Appendix B

NJ DEPARTMENT OF HUMAN SERVICES

Analysis Report for Residential Settings under N.J.A.C. 8:36 with the Home and Community Based Services Final Rule

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Statewide Transition Plan

July 2016

As part of the Statewide Transition Plan, the residential HCBS settings licensed under New Jersey Administrative Code (NJAC) 8:36 were required to complete a “self-assessment” survey (survey) to demonstrate compliance with the federal requirements at 42 CFR §441.301, 42 CFR §441.710 and 42 CFR §441.530. This report sets forth the baseline for New Jersey’s compliance of its HCBS residential settings under Managed Long Term Services and Supports (MLTSS).

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INTRODUCTION

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued its Home and Community Based Settings final rule, which addresses several sections of Medicaid law under which states may use federal Medicaid funds to help pay for home and community-based services (HCBS). The rule required the state to provide a Statewide Transition Plan (STP) that reflects CMS' intent to ensure quality, protections and access to the benefits of community living in the most integrated setting.

The NJ Department of Human Services (DHS) submitted the STP to CMS. It described how the state will move toward compliance, by March 2019, with the federal final rule on HCBS. The STP specifically describes how New Jersey will ensure that the NJ 1115 Comprehensive Waiver Demonstration (NJCW) and the 1915 (c) Community Care Waiver (CCW) are in compliance with the HCBS setting requirements. It is these two NJ FamilyCare waiver programs that New Jersey has identified for ensuring consistency with the new rules and to form the basis of its STP as required by CMS. Medicaid reimbursement for HCBS settings that do not meet federal guidelines will continue from the federal government during the transition period as New Jersey moves towards compliance.

The DHS is charged with developing and implementing the STP on behalf of several state agencies and offices. Within DHS, the Divisions of Medical Assistance and Health Services (DMAHS), Aging Services (DoAS), Disability Services (DDS) and Developmental Disabilities (DDD) play a role in assessing state standards, policies and practices to determine their alignment with federal requirements. DHS' Office of Program Integrity and Accountability (OPIA) is responsible for the licensing and regulatory oversight for the HCBS settings under DDD's purview. The NJ Department of Health (DOH) administers the licensing and regulatory oversight of certain HCBS facilities for the Managed Long Term Services and Supports (MLTSS) program under the NJCW.

In the STP, the standards, policies, licensing regulations and settings under the NJCW and the CCW were identified for internal review or self-assessment. As part of the STP, the DHS had chosen a variety of standard processes to review the compliance of the provider-owned or controlled residential HCBS settings with the new federal requirements.

Earlier this year, the residential settings licensed by the DOH under New Jersey Administrative Codes (NJAC) 8:36 were sent a mandatory "self-assessment" survey (survey) to demonstrate their level of compliance. Its purpose was to measure the facility's level of compliance with the federal rule and form a foundation for any remedial steps to reach compliance as a condition of continuing to receive NJ FamilyCare funding. The survey results will help to set a baseline for New Jersey's compliance with the HCBS residential settings under MLTSS vis-à-vis the federal requirements for inclusion in the STP.

The results of this survey form the basis of this report.

Managed Long Term Services and Supports (MLTSS)

As background, MLTSS was launched statewide in New Jersey on July 1, 2014. MLTSS combined four distinct 1915 (c) HCBS waivers into one managed care benefit program. MLTSS refers to the delivery of long term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. MLTSS expands HCBS, promotes community inclusion, and ensures quality and efficiency.

MLTSS uses NJ FamilyCare managed care organizations (MCOs) to coordinate all services for members: acute, behavioral and primary health care services, and their long term services and supports. MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home. It comprises personal care, respite, care management, home and vehicle modifications, home delivered meals, personal emergency response systems, mental health and addiction services, assisted living, community residential services, and nursing home care.

Governing certain residential HCBS settings in MLTSS are the licensing regulations under NJAC 8:36, including the Assisted Living Residences (ALRs) and Comprehensive Personal Care Homes (CPCHs) and the Assisted Living Program (ALP). While these regulations are under the oversight of the NJ Department of Health (DOH) from a licensing and survey perspective, MLTSS was developed and implemented, and is administered and managed at the DHS.

In addition, there are individuals living in Community Residences for Individuals with Traumatic Brain Injuries who are served under MLTSS. These settings are licensed and surveyed by DHS through its Office of Program Integrity and Accountability (OPIA) under NJAC 10:44C – Standards for Community Residences for Individuals with Traumatic Brain Injuries. These settings include group homes, supervised apartments and supported living programs.

For the purposes of the STP, the DHS reviewed all MLTSS standards and policies for compliance with the HCBS setting requirements. Such documents included the NJCW: Special Terms and Conditions; the MLTSS Service Dictionary; and the Managed Care Organization (MCO) Contract, Article 9. The regulatory review of NJAC 8:36 for the purposes of reviewing compliance with the HCBS settings federal rule was done in collaboration with DOH. The results of the state's comprehensive review are already available at http://www.state.nj.us/humanservices/dmahs/info/STP_Crosswalk.pdf

With the findings from the survey now available for the majority of HCBS residential settings under MLTSS, this information can be added to New Jersey's STP and New Jersey's ongoing efforts to promote HCBS for eligible residents in accordance with state and federal regulations.

METHODS

Upon review of the CMS guidance following the publication of the HCBS final rule, the DHS concluded that a survey would be the preferred approach to determine compliance with regard to the residential settings licensed under NJAC 8:36. The survey would be mandatory for the over 200 licensed residential HCBS residential settings, including the ALRs and CPCHS. It would be used to create a baseline measurement for these HCBS residential settings: one that would evolve over time as New Jersey comes into full compliance by 2019.

The DHS received a 100 percent response rate from the HCBS residential facilities that were required to complete it. In NJAC 8:36, an ALR is "a facility which is licensed by the DOH to provide apartment-style housing and congregate dining and to assure that assisted living services are available when needed, for four or more adult persons unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance." A CPCH refers to a "facility which is licensed by the DOH to provide room and board and to assure that assisted living services are available when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance."

While the Assisted Living Programs (ALP) are also licensed under NJAC 8:36, the survey did not apply to these programs although the 14 programs were originally sent information. These facilities were excluded from the analysis. After careful consideration, the DHS determined that the ALP providers would not need to complete the survey based on the following rationale: ALP means the provision of or arrangement for meals and assisted living services, when needed, to the tenants of publicly-subsidized housing and in some senior housing buildings. Individuals receiving services from an ALP reside in their own independent apartments. Each ALP provider is capable of providing or arranging for the provision of assistance with personal care, and of nursing, pharmaceutical, dietary and social work services to meet the individual needs of each resident.

In the design, development and implementation of the survey, the DHS worked collaboratively with the DOH and the industry's two trade associations for these licensed facilities: the Health Care Association of New Jersey and LeadingAge New Jersey. It was emphasized to the stakeholders that the survey was not punitive but it was a tool to outline the state's next steps in terms of achieving compliance. The facilities were encouraged to truthfully answer the questions to the best of their ability.

The DOH provided DHS with a list of the targeted facilities based on its licensing information. Some of the ALRs on the DOH list do not accept NJ FamilyCare residents and accept only residents who pay privately. However, they were also asked to take the survey in the event that their marketing mix changes in the future. Their inclusion could have a bearing on the results.

The DHS based the survey on the exploratory questions that had been provided by CMS to assist all states in the assessment of their residential settings, and to help them assess whether the characteristics of Medicaid HCBS, as required by regulation, are present. The HCBS setting requirements establish an outcome-oriented definition that focuses on the nature and quality of the individuals' experiences. HCBS is defined in the rules by the access and integration a setting can provide for an individual to the community; the rule speaks precisely to the characteristics of a setting. The survey mirrors the CMS mandate contained in the new rule.

The survey contained questions broken down in the following sections: a) provider information; b) physical location; c) integration with the community; d) person-centered planning; e) choice and independence; and f) resident rights. The questions supported the characteristics that are expected to be present in all HCBS settings and to embody the associated traits that individuals in these settings experience.

The survey asked providers, specifically facility administrators, to "self-assess" their compliance with the new federal requirements and be able to provide evidence of supporting documentation; 77 questions formed the basis of the self-assessment. Providers were not required to submit proof, but need to have it available for review upon request. Additional questions asked about forms of proof and acceptable proof to demonstrate compliance included, but was not limited to:

- Provider Policies/ Procedures;
- Plan of Care;
- Resident Handbook;
- Lease/Residency Agreements;
- Staff training curriculum and materials;
- Training Schedules; and
- Licensure/certification.

If a question could not be answered, there was space for the facility to briefly describe the facility's plan for remedial action and to provide a timeline for reaching compliance.

If the state did not receive information back from the facility, the DHS would assume that the setting is not compliant. Any facility unwilling or unable to complete a self-assessment and achieve compliance within the five-year transition period will be terminated as a NJ FamilyCare provider.

The DHS, through the Center for Health Care Strategies, used a web-based delivery method with SurveyMonkey and electronically sent the survey on February 18, 2015 to the MLTSS providers licensed under NJAC 8:36. The providers were required to think not only about the facility/setting itself when they completed the survey, but whether or not compliance with the rule is applied to each individual served.

The DHS initially emailed a letter to each facility explaining that later that day another email message with a hyperlink to the self-assessment survey would be sent from the Center for Health Care Strategies. The initial email had a PDF version of the survey as an attachment, which the DHS instructed to facilities to use to help prepare their answers. This PDF version was only for reference as the survey had to be completed online. This letter and survey are available in Appendix A at this end of the document.

In the process of inputting the survey into the SurveyMonkey tool, one question was unfortunately not revised to reflect the final version. In the PDF version, question C7C was as follows: Are visitors able to access all areas of the facility/setting with all residents? The correct answer was "yes." However, in the SurveyMonkey version the question was: Are there restricted visitors' meeting areas." In this response, the correct answer was "no." This question needed to be eliminated from the findings as some facilities may have based their answers on the PDF version, thereby answering "yes" instead of "no."

While providers had a deadline of April 16, 2015 to return a completed survey, the DHS ultimately extended the deadline to May 5, 2015. At that time, a final letter was mailed to notify the outstanding providers that the survey was past due. This notice served as the department’s final attempt to request compliance. As a result of this final notice, the survey response rate was 100 percent in terms of the surveys being submitted through the SurveyMonkey tool. A small number of facilities had missing items in their submissions and these omissions could be related to the fact that they do not accept residents with MLTSS who are participating in NJ FamilyCare.

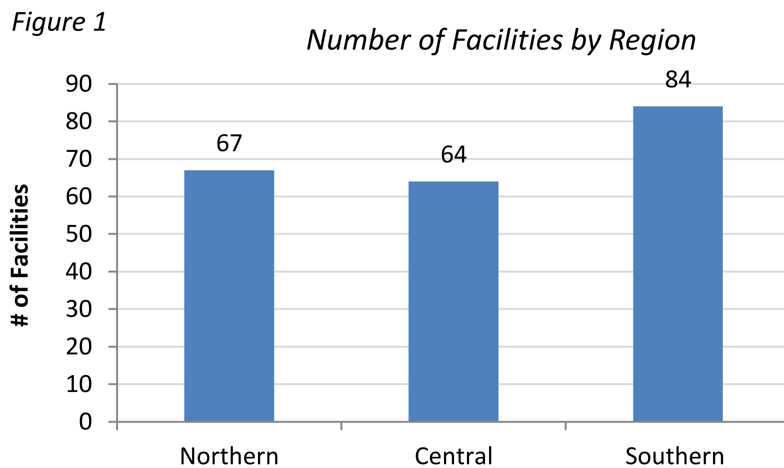
FINDINGS

Description of Sample

In the federal rule, HCBS is defined by the access and integration a setting can provide for an individual to the community. The rule speaks precisely to the characteristics of a setting, which the survey addresses through the questions. Figure 1 below provides a snapshot of the New Jersey's 215 ALRs and CPCHs by region licensed under NJAC 8:36 that were captured in the survey. It also illustrates the availability of these HCBS residential settings for MLTSS beneficiaries on a statewide basis.

New Jersey's 21 counties were divided into three geographical regions for the purposes of this analysis. The southern region has 39.1 percent of the facilities followed by the northern region at 31.2 percent and the central region at 29.8 percent. The counties in the southern region were Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem. The counties in the northern region were Bergen, Essex, Hudson, Morris, Sussex, Passaic and Warren. The central region counties were Mercer, Middlesex, Monmouth, Hunterdon, Somerset and Union.

Figure 1



The survey's first section addressed basic questions to gain information on the providers, including facility type, the licensed capacity and MLTSS participation. They were included so that the state would have a better understanding of the providers completing the self-assessment.

Table I *Total Licensed Capacity of Facilities*

Licensed Capacity	Northern	Central	Southern	Total
Total	6,331	6,102	7,331	19,764
Average per Facility	94.49	95.34	88.33	92.36
Minimum	20	16	16	16
Maximum	216	246	255	255
# of Facilities	67	64	83	214[1]

Looking at the total numbers for New Jersey in Table 1 to the left, the total licensed capacity for HCBS residential settings is 19,764 with the average number of slots per facility at 92, with a minimum of 16 slots in one setting to a maximum of 255. It is important to note that these numbers reflect residents who are private pay and those on MLTSS under NJ FamilyCare.

[1]One facility failed to provide licensed capacity and therefore MLTSS percentages also could not be calculated for this program.

Similar to Figure I, Figure II and Table II (both below) present the total inventory of 215 HCBS residential facilities that completed the survey and depict the number of facilities by type and region. Section A of the survey asks each provider to complete basic information.

The data presents a picture of the three geographical regions by facility type: Assisted Living Residence (ALR) and Comprehensive Personal Care Home (CPCH). In New Jersey, there are a total of 182 ALRs (84.7 percent) and 33 CPCH facilities (15.3 percent). Table II shows the breakdown by region in percentages. The data shows that the southern region has the most facilities of either type. However, compared to other regions, the central region has the lowest percentage (12.5%) of CPCH providers.

Figure II

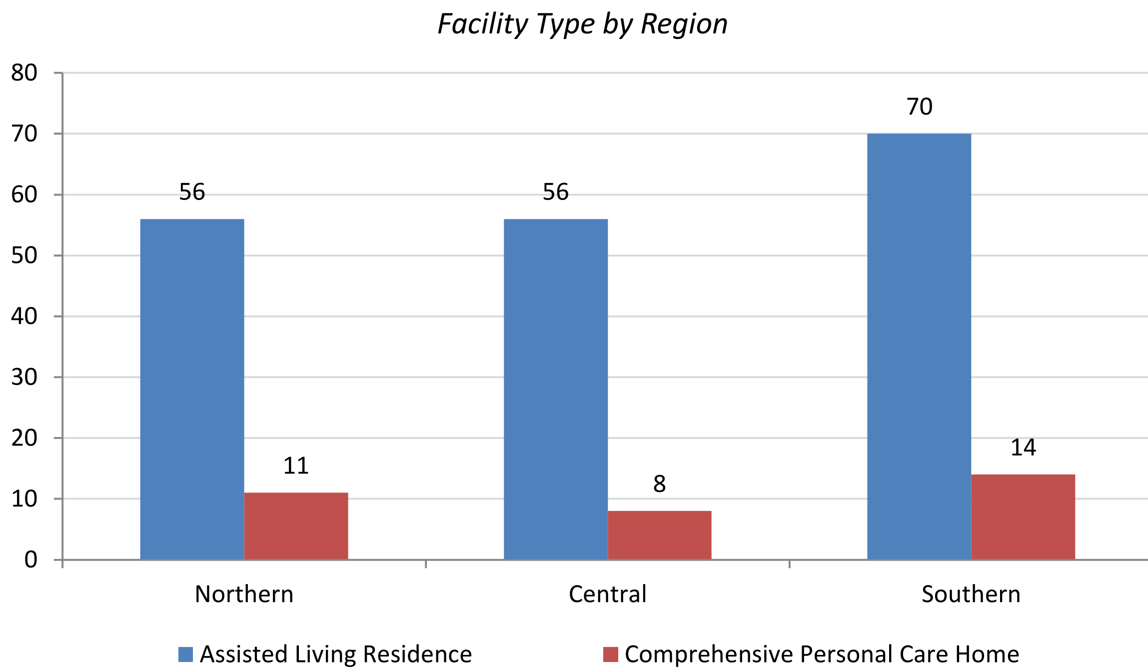


Table II *Facility Type by Region*

Facility Type	Region						Total	
	Northern		Central		Southern			
	N	%	N	%	N	%	N	%
Assisted Living Residence	56	83.6%	56	87.5%	70	83.3%	182	84.7%
Comprehensive Personal Care Home	11	16.4%	8	12.5%	14	16.7%	33	15.3%
Total	67	100.0%	64	100.0%	84	100.0%	215	100.0%

Table III below shows that a total of 168 facilities provided information. It also indicates that the NJ FamilyCare funding to the ALR and CPCH provider community funds about 2,888 MLTSS beneficiaries, which is 18.5 percent of the total capacity of these facilities. The percentage varies regionally, from a low of 14.9 percent in the northern region to a high of 21.4 percent in the southern region. A total of 46 facilities or 21.5 percent of the 214 facilities reported no residents on MLTSS in their completed survey.

Table III *MLTSS Participation in Facilities*

MLTSS Census	Northern	Central	Southern	Total
Total MLTSS	631	934	1,323	2,888
Average per Facility	14.02	17.62	18.90	17.9
Total Licensed Capacity	4,240	5,221	6,174	15,635
MLTSS % of Capacity	14.9%	17.9%	21.4%	18.5%
# of Facilities	45	53	70	168

Compliance with the HCBS Settings Rule

There are several methods that can be used to assess compliance. The approach taken here is to determine the number and percentage of facilities that fall between 90-100 percent compliance by question, section, and the entire self-assessment survey.

There were a total of 77 self-assessment items in the survey. Section A had only facility questions and did not contain self-assessment questions. Section B had one item; Section C had 17 items, Section D had eight items, Section E had 35 items and Section F had 16 items. Compliance was measured by a "yes" response. There was one exception. In Section C, there was a question regarding open access to the facility. It was worded for a "yes" response in the hard copy version of the survey that the 215 residential settings received with the email invitation to participate. However, in the SurveyMonkey version, that same item was worded so that a "no" response indicated compliance. The discrepancy created a potential for confusion and for this reason, this item is removed from the calculation of section and total assessment compliance, leaving 16 items for Section C and 76 questions overall.

Compliance Overall and by Section

Table IV below shows the number of items that need to be answered "yes" for the facility to be compliant at the 90th percentile. The table also lists the number of facilities that meet the threshold for the total assessment and for each section of the survey. For example, Section D has eight self-assessment questions and seven of the eight must be answered "yes" for the facility to be 90 percent compliant. For this section, 211 facilities or about 98 percent reported compliance with at least seven of the eight items.

Table IV *Survey Sections and Compliance by Facilities*

Compliance	Items	90th Percentile	N of Facilities	% of Facilities
Overall	76	68	204	94.9%
Section B	1	1	203	94.4%
Section C	16	14	201	93.5%
Section D	8	7	211	98.2%
Section E	35	32	191	88.8%
Section F	16	14	210	97.7%

More than 90 percent of the 215 HCBS residential settings self-report a high level of compliance with the new federal rule.

The survey begins in Section B with the following one question: Does the facility/setting prevent the isolation of MLTSS beneficiaries from private pay individuals living at the facility/setting, excluding those with Alzheimer's disease or dementia? About 94 percent or 203 of the 215 facilities answered "yes" meaning that they are in compliance with this HCBS characteristic.

In Section C, the facilities were asked 17 questions that were designed to elicit responses with regard to the ability of MLTSS beneficiaries to enjoy integration with the community. HCBS settings must provide opportunities for individuals to: seek employment and work in a competitive and integrated environment; engage in community life and control personal resources with the same access to the community as people not receiving Medicaid HCBS. The setting must promote individual initiative, autonomy and independence in making life choices. One question was omitted due to significant differences in wording in the email and web-based versions of the survey shared with providers. Of the remaining 16 questions, 14 needed to be answered "yes" to demonstrate compliance and 201 or 93.5 percent of the facilities met this threshold.

The eight questions in Section D focused on person-centered planning as the final rule specifies that service planning must be developed through such a process that addresses health and long-term services and supports needs in a manner that reflects individual preferences and goals. About 94 percent or 202 of the facilities report that they are compliant with the traits associated with the tenets of person-centered planning. Seven questions had to be answered "yes" to demonstrate compliance with over 98 percent of the facilities meeting this requirement.

Section E, which focused on choice and independence, was the survey's largest section with 35 questions to answer. Requirements for sleeping and living units also are included in the federal definition and reflected in this section of the survey: There must be the ability to have privacy with

lockable doors, a choice of roommates, and the opportunity to furnish and decorate one's unit, access food and have visitors at any time. These requirements only may be modified when such a change is based on a specific assessed need, which is justified and documented in the person's service plan. To show compliance, facilities had to have answered "yes" to 32 or more of the items. About 90 percent of the facilities met this 90 percent threshold.

In Section F, the 16 questions emphasized the importance of resident rights in the HCBS residential setting. Among other rights such as respecting the right to dignity and privacy, for instance, a lease, residency agreement or other written agreement must be in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. There was a 97.7 percent compliance rate for this section with 210 facilities responding in the affirmative.

Finally, there were a total of 119 settings or 55 percent of the total that were found to be 100 percent in compliance with every item in the self-assessment.

Compliance by Region

In addition to statewide compliance, the analysis also examined compliance by region, looking first at the average score overall and by section. These data in Table V below shows that all three regions had fairly high average scores, but the northern region's average tended to be somewhat lower and the southern and central regions more comparable.

It important to note that overall more than 90 percent of the facilities in each region were compliant with at least 90 percent of the requirements in the HCBS settings rule. The highest percentages by section were reported for sections D (person-centered planning) and F (resident rights). The lowest was for Section E (choice and independence), particularly in the northern region where close to 20 percent of the facilities were non-compliant.

Table V Percent of Facilities Compliant at the 90th Percentile by Region: Overall and by Section

Section	Northern	Central	Southern
Overall	91.0%	98.4%	95.2%
Section B	92.5%	95.3%	95.2%
Section C	89.6%	96.9%	94.0%
Section D	95.5%	98.4%	100.0%
Section E	82.1%	93.8%	90.5%
Section F	94.0%	98.4%	100.0%

Looking at the compliance rate for each question (see Appendix B) can shed further light on the sources of non-compliance. Aside from the excluded question, only one query in Section C (integration with the community) fell below 90 percent compliance and that was the question inquiring whether visiting hours were posted. This question may have engendered confusion in circumstances when guests can visit at any time. Two questions in Section F fell below the 90 percent threshold: the question regarding choice of roommate (if not spouses) where 78.6 percent of the facilities were in agreement and the

ability to request a roommate change where 88 percent were in agreement. The CPCHs were primarily built pre-1993 as residential/boarding homes and do not often meet the physical plant standards of new AL construction. They are licensed by DOH to provide room and board and to assure that AL services are available when needed. The state granted them the opportunity to get an AL license under NJAC 8:36 so that their residents would be able to age in place in their homes and communities with long term services and supports, which is acceptable under the STP. These facilities may be less likely to be able to accommodate roommate choice.

With these three exceptions, all other items were above and often well above the 90th percentile.

CONCLUSION

The DHS accomplished its objective with the “self-assessment” survey—to create a baseline measurement for the HCBS residential settings licensed under NJAC 8:36 that provide MLTSS to NJ FamilyCare beneficiaries. It also served as a learning opportunity to educate an important provider group about the new federal rule through their completion of the survey. Not only did the providers need to complete a lengthy survey with regard to their particular facility and the new rule, but they also received website links to both the state and federal information on the topic.

The DHS believes that the survey, which mirrored the federal requirements in the new rule, proved to be the correct route for New Jersey in determining whether the AL and CPCH settings meet the HCBS setting requirements.

The DHS received a 100 percent response rate from the settings due to the fact that it was mandatory for this class of providers licensed by the NJ Department of Health’s (DOH). All settings returned a survey via SurveyMonkey. Full compliance was also encouraged by the collaboration of the Health Care Association of NJ and LeadingAge in their work and follow-up with members. If a facility had not returned the survey, the state would have had to assume that the particular setting is out of compliance with the federal rule and not interested in participating in the NJ FamilyCare program.

In the findings, 46 facilities reported that they did not have any residents on MLTSS meaning that they only have residents who are privately paying to live there. In NJAC 8:36 as a result of Public Law 2001, chapter 234, a new AL or CPCH licensed on or after September 1, 2001 is required to attain a level of occupancy by Medicaid-eligible persons of at least 10 percent of its total bed complement within three years of licensure and maintain it thereafter. If an existing facility increases its licensed capacity, the 10 percent requirement also applies. And if the total number of beds is less than 10, at least one bed must be reserved for a Medicaid-eligible person.

With some exceptions, however, the DHS found a high report of compliance in all the sections. Based upon their self-assessment, the HCBS residential settings appear overall to be in compliance with the federal rule. A small number of facilities had missing items in their submissions; the omissions could be related to the fact that they do not accept residents with MLTSS who are participating in NJ FamilyCare.

As a CMS requirement in the STP, states must do a random sampling to verify what their HCBS settings submitted in the self-assessment process. New Jersey’s random sampling will reflect the state’s geographical breakdown in which 31 percent of the settings are in northern New Jersey; 30 percent are in the central region and 39 percent in the southern part of the state.

The DHS will conduct site inspections of a percentage of the facilities to ensure that their information was accurately self-reported and the requirements are understood by those expected to comply with them. The DOH is already responsible for conducting complaint investigations and routine inspections to facilities without Advance Standing[2]. The DOH randomly conducts unannounced surveys for a percentage of the Advanced Standing facilities to validate the surveys performed through this pilot.

[2] The DOH has collaborated with the Health Care Association of New Jersey Foundation (HCANJF) on a voluntary pilot program for Assisted Living and Comprehensive Personal Care facilities known as Advanced Standing (AS).

For the non-compliant settings, the state will need to request a corrective action plan (CAP) to ensure compliance for each of the outstanding facilities by 2019. The state will also need to monitor the CAP to ensure that the facilities are doing whatever is required for them during the transition to compliance.

With regard to the future monitoring process of these settings, New Jersey will take be a two-fold approach to ensuring that the HCBS settings are compliant after the March 2019 deadline.

The DHS will continue working with the DOH to ensure that these new federal requirements are integrated into its licensing and survey process of the facilities as part of complaint investigations and investigations and routine inspections. The DHS will work with DOH and the HCANJF to ensure that the federal requirements are integrated into the Advance Standing requirements.

In addition, the DHS plans to draw upon the role of the MCOs and their care managers to ensure that their MLTSS members are living in HCBS settings that are compliant with the federal requirements. MLTSS uses MCOs to coordinate all services for members: acute, behavioral and primary health care services, and their long term services and supports. As of the March 2019 deadline, the MCOs should only be contracting with compliant NJ FamilyCare providers for MLTSS.

Facilities receive the designation of Advanced Standing when the HCANJF verifies that the facility has satisfied all state licensing regulations and met quality benchmarks.

Appendix A

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Governor

KIM GUADAGNO
Lt. Governor

JENNIFER VELEZ
Commissioner

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
PO BOX 700
TRENTON, NJ 08625-0700

February 17, 2015

Dear Provider:

As a NJ FamilyCare provider that may be receiving federal Medicaid funding under the Comprehensive Medicaid Waiver (CMW) for Managed Long Term Services and Supports (MLTSS), you are receiving this letter about an upcoming self-assessment survey.

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule under the Affordable Care Act to ensure that Medicaid's home and community-based services (HCBS) programs provide full access to the benefits of community living and offer services in the most integrated settings. The rule was created to improve HCBS quality and protect the rights of individuals by ensuring that the needs of Medicaid beneficiaries who choose to receive long term services and supports in their home or community are met.

To comply with the final rule and as part of the Statewide Transition Plan, New Jersey must require MLTSS providers licensed under N.J.A.C. 8:36 to complete a survey to "self-assess" their organization's compliance with the federal requirements for residents receiving MLTSS through NJ FamilyCare, New Jersey's Medicaid program. Providers also must show evidence of supporting documentation if requested.

Later today, you will receive an email with a hyperlink to the self-assessment survey. Attached to this email is a PDF version of the survey to help you prepare your answers. This PDF version is for your reference only. The survey must be completed online.

The survey will be conducted through SurveyMonkey.com whereby you will have your own personalized link to the survey. While the email generated by SurveyMonkey will contain an opt-out link as required by SurveyMonkey, the NJ Department of Human Services (DHS) is requiring all MLTSS providers licensed under N.J.A.C. 8:36 to complete the survey. If you select the opt-out feature, you will be contacted by the DHS.

The deadline for completion of this mandatory online survey is April 16, 2015. If your self-assessment is not received by this date, the state will assume that your facility is not in compliance with the federal rule on HCBS and not interested in participating in the NJ FamilyCare program.

For further reference, the federal regulatory requirements can be found at 42 CFR §441.301(c)(4)(5) and 42 CFR §441.710(a)(1)(2). More information on the HCBS settings rule can be found at www.state.nj.us/humanservices/dmahs/info/hcbs If you have any questions, please send an email to mahs.hcbs@dhs.state.nj.us or call Jennifer Crowley at (609) 633-9645.

Sincerely,

Lowell Arye, Deputy Commissioner

Residential Provider Self-Assessment Survey of the
Home and Community-Based Services Final Regulation's Setting Requirements

As a provider receiving federal Medicaid (known in New Jersey as NJ FamilyCare) funding under the New Jersey Comprehensive Medicaid Waiver (CMW) for Managed Long Term Services and Supports (MLTSS),* you are required to complete the following self-assessment. It will help measure your current level of compliance with the federal home and community-based services (HCBS) setting rules and provide a framework for assisting you with remedial steps to reach compliance as a condition of continuing to receive NJ FamilyCare funding for your MLTSS beneficiaries. The results will also set a baseline for New Jersey's compliance with federal requirements on a statewide basis for inclusion in the Statewide Transition Plan. Providers will have until April 16, 2015 to complete this mandatory self-assessment.

The self-assessment is designed to measure a provider's level of compliance with the HCBS rules. Each section outlines the requirements and poses a series of questions (with YES or NO answers) and asks for documentation or other evidence to demonstrate your facility or setting's current level of compliance. If you answer "NO" to a question, there is space for you to briefly describe your plan and provide a timeline for achieving compliance.

You must answer all the survey questions. If you cannot complete the entire survey at one time, you may exit and return later. Your answers will be saved. Print a PDF version to see the survey in its entirety.

Instructions:

1. Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, in their role as MLTSS providers, must complete one self-assessment for each licensed HCBS facility/setting they own, co-own, and/or operate.

2. All providers must demonstrate compliance with HCBS setting rules by providing evidence that policies, procedures and operating practices are in place and regularly assessed for effectiveness and made available to residents.

3. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:

- Provider Policies/ Procedures
- Plan of Care
- Resident Handbook
- Lease/Residency Agreements
- Staff Training Curriculum and Materials
- Training Schedules
- Licensure/Certification

4. For every YES response you must provide evidence to support compliance. For every NO response you must describe the remedial actions you plan to take and include a timeline for achieving compliance. Sample remediation approaches for a NO response may include: "A new policy will be drafted by MONTH, DATE, 2015 for employees stating that such a policy must be followed" and/or "The resident handbook will modified by MONTH, DATE, 2015 so that the policy will be followed."

5. As you assess your facility's compliance with the HCBS Setting Rule, think not only about the facility/setting itself, but whether or not compliance with the rule is applied to each NJ FamilyCare beneficiary receiving MLTSS.

6. Please email mahs.hcbs@dhs.state.nj.us or call Jennifer Crowley at (609) 633-9645 with any questions. **The deadline to submit the survey is Month Day, 2015.**

* MLTSS refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. MLTSS uses NJ FamilyCare managed care organizations (MCOs) to coordinate all services for their beneficiaries. MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home.

Section A: Provider Information

A1. **Residential Facility Type**
A2. **Name and title of individual completing survey**
Facility name
Address
Phone
Email
A3. **Licensed Capacity**
A4. **Current number of people served under NJ FamilyCare MLTSS**
A5. **License and Expiration Date**

Section B: Physical Location

B1. **Does the facility/setting prevent the isolation of MLTSS beneficiaries from private pay individuals living at the facility/setting, excluding those with Alzheimer's Disease/dementia? (§441.301(c)(5)(v)[3]; §441.710(a)(2)(v))**

Documentation to support your answer: licensure/certification/licensing regulations; other, specify.

Section C: Integration with the Community

C1. **Are MLTSS beneficiaries able to participate in the facility's/setting's unscheduled and scheduled community activities in the same manner as other people who are living there? (§441.301(c)(4)(i); §441.710(a)(1)(i))**

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

C2. **Is the MLTSS beneficiary able to regularly access the greater community outside of the facility/setting? (§441.301(c)(4)(i); §441.710(a)(1)(i))**

[3] Code of Federal Register (CFR) Citations all refer to Title 42.

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

C3. Is the MLTSS beneficiary aware of or does he/she have access to information and materials to know of activities taking place outside of the facility/setting? (§441.301(c)(4)(i); §441.710(a)(1)(i))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

C4. MLTSS beneficiaries should be able to participate regularly in non-work activities (dining, shopping, etc.) in the larger community outside of the facility/setting when and if they want (§441.301(c)(4)(i); §441.710(a)(1)(i)):

C4a. Can the individual come and go when he or she wants?
C4b. Are MLTSS beneficiaries who reside in the facility/setting able to work or stay active in the outside community?
C4c. If the individual wants to work, is there a way to ensure the option is pursued?

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

C5. Do individuals on NJ FamilyCare MLTSS live/receive services in the same areas as the other residents who are living there? (§441.301(c)(4)(i); §441.710(a)(1)(i))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

C6. Is the facility/setting situated in the community among other private residences and retail businesses? (§441.301(c)(4)(i); §441.710(a)(1)(i))

Documentation to support your answer: licensure/certification/licensing regulations; other, specify.

C7. Explain how visiting is handled in the facility/setting (§441.301(c)(4)(i); §441.710(a)(1)(i)):

C7a. Are individuals able to have visitors at any time?
C7b. Are visiting hours posted?
C7c. Are visitors able to access all areas of the facility/setting with all residents?

Documentation to support your answer: activity schedules; policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; other, specify.

C8. Describe the level of access that MLTSS beneficiaries have to the community (§441.301(c)(4)(i); §441.710(a)(1)(i)):

C8a. Do MLTSS beneficiaries come and go at will?
C8b. Are MLTSS beneficiaries moving about inside and outside the facility/setting as opposed to sitting in a specific area?
C8c. Are individuals able to leave and return to the facility/setting at any time?
C8d. Do MLTSS beneficiaries have access to public transportation?
C8e. Are there bus stops nearby or are taxis available in the area?
C8f. Is an accessible van available to bring MLTSS beneficiaries to appointments, shopping, etc.?

Documentation to support your answer: activity schedules; policies/procedures; resident handbook; staff training curriculum and materials; other, specify.

Section D: Person-Centered Planning

D1. Does the facility/setting allow an MLTSS beneficiary, or a person chosen by the individual, to take an active role in the development and updating of the individual's Plan of Care? (§441.301(c)(1))

Documentation to support your answer: policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D2. Does the facility/setting offer the necessary information and support to ensure that the MLTSS beneficiary can direct the Plan of Care process to the maximum extent possible so the individual can make his/her choices and decisions? (§441.301(c)(1)(ii))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D3. Are planning meetings able to occur at a time and place convenient for MLTSS beneficiaries to attend? (§441.301(c)(1)(iii))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D4. Describe how the facility/setting provides for the different cultural considerations of MLTSS beneficiaries (§441.301(c)(1) (iv)):

D4a. Do the facility's written materials and meetings reflect plain language in an easy-to-understand format?
D4b. Is the information accessible to MLTSS beneficiaries with disabilities and persons with a limited proficiency in English?

