



## MSSP Home and Community-Based Settings MSSP Site (Provider) Self-Assessment Tool Instructions

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### **Overview**

All Multipurpose Senior Services Program (MSSP) sites (providers) are required to complete the *MSSP Site Self-Assessment Tool*. Your completed survey will assist the California Department of Aging (CDA) in determining if your site is meeting the new Federal Home and Community-Based (HCB) Settings.

The *MSSP Site Self-Assessment Tool* contains 23 questions grouped in six sections. MSSP sites must answer each question to indicate the site's status with regards to the Federal requirements.

### **Background on Federal Requirements**

The Centers for Medicare & Medicaid Services (CMS) requires the State to ensure that home and community-based settings have all the qualities required by 42 CFR 441.301(c)(4). These Federal requirements fall into six categories, which are listed in detail on the *MSSP Site Self-Assessment Tool*:

1. Access to the Greater Community
2. Choice of Setting
3. Rights of Privacy, Dignity, Respect and Freedom from Coercion and Restraint
4. Autonomy and Independence
5. Choice Regarding Services and Supports
6. Accessibility

### **Core Questions**

The California Department of Health Care Services (DHCS) in collaboration with CDA and other State departments developed a generic [Provider Self-Survey Tool](#) for both Residential and Non-Residential Settings with "Core Questions" that are to be used statewide. These questions were developed based on CMS guidance and public input and are posted on the DHCS website:

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

Each State department was directed to adapt these "Core Questions" and develop a provider self-assessment tool specific to their setting. The *MSSP Site Self-Assessment Tool* is the form specific to MSSP sites.



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**MSSP Site Self-Assessment Tool Responses**

**Yes, No, N/A**

For each question, the site will answer the question either 'Yes', or 'No' or 'N/A' (not applicable).

**Brief Explanation**

For all 'questions, the site must provide a brief explanation of the processes, services, activities and/or equipment that the program has in place that explains or supports the answer.

**Remedy**

For all 'No' answers, provide proposed actions or remedies to achieve compliance.

**PLEASE NOTE: Questions should be understood to refer to ALL MSSP participants and should be considered in the context of each participant's assessed choices, preferences, needs and functional capacity as indicated in their person-centered Care Plan.**

**Questions and Guidance**

Following are each of the 23 questions in the six federal requirement categories along with guidance to clarify the content or terms used in the questions.

<b>Federal Requirement Category 1: Access to the Community</b>	
<i>The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.</i>	
<b>Question</b>	<b>Guidance</b>
1a. Do participants regularly receive information regarding services in the community and access options, such as public bus/light rail, taxi/van services, special transportation providers, etc.?	Describe how the site provides this information to the MSSP participant.
1b. Does the program include access to the community as part of its plan for services?	Describe how community access is included in the participant’s person-centered care plan.
1c. Does the program encourage and support participants in seeking paid employment in competitive integrated settings, as applicable?	Describe how the site supports interested participants in seeking paid employment.
1d. Does the program encourage visitors or others from the community to visit the participant?	Describe how the site supports participants in receiving visitors in their homes.

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**Federal Requirement Category 2: Choice of Setting**

*The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered care plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

Question	Guidance
2a. Does the program have a person-centered care plan on file for all participants based on the participants' needs and preferences?	Describe the site's person-centered Care Plan process.
2b. Does the program encourage participants and/or their families or designated representatives to participate in the care planning process?	Describe the site's process for engaging family members or designated representatives in the person-centered care planning process.
2c. Does the program discuss with the participant the various community settings and service options, including non-disability settings, available to them and document the options discussed in the person-centered care plan?	Describe the site's process for discussing the various community settings and service options available to the participant, including non-disability settings, with participants and how the site documents the options discussed in the person-centered care plan.
2d. Does the person-centered care plan identify the participants' choice to receive services from MSSP?	Describe the process available to MSSP participants to receive or not receive services from MSSP.

**Federal Requirement Category 3: Rights**

*The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.*

Question	Guidance
<p>3a. Does the program inform participants of their rights to privacy, dignity, respect, and freedom from coercion and restraint and provide them a copy of those rights?</p>	<p>Discuss how the site informs participants of their rights.</p>
<p>3b. Does the program conduct communications about the participants' personal information, such as medical conditions and financial situation, in a place where privacy and confidentiality are assured?</p>	<p>Discuss the site's policies to maintain participant confidentiality and privacy.</p>
<p>3c. Does the program ensure that participants have privacy while using the bathroom and when assisted with personal care?</p>	<p>Describe how the site ensures participant privacy while they are in the bathroom or being assisted with personal care.</p>
<p>3d. Does the program offer a secure place to store participants' personal belongings for the period of time they are receiving services?</p>	<p>Describe how the site ensures that participants have a secure place to store belongings.</p>

<b>Federal Requirement Category 3: Rights</b> <i>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</i>	
<b>Question</b>	<b>Guidance</b>
3e. Does the program staff communicate with participants based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?	Describe the site's policy for communicating with participants in a manner that takes their needs and preferences into account. Describe how the Site employs alternative methods of communication where needed.
3f. Does the program allow participants to dress or groom in a manner that is appropriate to the participant's place of residence while honoring individual choice and life-style preferences?	Describe the site's policy related to how participants dress and groom themselves.
3g. Does the program appropriately utilize restraints?	N/A.
3h. Does the program use delayed egress devices or secured?	N/A.

