stakeholder group since that is not a service that is required to be assessed at this time. All members of the stakeholder group must be associated with and familiar with the services and sites being assessed.
3. Can the Provider Agency Staff person be office staff? Or does it need to be a staff person that provides one of the assessed services?	Staff persons participating in the self-assessment stakeholder group should be staff who provide the service(s) being assessed.
4. Is the requirement of a Stakeholder group for the purposes of the self-assessment only? Or will this be an ongoing requirement?	Currently the requirement for stakeholder groups pertains only to the self-assessment process. However, convening stakeholder groups on an ongoing basis as part of a quality management process is an example of best practice.

5. If an organization is statewide and completing multiple assessments across all 3 regions, is 1 statewide assessment group to include a minimum of 1 stakeholder from each region acceptable? Or is 1 stakeholder group per region required?	Statewide organizations completing assessments for more than 1 region are only required to have 1 stakeholder group. If the organization chooses to have 1 statewide stakeholder group as opposed to a stakeholder group per region, the statewide group must include, at minimum, 1 consumer and 1 advocate for each region the organization is assessing.
6. Does the stakeholder need to be present in the meetings when the assessments are completed? Or can a stakeholder provide a letter and this be adequate evidence that the stakeholder was involved?	The stakeholder group is meant to provide guidance and to challenge the organization to thoughtfully assess their setting and services. The best practice for this type of guidance and reflection is in the form of multiple meetings either in person or via conference call. A letter or one meeting is inadequate involvement.

Residential Self-Assessment

Question	TennCare Response
1. With regard to questions that target specific settings which may not apply to all providers (e.g., **Question 3***, "The provider does NOT own or operate multiple locations on the same street?"), what kind of evidence is appropriate?	Evidence of compliance may include a Google map of where all the setting sites are located, which would illustrate the various locations. Meeting summary or meeting minutes from your Stakeholder Meetings containing a statement regarding the locations of setting sites may also suffice (remember to include sign in sheets from Stakeholder meetings). Member materials describing setting sites/locations may also be submitted as evidence.

* All Questions in bold in the Residential and Non-Residential Self-Assessment Sections refer to questions on the self-assessment tools.

2. With regard to **Question 3** ("The provider does NOT own or operate multiple locations on the same street?"), if two Family Model Sites are within close proximity (1/4 mile distance) on the same street would this be viewed as YES with required evidence of compliance?	Please refer to attachment A of the self-assessment tool. Guidance specific to this question states: *If YES, your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?* The purpose of the question is to assess whether individuals receiving HCBS services are in fact living a life integrated in their communities. In regards to the example presented, if a provider has two homes that are near each other, then that provider must reflect on the experience of the individuals living there and assess if agency policies and practices ensure compliance with the HCBS Settings Rule.
3. Some evidence provided to support "YES" answers in the assessments will come from policies and procedures, manuals, leases, etc. Is it acceptable to copy and paste the sections from each document and compile all evidence into one document for that particular assessment? Or is the whole manual, lease, etc. required?	It is acceptable to copy and scan in only those sections that are applicable to support any YES response. Keep in mind that your reviewers and/or TennCare may ask to view the entire document, especially if the excerpt is unclear. Be sure to provide enough context for your reviewer if you choose to use an excerpt and clearly indicate where the excerpt is from (e.g., Is it part of a training curriculum or presentation? Or is it a chapter from a larger manual?). Use the Crosswalk template provided by your reviewer to identify documents you have provided as evidence for each question, and clearly mark each document to match the Crosswalk. For example, when scanning multiple documents to upload to one folder (i.e., Policy Documents), be

	sure the title of each separate document is clearly labeled and the sections referenced as supporting evidence are attached and easily identifiable. Submit only those pieces of evidence that apply to thoroughly support any YES response.
4. When submitting evidence/supporting documentation, is a sample size required (percentage of individuals supported)? Or is the expectation to supply pictures, leases, etc. for every individual supported?	It is not expected that evidence is provided on an individual level. For many questions, a policy that governs your agency – and therefore would apply to all individuals served – will suffice. This will demonstrate that there is no blanket policy against locking doors or accessing food, for example. It is not practical, and may not always be possible, to provide evidence specific to every individual. For example, there may be some individuals who do have restrictions, but the expectation would be that those restrictions are exceptions and part of a person-centered plan. It is always a good idea to supplement the broader policies you provide with personal accounts, like letters of support from individuals and/or discussion summaries from Stakeholder Meetings to support your compliance with the HCBS Settings Rule. With regard to the example of providing leases, if you are assessing a provider-owned residence (ACLF, DIDD Residential Habilitation, Adult Care Home), you may submit a copy of your lease template. If you have multiple templates for different situations, a copy of each different template must be provided.

