

Mississippi Department of Mental Health
HCBS Final Rule Onsite Assessment Tool – Day Programs

Visit Information

Date of assessment	
Start time of assessment	
End Time	
Assessor name	

General Provider Information

Provider name:	
Program name (if applicable):	
Project-assigned provider ID:	
Site address:	
Names of provider staff present during visit:	
Number of people served:	
Overall site capacity:	
Services provided:	<input type="checkbox"/> Day Services - Adult <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Community Respite

HCBS Compliance

The setting is integrated in and supports full access of people receiving Medicaid HCBS 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 people not receiving Medicaid HCBS**. Citations: 42 CFR 441.301(c)(4)(i)

#	CMS HCBS Standard	Observational Guidance to Assess Compliance	Observation		Evidence for Observation
1-A Community Integration	The setting is integrated in and supports full access to the greater community	Is the site in a community among other residences or commercial businesses (retail, residential neighborhood, commercial, industrial, other)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe the location.
1-B	The setting is integrated in and supports full access to the greater community	Does the site support both facility activities AND community activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-C	The setting is integrated in and supports full access to the greater community	Is the site located in or adjacent to a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, ICF/IID, IMD, hospital)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-D	The setting is integrated in and supports full access to the greater community	If the site is co-located, does the program share office space, staff, or other administrative functions with the facility or institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-E	The setting is integrated in and supports full access to the greater community	Is the site specifically designed for, or primarily serve people with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-F	The setting is integrated in and supports full access to the greater community	Does the site(s) provide onsite medical (office setting, a medical complex wellness center), behavioral, or therapeutic services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-G	The setting is integrated in and supports full access to the greater community	Does the site provide opportunities for regular meaningful non-work activities in integrated community settings for the amount of time desired by people receiving services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-H	The setting is integrated in and supports full access to the greater community	Do the people served at this site regularly interact with members of the community (not staff or volunteers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-I	The setting is integrated in and supports full access to the greater community	Does the site afford opportunities for individualized schedules that focus on the needs and desires of a person and an opportunity for individual growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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1-J	The setting is integrated in and supports full access to the greater community	Does the site allow people receiving services the freedom to move about the setting, including the freedom to go outside as they chose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-K	The setting is integrated in and supports full access to the greater community	Does the site allow people the freedom to move about based on their identified support needs? (e.g., people who use wheelchairs/walkers can access all areas of the building)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-L	The setting is integrated in and supports full access to the greater community	Does the site provide transportation for people to access the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1-M	The setting is integrated in and supports full access to the greater community	Does the site ensure that tasks and activities, both inside and outside the setting, are comparable to tasks and activities for people of similar ages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-A Choice of Setting	The setting is selected by the individual from among setting options	Does the site provide people flexibility in their daily schedule? (e.g., don't do the same thing every day)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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2-B	The setting is selected by the individual from among setting options	Are people given flexibility in when they take breaks/lunch times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2-C	The setting is selected by the individual from among setting options	Are activities adapted to people's needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-A Individual Rights	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the site ensure each person's information (medical, diet information, etc.) is kept private/confidential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-B	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Are health and personal care activities, including discussions of health, conducted in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-C	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the staff interact and communicate with people respectfully and in a manner in which the person would like to be addressed at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where do you interact with others?
3-D	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does site provide the opportunity for all people to have the space to speak on the telephone and visit with others in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-E	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does staff in the setting provide personal care and needed adaptations for people according to their Activity Support Plan/Plan of Services and Supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-F	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the setting ensure that one person's behavior supports do not impede on the rights of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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3-G	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.	Does the site have a secure place for people to store personal belongings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-H	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint	Does the site allow the use of restraints or restrictive interventions, and document such interventions in the person-centered plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-I	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint	Does staff speak appropriately to people? For example, staff do not use baby talk or a stern tone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-A Autonomy and Independence	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site have any of the following barriers preventing individuals' movement? -Gates -Locked doors -Fences -Other (please specify under Evidence for Observation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-B	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site offer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-indoor gathering space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-outdoor gathering space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-large group activity space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-small group activity space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-private space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-area for calming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-area for stimulating activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-C	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site afford the opportunity for tasks and activities that match to the following attributes for people in the program? -age -skills -abilities -desires/goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-D	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Is the site physically accessible, including access to bathrooms and break rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-E	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site provide for an alternative meal and/or private dining if requested by the person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4-F	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Do people have access to food at any time consistent with others in similar and/or the same setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-G	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site allow people to choose with whom they spend their time while at the setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-H	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the site support individuals to do the following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-Make decisions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-Move about the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-Associate with others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-Practice their religion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		-Access their money	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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		-Vote	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4-I	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Are people actively engaged in activities as they desire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is staff actively engaged with people?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are people talking with staff and others at the program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5-A Choice of Services	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site allow people to choose which of the site's employees provide his/her services? Example: A person requests that all personal care services for her be conducted by female employees. Is that request met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-B	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site allow people who might be interested in the program to tour before they begin receiving services at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5-C	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site afford people the opportunity to regularly and periodically update or change their work/daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-D	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site have person-centered policies and practices to ensure people are supported in developing plans to support their needs and preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-E	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of each person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-F	The setting facilitates individual choice regarding services and supports, and who provides them.	Does the site provide information about how to make a request for additional services or changes to their Activity Support Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5-G	The setting facilitates individual choice regarding services and supports, and who provides them.	Are people allowed to change groups (community or facility) when they choose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-A Physical Accessibility	The setting is physically accessible to the individual	Is the setting physically accessible for people who have a physical disability (e.g. a ramp is in place if a uses a wheelchair)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-B	The setting is physically accessible to the individual	Do all people have access to all common areas of the facility? (i.e. there are not stairs in a setting that an individual that is in a wheelchair cannot use thus keeping them out of a portion of the day program)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6-C	The setting is physically accessible to the individual	Are assistive devices (e.g. sight and hearing impairment devices) available for people who require them to move or access the setting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual Questions 7A	Individual participant questions	Do you go into the community to do the things you like to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7B	Individual participant questions	Do you go on errands (drug store, shopping for clothing, etc.) in the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7C	Individual participant questions	Will staff take you by yourself to run errands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7D	Individual participant questions	Did you choose to come to this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7E	Individual participant questions	Are you able to use the phone if you need to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7F	Individual participant questions	Can you make phone calls in private?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7G	Individual participant questions	Do you have a designated space to keep your personal items secure (e.g. locker, cubby)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7H	Individual participant questions	Do you make decisions about what daily activities you want to participate in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7I	Individual participant questions	Do you provide your own food? Are you able to eat what you want to eat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7J	Individual participant questions	Do you get to eat at the time you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7K	Individual participant questions	Are you able to eat where you want (e.g. dining room, outside etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7L	Individual participant questions	Do you always have to sit by the same person when you eat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7M	Individual participant questions	If you wanted to change some of your services, do you know what to do to make that request? Who would you talk to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7N	Individual participant questions	When other people go out in the community to do an activity, do you have to go, even if you don't want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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7O	Individual participant questions	Do you have to go everywhere with the same group everyday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7P	Individual participant questions	Do you get to help decide what activities you get to do or restaurants you go to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7Q	Individual participant questions	Can you have visitors come to the program whenever you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7R	Individual participant questions	Do staff talk to you like an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did you observe anything while onsite that should be noted for the state that could not be captured in the parameters above concerning compliance with the federal Medicaid regulations? These could include, but not limited to, obvious unmet needs of people receiving services or indications from a person that they did not receive an option of settings or services?

Final Notes/Summary of Findings: