



## MSSP Home and Community-Based Settings Adult Day Care Provider Self-Assessment Tool Instructions

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### **Overview**

All Multipurpose Senior Services Program (MSSP) Adult Day Care (ADC) providers are required to complete the *MSSP Adult Day Care Provider 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 Adult Day Care Provider Self-Assessment Tool* contains questions grouped in six sections. Each *ADC Provider* must answer each question to indicate the *Provider'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 Adult Day Care Provider 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 Adult Day Care Provider Self-Assessment Tool* is the form specific to MSSP ADC Providers.



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### **MSSP Site Self-Assessment Tool Responses**

#### **Yes, No, N/A**

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

#### **Brief Explanation**

For all 'Yes', 'No' or 'N/A' answers to the question, the ADC Provider 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 ONLY MSSP participants and should be considered in the context of each participant's assessed choices, preferences, needs and functional capacity.**

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**Questions and Guidance**

Following are each of the 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.?	The ADC Provider should discuss the center’s policy on providing information about services in the community and access options to those services.
1d. Does the ADC provider encourage visitors or others from the community to visit the participant?	The ADC Provider should discuss their visitation policy.

<b>Federal Requirement Category 2: Choice of Setting</b>
<i>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.</i>
<b>*There are no questions that apply to ADC Providers for this category.</b>

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<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>
3a. Does the ADC provider inform participants of their rights of privacy, dignity, respect, and freedom from coercion and restraint and provide them a copy of those rights?	The ADC Provider should discuss the center's policy on participant's rights.
3b. Does the ADC provider conduct communications about the participants' personal information, such as medical conditions and financial situation, in a place where privacy and confidentiality are assured?	The ADC Provider should discuss their privacy policy.
3c. Does the ADC provider ensure that participants have privacy while using the bathroom and when assisted with personal care?	The ADC Provider should discuss their bathroom and personal care privacy policies.
3d. Does the ADC provider offer a secure place to store participants' personal belongings for the period of time they are receiving services?	The ADC Provider should discuss their personal belongings policy.
3e. Does the ADC provider 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.)?	The ADC Provider should discuss their communication policy.

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3f. Does the ADC provider allow participants to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life-style preferences?	The ADC Provider should discuss their dressing/grooming policy.
3g. Does the ADC provider appropriately utilize restraints?	The ADC Provider should discuss how they utilize restraints.
3h. Does the ADC provider use delayed egress devices or secured perimeters?	The ADC Provider should discuss how they use delayed egress or secured perimeters.

**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 ADC provider allow participants to have meal/snacks to meet their needs and preferences?	The ADC Provider should discuss their policy on meals and snacks.
4b. Does the ADC provider encourage participants to interact with friends, family, and the greater community?	The ADC Provider should discuss the participant's ability to interact freely while at the center.
4c. Does the ADC provider encourage participants to engage in whichever activities they choose?	The ADC Provider should discuss the participant's ability to choose from various activity options at the center.

<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 ADC provider allow participants to choose from a variety of services and supports to the extent that alternative choices are available?	The ADC Provider should discuss the Participant's ability to choose from various service options at the center.
5b. Does the ADC provider have a complaint/grievance policy and inform participants how to file a complaint/grievance?	The ADC Provider should discuss their complaint/grievance policy.
5c. Does the ADC provider allow participants to voice their concerns or ask questions regarding the services received, including the choice to modify their services?	The ADC Provider should discuss their policy on voicing concerns and asking questions.

<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 ADC provider ensure that all public areas and amenities are physically accessible to participants and provide equipment to meet participants' needs?	The ADC Provider should discuss their policy on physical access in public areas at the center.



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

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

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

HCB 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 HCB 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.?				



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1b. Does the program include access to the community as part of its plan for services?				
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:**





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**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.

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
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 ADC provider discuss with the participant the various setting options, including non-disability settings, available to them and document the options discussed in the person-centered care plan?				



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2d. Does the person-centered plan identify the participants' choice to receive services from MSSP?				
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**Federal Requirement #2:**

**Additional Comments:**



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**Federal Requirement Category**

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

<b>Specific Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Additional Comments/Describe Evidence of Compliance/Non-Compliance</b>
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?				



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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.)?				
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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**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.

Specific Question	Yes	No	N/A	Additional Comments/Describe Evidence of Compliance/Non-Compliance
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:**



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**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:**

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**Date:**

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