



Home and Community Based Services Transition Plan

Provider Self-Assessment Tool Webinar



If you have questions throughout the webinar, please type in the chat box

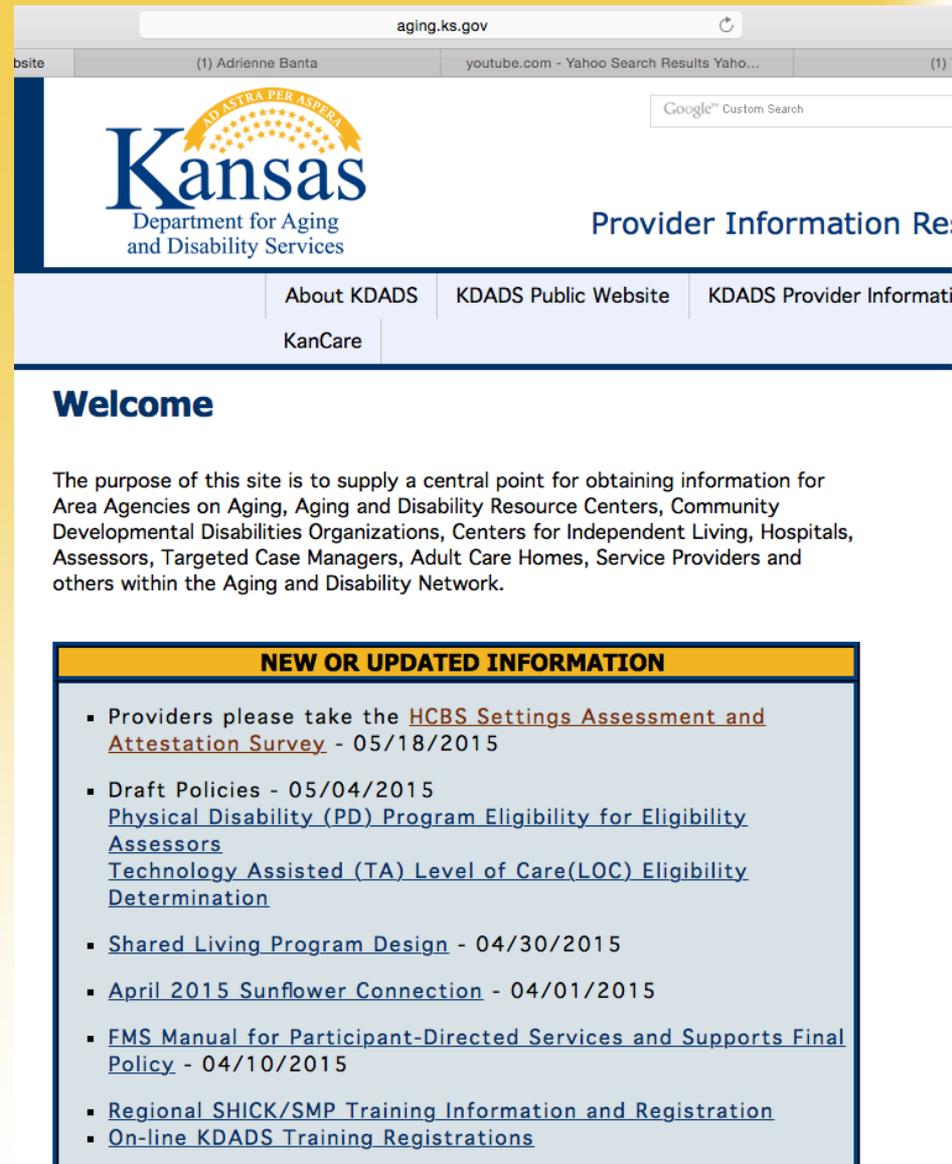


**Community Services and
Programs Commission**

Procedures for HCBS Settings Assessment and Attestation Survey

There are two ways to access the survey

- 1.) Type the following into your browser:
 - <http://www.aging.ks.gov/>
 - You will see this 