5. Can a statement of compliance suffice as evidence? Or is evidence of compliance reflected in a policy-type document required? For example, for **Question 5** of the residential provider self-assessment ("The home setting or dwelling is NOT located in a farmstead or disability specific community"), can a provider simply state they are **not** located in a farmstead or disability-specific community within the crosswalk document?	Statements of compliance within the crosswalk document are not acceptable forms of evidence on their own. Statements and accounts from individuals are best used as supplementary material to further support more concrete evidence, such as brochures or pamphlets containing photos or descriptions of the setting location (e.g., materials developed for advertising or for the people using services). If member materials are not available, photographs of the location as it relates to the community at large, which would show visibly that the setting is not located in a farmstead or disability-specific community, may serve as evidence of compliance.
6. With regard to questions about a setting that is 'disability specific,' what is the expectation for demonstrating compliance? For example, **Question 6** ("The home setting is not designed specifically for people with disabilities?") could be interpreted to mean that the setting is accessible. However, we do provide the supports such as ramps, etc. as needed which would mean the home is designed specifically for people with disabilities.	It is important to continue to go back to the intent of the HCBS Settings Assessment questions: Are individuals receiving HCBS services integrated in their communities, with the same rights and opportunities as people who are not receiving HCBS services? Question 6 is not about accessibility; it is about the intended use of the site and ensuring the setting is not a congregate setting that isolates people with disabilities from people without disabilities (i.e., was the setting designed specifically and ONLY for people with disabilities?) The provider would be expected to explain that the settings for people receiving their services are the same types of settings that people live in who are not receiving HCBS services, in neighborhoods alongside people who are not receiving HCBS services.

7. With regard to **Question 7** ("Individuals who reside in the setting are NOT primarily or exclusively people with disabilities"), how do we answer "YES" if all individuals in the home are people with disabilities?	Please refer to guidance provided in Attachment A of the self-assessment tool. Guidance specific to this question states: *A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?*
8. With regard to **Question 8** ("Does the setting offer onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule?"), please clarify how to interpret "on-site" services. A related question: If staff are following mealtime guideline, behavior support plan, etc. would this be considered an on-site service? Are the services provided in the home, such as behavior analysts who come to the person's home for assessments, considered non-compliant?	On-site means that the site being assessed offers various services at the same location as the residence. The way to interpret compliance is: if there are on-site services available and utilized by an individual, are those services determined in consultation with the person supported, and are they part of a person centered plan? Do individuals served have the option to receive those services in an off-site, community location? If not, then a transition plan is necessary. Meal plans and behavior support plans are not considered on-site services specific to this question. Plans such as these are part of the person-centered planning process and in place to support meeting the individual's specified needs.

9. With regard to **Question 13** ("Are people able to come and go at any time?"), please clarify. Many people, as they are currently supported, would need assistance, possibly multiple vehicles to enable this support in rural areas, etc. A related question: what would serve as evidence of compliance and how can a YES response indicate compliance and an agency remain in compliance with the 24/7 staffing rules?	The ability to come and go any time from one's residence does not conflict with needing assistance. The point of the question is: Can a person drive their own schedule? If not, then the reasons need to be supported by the person-centered plan. Providers need to assess their organizations to ensure there are no policies, training materials, etc that prohibit a person's right to come and go. If modifications to the Rule are needed on an individual basis that will be determined through the person-centered planning process, documented in the ISP, and monitored for effectiveness and appropriateness of continued implementation. Otherwise, a transition plan is necessary. With regard to the question about compliance with 24/7 staffing rules, providers should offer evidence of policies or written processes in place, showing that people have choice about when they come and go. People who need 24 hour support should not be limited in when they come and go based on their personal choice. This question does not imply that a person needing supports not receive these supports when exercising choice.
10. With regard to **Questions 13 and 36**: In Question #36 ("Is there a curfew or other requirements for a scheduled return to the setting?"), a "Yes" response would indicate the provider is placing limits on an individual. A "No" response would require a transition plan. This seems contradictory to the purpose of the Rule. Question # 13 asks, "Are individuals able to come and go at any time?" This contradicts Question 36 as written if answered with a positive response.	Thank you for pointing out this discrepancy. Despite many reviews, this one was missed. Providers should answer the question accurately per agency/site being assessed. The residential crosswalk will be revised to include instructions for question # 36 and re-distributed to all residential providers. In regards to question # 13 contradicting question # 36, an agency/site may not have specific curfews established, but also may not allow people to control their own coming and going, regardless of whether a curfew policy exists.

