

USER GUIDE

Provider Assessment: Home and Community Based Settings (HCBS) Check List

Overview:

The Home and Community Based Settings Check List is an assessment to ensure that individuals receiving services and supports through the HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.

Providers will have access to only create the HCBS Check List Assessments screen. Only access to the particular provider's own listing will be granted.

Upon completing the assessment, the Provider cannot edit the assessment. The Regional Office role may edit the assessment by making a copy of the provider's completed assessment.

The assessment is accessible by providers along with the regional and central office staff.

How to use the HCBS Check List Assessment screen:

On the My ADIDIS page, click on the Providers chapter.

Harmony v7.7.0.0

File

About

Change Role
MR Provider [Go]

My ADIDIS

Quick Search
Providers [Go]
Provider Name [Advanced Search]

Clients

Providers ← Click on Providers chapter.

Claims

Reports

Sign Out

Welcome, [User Name] 9/9/2014 3:23 PM

File - Print

| Clients | Tasks |
|----------------------|--|
| Notes | My Claims |
| 4 Complete | Bulk Void and Replace |
| Alert Notes | Batch Claim Entry |
| 0 Unread Alert Notes | Single Claim Entry |
| | My Management |
| | Pending Investigation Assessment Queue |
| | Print Queue |

Next the "Providers" screen is displayed. Only the information for your particular provider will appear.

Harmony v7.7.0.0

File Edit

About

Change Role
MR Provider Go

My ADIDIS

Quick Search
Providers Go
Provider Name Advanced Search

Clients
Providers
Claims
Reports
Sign Out

Providers

Last Updated by [redacted] at 8/29/2014 12:16:04 PM

File - Print
Edit -

| Provider ID | Provider Number | Provider Name | Active Capacity | Yes | Available Availability |
|-------------|-----------------|---------------|-----------------|------------|------------------------|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

Providers Enrollment Workers Services Provider Level Budgets Provider ID Numbers Categories

Assessment Credentials Experience

Basic Information

Provider Name [redacted] Funded By [redacted]

Short Name (DBA) [redacted] Medicaid Approved Yes

Center Number [redacted] Provider Type [redacted]

Medicaid Number [redacted] Exclude from Dropdown No

EIN/SSN [redacted] Certification Unit [redacted]

IRSStatus [redacted] Contracts Management [redacted]

Active Yes Comment [redacted]

Year Incorporated [redacted]

Contact Information

Contact Name [redacted] County Montgomery

Street [redacted] Phone [redacted]

Street 2 [redacted] Extension [redacted]

City Montgomery Fax [redacted]

State AL Email [redacted]

Zip Code 36130 Website [redacted]

Region Region2

Correspondence Address

Correspondence Street [redacted] Correspondence State [redacted]

Correspondence Street 2 [redacted] Correspondence Zip Code [redacted]

Correspondence City [redacted]

Mailing Address

Parent Company [redacted] Mailing Street 2 [redacted]

Attach Parent Company Address No Mailing City Montgomery

Mailing Address Same as Contact Address Yes Mailing State/Province AL

Mailing Name [redacted]

Select the Assessment tab. The "Add Assessment" option appears at the top in the Menu Bar. Select "Add Assessment."

Harmony v7.7.0.0

File View Inquiries

About

Change Role
MR Provider Go

My ADIDIS

Quick Search
Providers Go
Provider Name Advanced Search

Clients
Providers
Claims
Reports
Sign Out

Assessment

Last Updated by [redacted] at 8/29/2014 12:16:04 PM

File - Add Assessment - Print

View Inquiries

| Provider ID | Provider Number | Provider Name | Active Capacity | Yes | Available Availability |
|-------------|-----------------|---------------|-----------------|------------|------------------------|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

Providers Enrollment Workers Services Provider Level Budgets Provider ID Numbers Categories

Assessment Credentials Experience

Filter

Assessment Add

Search Reset

0 record(s) returned

The Assessment screen displays the File Menu in two areas. The File Menu in the upper left corner of the screen offers the same menu options that are shown in the menu below it.

File

Assessment

9/10/2014 11:02 AM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type:

Provider Assessment

| | | | |
|-----------------|----------------------|-----------------|--|
| Review * | <input type="text"/> | Worker * | <input type="text"/> ... Clear Details |
| Review Date * | 9/10/2014 | Status * | Draft |
| Fund Code * | <input type="text"/> | Approved By | <input type="text"/> Details |
| Approved By | <input type="text"/> | Expiration Date | <input type="text"/> |
| Expiration Date | <input type="text"/> | | |

The **File** Menu lists the following options:
Spell Check
Save Assessment
Save and Close assessment
Print
Close Assessment

All fields with the * are required fields where data must be entered.