**Federal Requirement Category 4: Autonomy and Independence**

*The setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.*

<b>Question</b>	<b>Guidance</b>
4a. Does the program allow participants to have meal/snacks to meet their needs and preferences?	Describe how the site addresses the participant's nutritional needs and preferences.
4b. Does the program encourage participants to interact with friends, family, and the greater community?	Describe how the site encourages participants to interact with friends, family and the greater community.
4c. Does the program encourage participants to engage in whichever activities they choose?	Describe how the site encourages participants to engage in activities of their choosing.



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<b>Federal Requirement Category 5: Choice of Services and Supports</b> <i>The setting facilitates individual choice regarding services and supports, and who provides them.</i>	
<b>Question</b>	<b>Guidance</b>
5a. Does the program allow participants to choose from a variety of services and supports to the extent that alternative choices are available?	Describe how the site enables the participants to choose from a variety of services and supports to the extent that alternative choices are available.
5b. Does the program have a complaint/grievance policy and inform participants how to file a complaint/grievance?	Describe the site's complaint/grievance policy and how participants are informed about how to file a complaint or grievance.
5c. Does the program allow participants to voice their concerns or ask questions regarding the services received, including the choice to modify their services?	Describe how the site enables participants to provide feedback on the services they receive and make suggestions to modify services.





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<b>Federal Requirement Category 6: Accessibility</b> <i>The setting is physically accessible to the individual.</i>	
<b>Question</b>	<b>Guidance</b>
6a. Does the setting ensure that all public areas and amenities in the participant's place of residence are physically accessible to participants and provide equipment to meet participants' needs?	Describe how the site ensures that participants' homes are accessible and that the participants have any necessary equipment.

# State Transition

## MSSP Site Self-Assessment Tool

### Non-Residential Home and Community-Based Settings

Date(s) of Assessment \_\_\_\_\_

Assessment Completed by MSSP Site: \_\_\_\_\_

Setting Name and Location - MSSP Site \_\_\_\_\_

HCBS Setting Type - Waiver Program Multipurpose Senior Services Program

#### Federal Requirement Category

**1.** The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS Services.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
1a. Do participants regularly receive information regarding services in the broader community and access options, such as public bus/light rail, taxi/van services, special transportation providers, etc.?				
1b. Does the program include access to the community as part of its plan for services?				

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**Non-Residential Home and Community-Based Settings**

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
1c. Does the program encourage and support participants in seeking employment in competitive integrated settings, as applicable?				
1d. Does the program encourage visitors or others from the community to visit the participant?				

**Federal Requirement #1:**

**Additional Comments:**

## State Transition

### MSSP Site Self-Assessment Tool

#### Non-Residential Home and Community-Based Settings

##### Federal Requirement Category

**2.** The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
2a. Does the program have a person-centered care plan on file for all participants based on the participants' needs and preferences?				
2b. Does the program encourage participants and/or their families or designated representatives to participate in the care planning process?				
2c. Does the program discuss with the participant the various community settings and service options, including non-disability settings, available to them and document the options discussed in the person-centered care plan?				
2d. Does the person-centered plan identify the participants' choice to receive services from MSSP?				

**Federal Requirement #2:**

**Additional Comments:**

## State Transition

### MSSP Site Self-Assessment Tool

#### Non-Residential Home and Community-Based Settings

##### Federal Requirement Category

**3.** The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
3a. Does the program inform participants of their rights to privacy, dignity, respect, and freedom from coercion and restraint and provide them a copy of those rights?				
3b. Does the program conduct communications about the participants' personal information, such as medical conditions and financial situation, in a place where privacy/confidentiality is assured?				
3c. Does the program ensure that participants have privacy while using the bathroom and when assisted with personal care?				
3d. Does the program offer a secure place to store participants' personal belongings for the period of time they are receiving services?				
3e. Does the program staff communicate with participants based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?				

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Non-Residential Home and Community-Based Settings

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
3f. Does the program allow participants to dress or groom in a manner that is appropriate to the participant's place of residence while honoring individual choice and life-style preferences?				
3g. Does the program appropriately utilize restraints?				
3h. Does the program use delayed egress devices or have secured perimeters?				

**Federal Requirement #3:**

**Additional Comments:**

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Non-Residential Home and Community-Based Settings

Federal Requirement Category

4. The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
4a. Does the program allow participants to have a meal/snacks to meet their needs and preferences?				
4b. Does the program encourage participants to interact with friends, family, and the greater community?				
4c. Does the program encourage participants to participate in whatever activities they choose?				

Federal Requirement #4:

Additional Comments:

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Federal Requirement Category

5. The setting facilitates individual choice regarding services and supports, and who provides them.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
5a. Does the program allow participants to choose from a variety of services and supports to the extent that alternative choices are available?				
5b. Does the program have a complaint/grievance policy and inform participants how to file a complaint/grievance?				
5c. Does the program allow participants to voice their concerns or ask questions regarding the services received, including the choice to modify their services?				

Federal Requirement #5:

Additional Comments:



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**Federal Requirement Category**

**6.** The setting is physically accessible to the individual.

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
6a. Does the program ensure that all public areas and amenities in the participant's place of residence are physically accessible to participants and provide equipment to meet participants' needs?				

**Federal Requirement #6:**

**Additional Comments:**

**State Transition**  
**MSSP Site Self-Assessment Tool**  
**Non-Residential Home and Community-Based Settings**

**Assessment Completed By:**

**Date of Signature**

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**Reviewed and Approved By:**

**Date of Signature**

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**Remediation Follow-Up and Verification: Explain completion of remediation of any federal requirement(s) determined not to be met by this setting:**

**Verified by:** \_\_\_\_\_

**Date:** \_\_\_\_\_