HCBS Provider Self-Assessment
Frequently Asked Questions

11. With regard to **Questions 9-12**, will daily notes that show community inclusion/ outings serve as proof? Questions 9-12: #9 Does the provider provide options for community integration and utilization of community services in lieu of onsite services? #10 Are individuals able to regularly access the community and are they able to describe how they access the community, who assists in facilitating the activity and where he or she goes? #11 Are individuals aware of or have access to materials to become aware of activities occurring outside of the setting? #12 Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?	Examples of daily notes may be one component of evidence of compliance, but compliance from an agency policy perspective is more critical in order to show that your setting is compliant across all individuals served, and anyone who will be served in the future. Member materials and training materials should also be reflective of agency policy which supports individuals' rights and ability to access and participate in their communities.
12. With regard to **Question 17** ("Does (each) unit have lockable entrance doors, with the resident and appropriate staff only having keys to doors, as appropriate?"), will a picture of the door with locks serve as proof?	A policy statement demonstrating that there are no blanket restrictions on allowing residents to close and lock their own doors, unless there is a reason documented in the person centered plan, is the best evidence to provide. Additionally, documentation from the stakeholder group attesting compliance with this aspect of the Rule will suffice as evidence of compliance.
14. With regard to **Question 35** ("Are individuals moving about inside and outside the setting as opposed to sitting by the front door?"), please clarify what this question means.	The intent of this question is to assess whether people feel comfortable accessing all shared spaces in the site, and going in and outside of the site as they wish whenever they would like to.

15. With regard to **Question 39** ("Are individuals using Medicaid HCBS facilitated in accessing amenities such as a pool or gym use by others on-site?"), please clarify what this question means. Does this mean if they live in an apartment they can access their amenities?	The intent of this question, like all questions on this assessment, is to determine whether the setting is isolating or allows the person supported the same freedoms and opportunities for community integration as anyone else. Specific to Question 39: Does the organization support the person to use amenities that others in the community access. For example, if a person lives in an apartment complex, condo, or has a neighborhood association, does the person supported have the same access to the amenities, such as a pool or community center, as other people who live there? Are individuals supported in accessing public facilities such as gyms, recreational areas, etc. that are utilized by the broader community? If so, then the setting is compliant. If not, then a transition plan outlining how the practices will change to support full access and integration is necessary.
16. With regard to **Question 43** ("Do individuals in the setting have access to public transportation? (Put N/A ONLY if there are NO public transportation options available in the service setting area)"), is a taxi considered public transportation?	This question refers to such options as para-transit, buses, rural transportation, taxis, etc. that are available to individuals supported. The intent of this question is to assess whether or not the individuals supported know how to access the transportation options available in their community, as one critical aspect of independence and integration into the community. This does not mean that an individual would use a taxi, for example, as the primary means of transportation – just as a person who is not receiving HCBS services would not necessarily use a taxi or other forms of public transportation. However, the individuals who receive HCBS Services should have the same access and knowledge of how to use transportation options as anyone else.

17. With regard to **Question 46** ("Policy Enforcement – Do paid and unpaid staff receive new hire training and continuing education related to residents' rights and member experience as outlined in HCBS rules?"), please clarify the meaning of "unpaid staff"?	Specifically for this item, "unpaid staff" are those who are serving in a "volunteer" capacity or natural supports, and are responsible for some portion of ISP implementation.
18. Our facility has cameras in all of our common areas as well as entrances and exit points of the building for safety and security purposes. On the HCBS Settings Transition plan final document, the example was to remove cameras from these areas. Is this a stipulation of the new guidelines?	Removal of cameras is not a specific stipulation in the Rule. The use of cameras must be assessed against the HCBS Settings Rule to ensure that the presence and intended use of cameras is in compliance with the Rule. The Centers for Medicare and Medicaid (CMS) is requiring states to ensure that individual rights to privacy are protected. Providers must be able to demonstrate that the use of cameras is in compliance with the HCBS Settings Rule, and if it is not providers must develop a transition plan to come into compliance.
19. We provide In-patient Respite Care through our Assisted Living facility. Does a separate assessment have to be done for the Respite Care?	No, respite services are excluded at this time. These assessments are targeted to residential and non-residential services (day services) only.

HCBS Provider Self-Assessment
Frequently Asked Questions

Non-Residential Self-Assessments

Question	TennCare Response
1. Where do providers complete the self-assessment for In-Home and Community-Based Day service settings?	Providers of day services are required to conduct an assessment, using the Non-Residential Self-Assessment Tool, for every different type of day service offered. All assessments must be entered into the Wufoo portal and submitted separately. The purpose is to assess provider agency policy and practice for compliance with the HCBS Settings Rule.
2. In assessing Community-Based and In-home Day programs, providers are to use the Non-residential self-assessment, correct?	Yes, for Community-Based Day and In-home Day services, complete the Non-residential Provider self-assessment for each per grand region of the state in which you operate.
3. The Self-Assessment for Non-Residential Providers uses the terminology "member experience" in **Questions 15 – 17**. Could you please clarify what "member experience" means and what new hire trainings are available regarding member experience?	The term "Member" refers to the persons supported by providers (the individuals enrolled in either CHOICES or the DIDD waivers). "Member experience" refers to each person's experience in their life, receiving HCBS Services from CHOICES providers or DIDD providers. Through the HCBS Settings Rule, CMS requires states to provide those services in a manner that ensure that each person's experience is reflective of the provider/setting being in compliance with the Rule; that is, people have the same rights, freedom and opportunities as people who are not receiving services. The intent is for CMS to ensure that state services systems, including their provider networks, are not infringing on people's independence or rights. In cases where policies or practices may be inadvertently doing so, we need to transition into compliance. All staff should be trained on the expectations of the CMS HCBS Settings Rule. Providers should ensure training materials are inclusive of requirements set forth in the HCBS Settings Rule and that the member's experience with receiving services is emphasized.

4. With regard to **Questions 7 & 8,** please clarify what these questions are asking for. #7: The service setting is NOT designed specifically for people with disabilities? #8 Individuals who participate in services are NOT primarily or exclusively people with disabilities?	It is important to continue to go back to the intent of the HCBS Settings Assessment questions: Are individuals receiving HCBS services integrated in their communities, with the same rights and opportunities as people who are not receiving HCBS services? Questions 7-8 are asking if the setting is designed only for people with disabilities, with the intent to determine whether or not people are being isolated or are people able to participate in community activities to the same extent as people who are not receiving HCBS services. The provider needs to either provide evidence that their settings comport with those expectations, or provide a transition plan outlining how that service will come into compliance. Refer to the guidance in Attachment A specific to these questions states: *A YES response indicates this statement is true of the service setting(s) you are assessing. If NO and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If NO but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?*

5. With regard to **Question 11** ("Does the individual regularly access the community and is he/she able to describe how he/she accesses the community, who assists in facilitating the activity and where he/she goes?"), the word 'regularly' is subjective. How should regularly be defined?	"Regularly" should be defined on an individual basis. Does the individual get to access the community as he or she chooses? For Question 11, the provider needs to think about whether people they serve can access the community to the same extent you would expect of a person who is not receiving HCBS services? Do your agency's policies support access to the community and facilitate activity driven by the person supported and the person-centered plan? If a provider can offer strong evidence supporting such practices, then they will be considered in compliance.
6. With regard to **Question 13** ("Are individuals able to come and go any time?"), is this asking if the person can come and go in the community or the environment of the non-residential service or the environment the individual is in?	This question is to assess if there are policies, rules, etc. that prohibit an individual from being able to leave the non-residential setting to participate in community activities. If the provider is a DIDD Facility-Based Day Services provider or a CHOICES Adult Day provider, it is important to assess whether or not persons supported are required to come at certain times and stay for certain hours, or can persons supported come and go as necessary to participate in community activities. For other types of day services, providers should assess whether their policies and practices support individuals in the activities of their choosing.
7. With regard to **Question 17** ("Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?"), what is required as evidence to support that policies are regularly assessed for compliance with the Rule and amended as necessary?	Evidence that supports compliance with this aspect could be a memo or other form of a policy statement, or an explanation in a company manual or management plan, etc. that indicates you regularly review, assess and as necessary, amend your policies on member experience for compliance with all state and federal regulations. Another form of verification could be meeting minutes from a staff meeting when this process was explained, for example.