File

Assessment

9/10/2014 11:02 AM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type:

Provider Assessment

| | | | |
|-----------------|----------------------|-----------------|--|
| Review * | <input type="text"/> | Worker * | <input type="text"/> ... Clear Details |
| Review Date * | 9/10/2014 | Status * | Draft |
| Fund Code * | <input type="text"/> | Approved By | <input type="text"/> Details |
| Approved By | <input type="text"/> | Expiration Date | <input type="text"/> |
| Expiration Date | <input type="text"/> | | |

All fields with the * are required fields where data must be entered.

The drop down menu lists several Assessments. Click on the dropdown  to display the list then select the HCBS CheckList Assessment.

File



From the drop down menu, select HCBS CheckList .

Assessment

9/10/2014 11:34 AM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type: 

Provider Assessment

| | | | |
|------------------------|--|------------------------|---|
| Review * | <input type="text" value=""/> | Worker * | <input type="text" value=""/> <input type="button" value="..."/> <input type="button" value="Clear"/> Details |
| Review Date * | <input type="text" value="9/10/2014"/>  | Status * | <input type="text" value="Draft"/>  |
| Fund Code * | <input type="text" value=""/>  | Approved By | <input type="text" value=""/> Details |
| Approved By | <input type="text" value=""/> | Expiration Date | <input type="text" value=""/> |
| Expiration Date | <input type="text" value=""/> | | |

Below is the screen shot for the “HCBS CheckList.” This assessment screen contains the “Provider Assessment” which is the provider’s identifying information and three sections with the assessment questions. The questions’ sections are Section I - HCBS CRITERIA, Section II - RESIDENTIAL SETTING SPECIFIC and Section III - SETTINGS THAT ARE NOT HOME AND COMMUNITY BASED.

Complete each field below. All fields with the asterisk * are required fields where data must be entered.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

The "Review" drop down menu lists several options. Click on the dropdown  to display the list then select Assessment.

File



From the "Review" dropdown, select Assessment.

Assessment

9/10/2014 12:38 PM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review *  **Worker *** ... Clear Details

Review Date * 9/10/2014 **Status *** Draft

Fund Code * **Approved By** Details

Approved By **Expiration Date**

Expiration Date

Region*

Provider Type* Contractor SubContractor

Provider/Certified SubContractor* ...

Site#*

Service Type*

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

In the Provider Assessment area, several fields will automatically populate. To edit the “Review Date”, type the new date using MM/DD/YYYY or dates may be selected from the calendar icon. The “Worker” is automatically populated with the worker’s name. In the “Status” field, the dropdown offers several choices. Select the appropriate item. The “Fund Code” is always MR.

The fields such as “Approved By”, “Approved Date”, and “Expiration Date” are grayed out and access is not granted in the Provider’s role.

File

Assessment

9/10/2014 12:38 PM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review * Assessment

Review Date * 9/10/2014

Fund Code * [v]

Approved By [Grayed out]

Expiration Date [Grayed out]

Worker * [Name] Clear Details

Status * Draft

Approved By [Grayed out] Details

Expiration Date [Grayed out]

Region* [v]

Provider Type* Contractor SubContractor

Provider/Certified SubContractor* [...]

Site#* []

Service Type* [v]

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:* [Text Area]

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

Set the Fund Code to "MR" and change Status to "Complete."

File



Select "MR" for the Fund Code.

Assessment

9/12/2014 10:20 AM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type:

Provider Assessment

| | | | |
|--------------------|---|-----------------|--|
| Review * | <input type="text" value="Assessment"/> | Worker * | <input type="text" value=""/> <input type="button" value="Clear"/> Details |
| Review Date * | <input type="text" value="9/12/2014"/> | Status * | <input type="text" value="Draft"/> |
| Fund Code * | <input type="text" value="MR"/> | Approved By | <input type="text" value=""/> Details |
| Approved By | <input type="text" value=""/> Details | Expiration Date | <input type="text" value=""/> |
| Expiration Date | <input type="text" value=""/> | | |

Region*

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

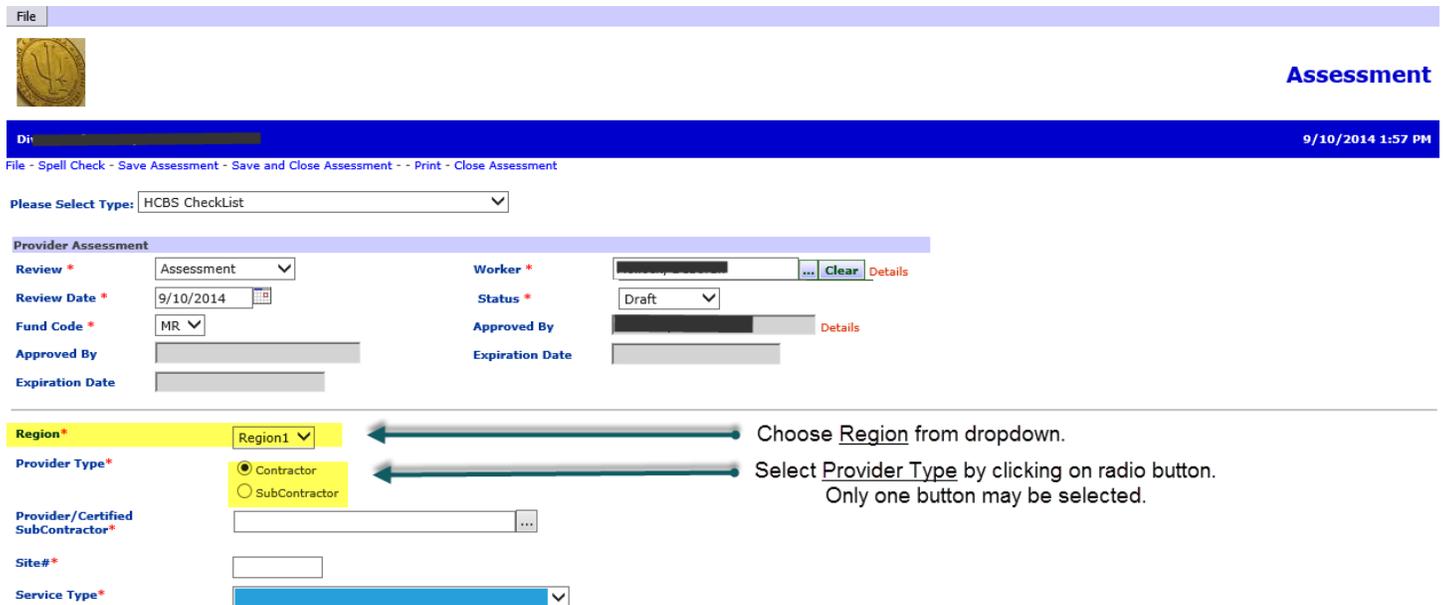
2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include non-residential settings

As a reminder, all fields with the asterisk * are required fields where data must be entered. Complete each field.

Select the appropriate "Region" by clicking on the dropdown  and choosing from the dropdown.

Select the radio button that defines the "Provider Type."



File

Assessment

Dir

9/10/2014 1:57 PM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review * Assessment

Review Date * 9/10/2014

Fund Code * MR

Approved By

Expiration Date

Worker * [Redacted] Clear Details

Status * Draft

Approved By [Redacted] Details

Expiration Date

Region * Region1

Provider Type * Contractor

Provider/Certified SubContractor *

Site # *

Service Type *

Choose Region from dropdown.

Select Provider Type by clicking on radio button. Only one button may be selected.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1: *

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

By clicking on the ellipse  button, a list of Provider and Certified SubContractor names will appear. The “Provider and Certified SubContractor” dropdown will only show the workers’ providers.

File



Assessment

Di [redacted] 9/10/2014 1:57 PM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type:

Provider Assessment

Review * Worker * Details

Review Date * Approved By Details

Fund Code * Expiration Date

Approved By

Expiration Date Expired

Region*

Provider Type* Contractor SubContractor

Provider/Certified SubContractor*

Site#* Site# is a Required Field.

Service Type* Service Type is a Required Field.

By clicking on the ellipse, the names of the Providers and Certified SubContractors will display.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

A dialog box will appear. Type in the provider's full or partial name then click the Search button.

Assessment

9/12/2014 10:39 AM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type: HCBS Checklist

Provider Assessment

Review * Assessment

Review Date * 9/12/2014

Fund Code * MR

Approved Date 9/12/2014

Expired

Region*

Provider Type* Contractor SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

Worker * Clear Details

Status * Draft

Approved By Details

Expiration Date

DialogProviderDataLookup -- Webpage Dialog

Provider Search Key: Get All Provider Records

Search Cancel

Enter provider's name (full or partial) then click on Search.

1. The setting is integrated in and supports full access to the community work in integrated settings, engage in community life, and control
- Are transportation and other supports provided so that people can regularly access s
- Can people regularly interact directly with other members of the community who are

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)
- The setting is selected by people from among residential and day options that include generic settings.