The screenshot shows the website for the Kansas Department for Aging and Disability Services. The header includes the state seal and the text 'Kansas Department for Aging and Disability Services'. A navigation menu contains links for 'About KDADS', 'KDADS Public Website', 'KDADS Provider Information', and 'KanCare'. Below the navigation is a 'Welcome' section with a paragraph explaining the site's purpose. A yellow-bordered box titled 'NEW OR UPDATED INFORMATION' contains a list of updates:

- Providers please take the [HCBS Settings Assessment and Attestation Survey](#) - 05/18/2015
- Draft Policies - 05/04/2015
 - [Physical Disability \(PD\) Program Eligibility for Eligibility Assessors](#)
 - [Technology Assisted \(TA\) Level of Care\(LOC\) Eligibility Determination](#)
- [Shared Living Program Design](#) - 04/30/2015
- [April 2015 Sunflower Connection](#) - 04/01/2015
- [FMS Manual for Participant-Directed Services and Supports Final Policy](#) - 04/10/2015
- [Regional SHICK/SMP Training Information and Registration](#)
- [On-line KDADS Training Registrations](#)

- Click on the link “HCBS Settings Assessment and Attestation Survey” under the box titled “New OR UPDATED INFORMATION”

NEW OR UPDATED INFORMATION

- Providers please take the HCBS Settings Assessment and Attestation Survey - 05/18/2015
- Draft Policies - 05/04/2015

You will then be directed to the start of the survey

The second way to get to the survey:

- Log into <http://www.kdads.ks.gov> home page
- Select Home and Community based services under Community Services and Programs.



KDADS PROGRAMS AND SERVICES BY COMMISSION

AGING

- Aging and Disability Resource Center
- Older Americans Act (OAA)
- Senior Care Act (SCA)
- Medicare Programs
 - Senior Health Insurance Counseling for Kansas (SHICK)
 - Senior Medicare Patrol (SMP)
 - Medicare Improvements for Patients and Providers Act (MIPPA)
- Nursing Home Assessment (CARE)

COMMUNITY SERVICES AND PROGRAMS

- Behavioral Health Services
- Behavioral Health Funding Opportunities
- Home and Community Based Services (HCBS)
- HCBS Program Renewal Information
- HCBS Final Rule Transition Plans
- Provider Resource Connection
- Publications and Reports

SURVEY, CERTIFICATION AND CREDENTIALING

- Abuse, Neglect or Exploitation
- Health Occupations Credentialing (HOC)
- Adult Care Home Directory and Inspection Reports
- Workforce Enhancement Grant
- Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK)
- Surveys and Reports

Click on “HCBS Programs Renewal Information”

Kansas
Department for Aging
and Disability Services

**Community Services and
Programs Commission**

Home and Community Based Services (HCBS) Behavioral Health Services

Home / Community Services and Programs Commission / Home and Community Based Services (HCBS)

- Home and Community Based Services (HCBS)
- Behavioral Health Services

View Upcoming Changes, Updates or New Information for HCBS Programs

HOME AND COMMUNITY BASED SERVICES (HCBS)

Home and Community Based Services (HCBS) provides oversight for a system community based supports and services for persons in Kansas with disabilities. Current news for HCBS can be found at [Current HCBS News](#). Information about HCBS Program renewals can found at [HCBS Programs and Renewal Information](#). Providers include a variety of private not-for-profit and for-profit organizations as well as governmental entities. These services are provided through six programs:

To be directed to the survey click on



Kansas
Department for Aging
and Disability Services

**Community Services and
Programs Commission**

Home and Community Based Services (HCBS) Behavioral Health Services

Home / Community Services and Programs Commission / Home and Community Based Services (HCBS) / HCBS Final Rule Transition Plans

- Meet the HCBS Staff
- Current HCBS News
- HCBS Program Renewal Information
- HCBS Final Rule Transition Plans**
- What is KanCare/Medicaid and How to Apply
- Complaint Grievance and Appeals Process
- Consumer Self-Direction

HCBS FINAL RULE TRANSITION PLANS

HCBS Settings Survey

Providers please take the HCBS Settings Assessment and Attestation Survey

The Kansas Department for Aging & Disability Services (KDADS) is requesting your assistance in assessing the State's current home and community based systems to evaluate the level of compliance with the HCBS Settings Final Rule. States operating HCBS programs are charged with the responsibility to ensure the state is in compliance with the rule. Below is the first step in evaluating current systems and to provide settings the opportunity to conduct a self evaluation and report their areas of compliance. To review detailed information regarding the HCBS Final Rule and Kansas

The survey starts with basic instructions and purpose of the survey



Kansas Home and Community Based Settings (HCBS) Transition Provider Self Assessment and Attestation Survey

The Center for Medicare and Medicaid Services, known as CMS, has made changes to its requirements for home and community based services. The new final rule, effective March 17, 2014, requires states to evaluate their HCBS settings to meet the new rule's definition. The new Final Rule affects all HCBS settings (residential and nonresidential) that are controlled, owned and operated by providers in which individuals receive home and community based services through the Autism, Frail Elderly, Intellectual and Developmental Disabilities, Physical Disability, SED, Traumatic Brain Injury, and Technology Assisted Programs.

Important points:

- To ensure compliance with the new rules, KDADS is requesting all providers who own, operate and control settings to complete one self-assessment/attestation survey for every setting type that they own operate and control.
- The survey is designed so that it must be completed for each setting type individually (i.e., if you own, operate or control more than one setting type, you must take the survey for each one.)
- You may use the same link to take the survey multiple times – once for each setting.
- This survey is to be completed no later than **June 16, 2015**
- **Please read the entire opening page of the survey for complete details.**
- **Contact Adrienne Banta – adrienne.banta@wichita.edu for technical support.**



You will first be asked for Provider Information:

Provider Information
Name of Organization <input type="text"/>
Name of person submitting assessment <input type="text"/>
Title <input type="text"/>
Phone <input type="text"/>
Email <input type="text"/>



Next you will be asked to fill out Demographic information for the setting type:

Demographic Information for this Setting Type

of Individuals receiving services in this setting type (total # of consumers served – regardless of funding source)

of individuals receiving HCBS services in this setting type (# of HCBS consumers served)

of Setting Locations

Address of first setting:

Address of second setting (if applicable):

Address of third setting (if applicable):

You will then be asked a series of assessment questions pertaining to your facility, and will be allowed an open-ended response where you can provide a short summary of your organization's assessment of compliance with the final rule.

I attest the setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

- Fully comply
- Partially comply, explain
- Do not comply
- Not applicable

Based on the HCBS Final Rule, provide a short summary of your organization's assessment of compliance with the final rule:

Lastly you will fill out the Attestation page, where you will provide your name and date of the completed assessment.

- You will need to initial by each statement.
- And type in your signature and date at the bottom of the page before submitting your form.

I certify that I carefully read the Assessment and understood what was being asked of me before I provided answers.

I reviewed my answers before finishing the Assessment to ensure that I answered all questions.

I certify, under penalty of perjury, that all statements made on this page are accurate and truthful. I further certify that I understood all statements on this page before placing my initials next to the statements.

Signature:

Date:

After you complete a separate survey for each type of facility your organization includes... you are done and will be redirected to the KDADS website.

THANK YOU!



If you need to complete another survey for a different type of facility, please use the same link to start over. You may take this survey as many times as needed. **Again, it is ESSENTIAL that you fill out a separate survey for each type of facility your organization includes. By clicking the >> button at the lower right corner of this page your survey will be submitted and you will be redirected to the KDADS website. Thank you.**

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- Please remember you can also reach KDADS with questions you may have later or that might not be answered today due to time at: hcbs-ks@kdads.ks.gov

Thank you!