After selecting the provider's name, the name of the provider will appear in the field.

File



Assessment

9/12/2014 10:39 AM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type:

Provider Assessment

| | | | | | |
|---------------|---|-----------------|------------------------------------|--------------------------------------|-------------------------|
| Review * | <input type="text" value="Assessment"/> | Worker * | <input type="text" value=""/> | <input type="button" value="Clear"/> | Details |
| Review Date * | <input type="text" value="9/12/2014"/> | Status * | <input type="text" value="Draft"/> | | |
| Fund Code * | <input type="text" value="MR"/> | Approved By | <input type="text" value=""/> | | Details |
| Approved Date | <input type="text" value="9/12/2014"/> | Expiration Date | <input type="text" value=""/> | | |
| Expired | <input type="checkbox"/> | | | | |

Region*

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

← After clicking on the The Provider/Certified SubContractor's name, it will appear in the field.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

The Site # field is a required field. Type the Site # information in the available area.

File



Assessment

Di 9/10/2014 1:57 PM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type: Approved By Details

Provider Assessment Expiration Date

Review * Status *

Review Date * Site

Fund Code * Approved By Approved Date

Expiration Date Expired

Region*

Provider Type* Contractor SubContractor

Provider/Certified SubContractor*

Site#* Site# is a Required Field. Type in the Site#.

Service Type* Service Type is a Required Field.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

The Service Type field is also a required field. Select the appropriate “Service Type” by clicking on the dropdown and choosing from the dropdown.

The dropdown options are:

- Residential < 6 pp,
- Residential HUD Homes,
- Residential > 6 pp Not Health/Behavioral Homes
- Day Hab
- Pre Vocation (Workshop)
- Employment (Workcrew)

File

Assessment

9/12/2014 10:39 AM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review * Assessment
Review Date * 9/12/2014
Fund Code * MR
Approved Date 9/12/2014
Expired

Worker * Clear Details
Status * Draft
Approved By Details
Expiration Date

Region * Region1
Provider Type * Contractor SubContractor
Provider/Certified SubContractor *
Site # * 9999999
Service Type * Employment (Work Crew)
Size/Capacity *

Select a Service Type from the dropdown options.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

The Size/Capacity field is required.

File



Assessment

9/12/2014 10:39 AM

File - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

Please Select Type:

Provider Assessment

| | | | |
|---------------|---|-----------------|--|
| Review * | <input type="text" value="Assessment"/> | Worker * | <input type="text" value=""/> <input type="button" value="Clear"/> Details |
| Review Date * | <input type="text" value="9/12/2014"/> | Status * | <input type="text" value="Draft"/> |
| Fund Code * | <input type="text" value="MR"/> | Approved By | <input type="text" value=""/> Details |
| Approved Date | <input type="text" value="9/12/2014"/> | Expiration Date | <input type="text" value=""/> |
| Expired | <input type="checkbox"/> | | |

Region*

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

Enter the Size/Capacity.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

Below the Provider Assessment information is the beginning of the assessment questions. There are four sections with the assessment questions.

The questions' sections are

- Section I - HCBS CRITERIA,
- Section II - RESIDENTIAL SETTING SPECIFIC
- Section III - SETTINGS THAT ARE NOT HOME AND COMMUNITY BASED
- Remediation Plan

Section I and Section II's questions are formatted the same with a checkbox to indicate the answer to the question and a comment field that is required.

If the response is YES, the box is checked. If the response is NO, the box is not checked. See examples below.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

*** IMPORTANT ***

If the response to the question is YES then the box must be checked.
If the answer is NO, the box is left unchecked.

In Section I and Section II, the Comments field is a required field. There is an asterisk * displayed next to the field's name.

If the response is YES, the box is checked and evidence to support the response is required in the comments area.

If the response is NO, the box is left unchecked and an explanation of why is required in the comments area.

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

Testing Comment I-1]

*** SPECIAL NOTE ***

The Comments field is a required field.
An explanation is requested if the answer is YES or NO.

Section III is formatted using radio buttons to acquire the answer to the questions.

As a reminder, all fields with the asterisk * are required fields where data must be entered.

In this case, a radio button for the answers of YES or NO must be selected.

Section III: SETTINGS THAT ARE NOT HOME AND COMMUNITY BASED

1. Is the setting a skilled nursing setting?*

Yes
 No

Comments# III-1*

Select the Yes or No Radio button.
The answer is required.

2. Is the setting an institution or ICF/IDD?*

Yes
 No

Comments# III-2*

In Section III, the Question and Comments fields are required fields. There is an asterisk * displayed next to the field's name.

If the response is YES, meaning the site automatically does not meet the HCBS requirements, an explanation of why waiver funding is being used to support the site is required. If the response is NO, then briefly explain evidence.

Section III: SETTINGS THAT ARE NOT HOME AND COMMUNITY BASED

1. Is the setting a skilled nursing setting?*

Yes
 No

Comments# III-1*

*** SPECIAL NOTE ***
The Comments field is a required field.
An explanation is requested if the answer is YES or NO.

2. Is the setting an institution or ICF/IDD?*

Yes
 No

Comments# III-2*

*** SPECIAL NOTE ***
The Comments field is a required field.
An explanation is requested if the answer is YES or NO.

The last section, Remediation Plan, is also a required field. A Remediation Plan must be entered for any item that is not met in the entire assessment. If ALL requirements are met enter "N/A" in this area.

Recommendations Regarding Remediation of Any Setting Not Meeting the Criteria Above

Remediation Plan*

Required completion.
If ALL requirements are met enter "N/A" in this area

After all required fields are completed, go to top of screen. Under the Provider Assessment information, change the Status to "Complete."

File Assessment

9/12/2014 10:39 AM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review * Assessment
Review Date * 9/12/2014
Fund Code * MR
Approved Date 9/12/2014
Expired

Worker * [Redacted] Clear Details
Status * Complete
Approved By [Redacted] Details
Expiration Date [Redacted]

*****IMPORTANT *****
Change Status to "Complete."

Region * Region1
Provider Type * Contractor
Provider/Certified SubContractor * [Redacted]
Site # * 9999999
Service Type * Employment (Work Crew)
Size/Capacity * 25

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.
- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments # I-1: *

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)
- The setting is selected by people from among residential and day options that include generic settings.

***** IMPORTANT *****

After the Status is change to “Complete”, select the Save Assessment or Save and Close Assessment.

Note: All required fields must be completed before ADIDIS will allow the assessment to be saved in the system.

File

Assessment

D 9/10/2014 1:57 PM

File - Spell Check - Save Assessment - Save and Close Assessment - Print - Close Assessment

Please Select Type: HCBS CheckList

Provider Assessment

Review * Assessment

Review Date * 9/10/2014

Fund Code * MR

Approved By

Expiration Date

Worker * [Redacted] Clear Details

Status * Pending

Site

Approved Date

Expired

Region * Region1

Provider Type * Contractor

Provider/Certified SubContractor * D

Site # 999999

Service Type * Employment (Work Crew)

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

[Empty text area for comments]

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)

- The setting is selected by people from among residential and day options that include generic settings.

After an assessment is completed and saved, editing access is denied.

File



After an assessment is completed and saved, ALL fields are grayed out. The provider will not have access to edit data.

Assessment

Division of Developmental Disabilities Last Updated by dmollock at 9/12/2014 12:33:14 PM

File - History - Spell Check - Save Assessment - Save and Close Assessment - - Print - Close Assessment

HCBS CheckList

Provider Assessment

| | | | | |
|---------------|--------------------------|-----------------|------------|---------|
| Review * | Assessment | Worker * | [Redacted] | Details |
| Review Date * | 9/12/2014 | Status * | Complete | |
| Fund Code * | MR | Approved By | [Redacted] | Details |
| Approved Date | 9/12/2014 | Expiration Date | [Redacted] | |
| Expired | <input type="checkbox"/> | | | |

Region* **Region1**

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor* [Redacted]

Site#* 999

Service Type* **Employment (Work Crew)**

Size/Capacity* 999

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

Test

Please Note: The following guidelines are for the Regional Office only.

The Regional Role is granted access to “duplicate” and “reverse status” for the HCBS CheckList Assessment.

The “duplicate” function is used to make any corrections to an assessment. Needed for maintaining the history of each assessment record.

The “reverse status” places the record in “pending” status for the user to return to the assessment to update the record.

Harmony v7.8.0.0

File

About

Change Role
Regional Office Go

My ADIDIS

Quick Search
Participating
Clients Go
Last Name Advanced Search

Clients
Providers
Claims
Utilities
Reports
Sign Out

Welcome, [User Name] 9/12/2014 1:19 PM

Clients
Alert Notes
0 Unread Alert Notes

Tasks
My Management
Current Active Cases
Pending Assessments Queue
MR Wait List
Plans
Event Ticklers
Pending Investigation Assessment Queue
My Claims
Bulk Void and Replace
Batch Claim Entry
Single Claim Entry

Click on Providers chapter.

Enter the provider's name.

Harmony v7.7.0.0

File

About

Change Role
Regional Office Go

My ADIDIS

Quick Search
Providers Go
Provider Name Advanced Search

Clients
Providers
Claims
Utilities
Reports
Sign Out

Welcome, [User Name] 9/12/2014 12:39 PM

Advanced Search

File - Add New Provider - Print

Filter
Provider Name Begins With AND
Active Equal To Yes AND
Provider Number Add
Search Reset

Enter providers full or partial name in either of the highlighted fields.

The names of providers meeting the search criteria will appear. Select the provider by clicking on the name.

Harmony v7.7.0.0 File

About

Change Role
Regional Office

My ADIDIS

Quick Search

 Providers
 Provider Name
 Advanced Search

Welcome, [Redacted] 9/12/2014 12:41 PM

File - Print

10 Quick Search Result record(s) returned - now viewing 1 through 10

| ID | Provider Name | Provider Number | Street | EIN/SSN |
|------------|---------------|-----------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

<< First < Previous Retrieve 15 Records at a time Next > Last >>

The provider's demographic information screen will appear.

Harmony v7.7.0.0 File Edit View Inquiries

About

Change Role
Regional Office

My ADIDIS

Quick Search

 Providers
 Provider Name
 Advanced Search

Providers

Last Updated by cweldon at 8/29/2014 12:16:04 PM

File - Add New Provider - Print
 Edit - Edit Provider
 View Inquiries

Provider ID [Redacted] Active Yes Available
 Provider Number [Redacted] Capacity
 Provider Name [Redacted] Availability

Providers Enrollment Workers Provider Level Budgets Services Provider ID Numbers Categories
 Assessment Clients Notes Credentials Experience

Basic Information

Provider Name [Redacted] Funded By
 Short Name (DBA) [Redacted] Medicaid Approved Yes
 Center Number [Redacted] Provider Type
 EIN [Redacted] Exclude from Dropdown No
 IRSStatus [Redacted] Wait List Coordinator
 Active Yes Waiver Coordinator
 NPI [Redacted] RO Fiscal [Redacted]
 Year Incorporated [Redacted] Comment

Contact Information

Contact Name [Redacted] County Montgomery
 Street [Redacted] Phone [Redacted]
 Street 2 [Redacted] Extension [Redacted]
 City Montgomery Fax [Redacted]
 State AL Email [Redacted]
 Zip Code 36130 Website
 Region Region2

Correspondence Address

Correspondence Street Correspondence State

Click on the Assessment tab to view the provider's assessments.

Harmony v7.7.0.0

File View Inquiries

About

Change Role
Regional Office Go

My ADIDIS

Quick Search
Providers Go
Provider Name Advanced Search

Clients
Providers
Claims
Utilities
Reports
Sign Out

Assessment

Last Updated by cweldon at 8/29/2014 12:16:04 PM

File - Add New Provider - Add Assessment - Print

View Inquiries

Provider ID
Provider Number
Provider Name

Active Capacity Yes Available Availability

Providers Enrollment Workers Provider Level Budgets Services Provider ID Numbers Categories

Assessment Clients Notes Credentials Experience

Filter
Assessment Add
Search Reset

1 Assessment record(s) returned - now viewing 1 through 1

| Assessment | Review | Review Date | Worker | FundCode | Status |
|---------------------------|--------|-------------|--------|----------|----------|
| HCBS Checklist Assessment | | 09/12/2014 | MR | | Complete |

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Select the assessment by clicking on the line with the HCBS Checklist listed.

Harmony v7.7.0.0

File View Inquiries

About

Change Role
Regional Office Go

My ADIDIS

Quick Search
Providers Go
Provider Name Advanced Search

Clients
Providers
Claims
Utilities
Reports
Sign Out

Assessment

Last Updated by cweldon at 8/29/2014 12:16:04 PM

File - Add New Provider - Add Assessment - Print

View Inquiries

Provider ID
Provider Number
Provider Name

Active Capacity Yes Available Availability

Providers Enrollment Workers Provider Level Budgets Services Provider ID Numbers Categories

Assessment Clients Notes Credentials Experience

Filter
Assessment Add
Search Reset

1 Assessment record(s) returned - now viewing 1 through 1

| Assessment | Review | Review Date | Worker | FundCode | Status |
|---------------------------|--------|-------------|--------|----------|----------|
| HCBS Checklist Assessment | | 09/12/2014 | MR | | Complete |

<< First < Previous Retrieve 15 Records at a time Next > Last >>

The original assessment cannot be edited. All fields are grayed out. The purpose is to maintain a record of all information entered for the Assessment.

File



All fields are grayed out. This means that editing access is not granted.

Assessment

Division of Developmental Disabilities Last Updated by dmollock at 9/12/2014 12:33:14 PM

File - History -- Duplicate Assessment - Save Assessment - Save and Close Assessment - Delete Assessment -- Reverse Status - Print - Close Assessment

HCBS Checklist

Provider Assessment

| | | | | |
|---------------|--------------------------|-----------------|------------------|---------|
| Review * | Assessment | Worker * | Mollock, Deborah | Details |
| Review Date * | 9/12/2014 | Status * | Complete | |
| Fund Code * | MR | Approved By | Mollock, Deborah | Details |
| Approved Date | 9/12/2014 | Expiration Date | | |
| Expired | <input type="checkbox"/> | | | |

Region*

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: IF YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

Use the "Duplicate Assessment" feature to make a copy of the assessment to enter changes.

File



The "Duplicate Assessment" is a featured used to make a copy of the original to update information.

Assessment

Last Updated by dmollock at 9/12/2014 12:33:14 PM

File - History - Duplicate Assessment - Save Assessment - Save and Close Assessment - Delete Assessment - Reverse Status - Print - Close Assessment

HCBS CheckList

Provider Assessment

| | | | | |
|---------------|--------------------------|-----------------|------------|---------|
| Review * | Assessment | Worker * | [Redacted] | Details |
| Review Date * | 9/12/2014 | Status * | Complete | |
| Fund Code * | MR | Approved By | [Redacted] | Details |
| Approved Date | 9/12/2014 | Expiration Date | [Redacted] | |
| Expired | <input type="checkbox"/> | | | |

Region* **Region1**

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor* [Redacted] ...

Site#* 999

Service Type* Employment (Work Crew)

Size/Capacity* 999

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

Test

A new copy of the assessment is displayed. The assessment's fields are not grayed allowing access to update information as needed.

File



A new copy of the assessment is created. Editable fields are displayed.

Assessment

9/12/2014 12:58 PM

File - Spell Check - - Save Assessment - Save and Close Assessment - Copy From Previous - - Print - Close Assessment

HCBS CheckList

Provider Assessment

| | | | |
|---------------|--|-----------------|--|
| Review * | <input type="text" value=""/> | Worker * | <input type="text" value=""/> <input type="button" value="Clear"/> Details |
| Review Date * | <input type="text" value="9/12/2014"/> | Status * | <input type="text" value="Draft"/> |
| Fund Code * | <input type="text" value="MR"/> | Approved By | <input type="text" value=""/> |
| Approved Date | <input type="text" value=""/> | Expiration Date | <input type="text" value=""/> |
| Expired | <input type="checkbox"/> | | |

Region*

Provider Type*
 Contractor
 SubContractor

Provider/Certified SubContractor*

Site#*

Service Type*

Size/Capacity*

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:*

Select "Assessment" from the Review dropdown. Information may be updated.

File



Select Assessment from the Review dropdown then continue to edit the document as desired.

Assessment

9/12/2014 12:58 PM

File - Spell Check - Save Assessment - Save and Close Assessment - Copy From Previous - Print - Close Assessment

HCBS CheckList

Provider Assessment

| | | | |
|---------------|--------------------------|-----------------|--------------------------|
| Review * | Assessment | Worker * | [Redacted] Clear Details |
| Review Date * | 9/12/2014 | Status * | Draft |
| Fund Code * | MR | Approved By | [Redacted] |
| Approved Date | [Redacted] | Expiration Date | [Redacted] |
| Expired | <input type="checkbox"/> | | |

Region* Region1

Provider Type* Contractor SubContractor

Provider/Certified SubContractor* [Redacted]

Site#* 999

Service Type* Employment (Work Crew)

Size/Capacity* 999

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?

- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:* Test

Use the "Reverse Status" feature to place the record in edit mode for user updates.

File



Reverse Status to place record in edit mode.

Assessment

Last Updated by c [Redacted] at 9/25/2014 8:41:38 AM

File - History - Spell Check - Duplicate Assessment - Save Assessment - Save and Close Assessment - Reverse Status - Print - Close Assessment

HCBS CheckList

Provider Assessment

| | | | |
|---------------|--------------------------|-----------------|--------------------|
| Review * | Assessment | Worker * | [Redacted] Details |
| Review Date * | 9/22/2014 | Status * | Complete |
| Fund Code * | MR | Approved By | [Redacted] Details |
| Approved Date | 9/25/2014 | Expiration Date | [Redacted] |
| Expired | <input type="checkbox"/> | | |

Region* Region1

The assessment's status will be changed to "Pending."

The screenshot shows the top portion of the HCBS CheckList form. A yellow arrow points to the 'Status' dropdown menu, which is currently set to 'Pending'. The form includes fields for 'Review' (Assessment), 'Review Date' (9/22/2014), 'Fund Code' (MR), 'Approved Date' (9/25/2014), 'Expired' (checkbox), 'Worker', 'Status', 'Approved By', 'Expiration Date', and 'Region' (Region1). The 'Status' field is highlighted in yellow. The top right corner shows 'Assessment' and 'Last Updated by c [redacted] at 9/25/2014 8:41:38 AM'. A menu bar at the top contains 'File - History - Spell Check - Duplicate Assessment - Save Assessment - Save and Close Assessment - - - - Print - Close Assessment'.

Fields are placed in edit mode. Updating can be made at this point or the document may be saved for user to update.

The screenshot shows the middle and bottom portions of the HCBS CheckList form. A yellow arrow points to the 'Status' dropdown menu, which is currently set to 'Pending'. Another yellow arrow points to the 'Region' dropdown menu, which is currently set to 'Region1'. A third yellow arrow points to the 'Provider Type' radio buttons, which are currently set to 'Contractor'. The form includes fields for 'Region', 'Provider Type' (Contractor, SubContractor), 'Provider/Certified SubContractor', 'Site#' (99999), 'Service Type' (Residential < 6 pp), 'Size/Capacity' (99999), and 'Section I: HCBS CRITERIA'. The 'Section I: HCBS CRITERIA' section contains a list of criteria and a response area. The response area includes a checkbox labeled 'Response # I-1: IF YES, CHECK BOX and List Evidence to Support in the Comments Area / IF NO, DO NOT Check Box and Explain Why in Comments Area Below.' and a text area labeled 'Comments# I-1:' containing the text 'test q I-1'. The top right corner shows 'Assessment' and 'Last Updated by dmmolock at 9/25/2014 8:41:38 AM'. A menu bar at the top contains 'File - History - Spell Check - Duplicate Assessment - Save Assessment - Save and Close Assessment - - - - Print - Close Assessment'.

After the assessment is completed, place Status at "Complete" and "Save" assessment.

File



Assessment

9/12/2014 1:06 PM

File - Spell Check - - Save Assessment - Save and Close Assessment - Copy From Previous - - Print - Close Assessment

HCBS CheckList

Provider Assessment

Review * Assessment ▾ Worker * [Redacted] ... Clear Details

Review Date * 9/12/2014 Status * Complete ▾

Fund Code * MR Approved By [Redacted] Details

Approved Date 9/12/2014 Expiration Date [Redacted]

Expired

Region* Region1 ▾

Provider Type* Contractor SubContractor

Provider/Certified SubContractor* [Redacted] ...

Site#* 999

Service Type* Employment (Work Crew) ▾

Size/Capacity* 999

Section I: HCBS CRITERIA

1. The setting is integrated in and supports full access to the community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources.

- Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
- Can people regularly interact directly with other members of the community who are not paid to do so?

Response # I-1: If YES, CHECK BOX and List Evidence to Support in the Comments Area / If NO, DO NOT Check Box and Explain Why in Comments Area Below.

Comments# I-1:* Test RQ

The newly created assessment is displayed in the grid.

Harmony v7.7.0.0

About

Change Role Regional Office ▾ Go

My ADIDIS

Quick Search

Providers ▾ Go

Provider Name ▾

Advanced Search

Clients

Providers

Claims

Utilities

Reports

Sign Out

File View Inquiries



Assessment

Last Updated by cweldon at 8/29/2014 12:16:04 PM

File - Add New Provider - Add Assessment - Print

View Inquiries

Provider ID [Redacted] Active Yes Available

Provider Number [Redacted] Capacity

Provider Name [Redacted]

Providers Enrollment Workers Provider Level Budgets Services Provider ID Numbers Categories

Assessment Clients Notes Credentials Experience

Filter

Assessment ▾ Add

Search Reset

2 Assessment record(s) returned - now viewing 1 through 2

| Assessment | Review | Review Date | Worker | FundCode | Status |
|----------------|------------|-------------|------------|----------|----------|
| HCBS CheckList | Assessment | 09/12/2014 | [Redacted] | MR | Complete |
| HCBS CheckList | Assessment | 09/12/2014 | [Redacted] | MR | Complete |

<< First < Previous Retrieve 15 Records at a time Next > Last >>

This is the end of the User Guide.