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D5. Does the provider have strategies in place for solving conflict or disagreement within the Person-Centered Planning process, including clear conflict-of-interest guidelines for all care planning participants? (§441.301(c)(1)(v))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D6. Does the provider offer choices to the MLTSS beneficiary regarding the services and supports they receive and from whom? (§441.301(c)(1)(vii))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

D7. Does the provider have a means for the MLTSS beneficiary, or a person chosen by the individual, to request updates to the Plan of Care as needed? (§441.301(c)(1)(viii))

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

Section E: Choice and Independence

E1. MLTSS beneficiaries sharing sleeping or living units should have a choice of roommate (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E1a. Is the MLTSS beneficiary able to choose a roommate?
E1b. Can married couples, who are MLTSS beneficiaries, choose to share or not share a room?
E1c. Does an MLTSS beneficiary know how he/she can request a roommate change?

Documentation to support your answer: policies/procedures; plan of care; resident handbook; leasing/residency agreements; staff training curriculum and materials; other, specify.

E2. MLTSS beneficiaries should have the freedom and support to choose and control their own schedules and activities in accordance with a person-centered plan (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E2a. Is it made clear to the MLTSS beneficiary that he/she is not required to adhere to a set schedule for walking, bathing, eating, exercising, activities, etc.?
E2b. Can an MLTSS beneficiary's schedule vary like other residents' schedules in the setting?
E2c. Does an MLTSS beneficiary have access to leisure activities that interest him/her, which can be scheduled at his/her convenience?

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

E3. MLTSS beneficiaries should be able to control their personal resources (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E3a. Is the MLTSS beneficiary able to have a checking or savings account or other means to control his/her funds?
E3b. Does an MLTSS beneficiary have access to his/her funds?
E3c. Is it made clear that the MLTSS beneficiary is not required to sign over his/her paychecks to the provider?

Documentation to support your answer: policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

E4. Describe the dining experience for the MLTSS beneficiary (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E4a. Can the MLTSS beneficiary have a meal at the time and place of his/her choosing?
E4b. Can the MLTSS beneficiary request an alternative meal if desired?
E4c. Are snacks accessible and available anytime?
E4d. Can the MLTSS beneficiary choose where he/she sits in a dining area without assigned seating?
E4e. If the MLTSS beneficiary desires to eat privately, can she/he do so?
E4f. Is the MLTSS beneficiary able to choose with whom to eat—or to eat alone?
E4g. Does the dining area afford dignity to MLTSS beneficiaries in that they are not required to wear bibs or use disposable cutlery, plates and cups?

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; staff training curriculum and materials; other, specify.

E5. MLTSS beneficiaries should have the ability to make private telephone calls/text/email at the individual's preference and convenience (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E5a. Does the MLTSS beneficiary have a private cell phone, computer or other personal communication device or have access to a telephone or other means for personal communication in private at any time?
E5b. Is the telephone or other technology device in a location that has space around it to ensure privacy?
E5c. Do MLTSS beneficiaries' rooms have a telephone jack, WI-FI or ETHERNET jack?

Documentation to support your answer: policies/procedures; plan of care; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E6. Home and community-based settings should be an environment that supports individual comfort, independence and preferences (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E6a. Do MLTSS beneficiaries have full access to typical facilities in a home such as a kitchen with cooking equipment, dining area, laundry, and comfortable seating in the shared areas?
E6b. Is informal (written or oral) communication conducted in a language that the individual understands?
E6c. Is assistance provided in private, as appropriate, when needed?

Documentation to support your answer: policies/procedures; plan of care; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E7. MLTSS beneficiaries should have full access to all areas of the facility/setting (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E7a. Notwithstanding those security measures for residents with Alzheimer's Disease/dementia, are residents free to access all areas of the facility/setting without the encumbrances of gates, locked doors or other barriers?
E7b. Are MLTSS beneficiaries facilitated in accessing amenities, such as a TV room, movie room or common activity room, which is used by others?
E7c. Is the facility/setting physically accessible without obstructions like steps, lips in a doorway, narrow hallways, etc., which limit an individual's mobility in the facility/setting?

Documentation to support your answer: activity schedules; policies/procedures; plan of care; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E8. The physical environment should meet the needs of those MLTSS beneficiaries who require supports (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E8a. For those individuals who need supports to move about the facility/setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
E8b. Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E9. MLTSS beneficiaries should have privacy in their sleeping space and bathroom (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E9a. Is the furniture able to be arranged to suit the MLTSS beneficiary's needs and preferences?
E9b. Can the MLTSS beneficiary close and lock the bathroom door?
E9c. Can the MLTSS beneficiary close and lock the bedroom door?
E9d. Are staff or other residents required to knock and receive permission prior to entering a bedroom or bathroom?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E10. Do MLTSS beneficiaries have comfortable places for private visits with family and friends? (§441.301(c)(4)(vi); §441.710(a)(1)(vi))

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

E11. MLTSS beneficiaries should be able to furnish and decorate their sleeping and/or living units as they wish (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

E11a. Are the individuals' personal items, such as pictures, books, etc. able to be present and arranged as they want?
E11b. Can the furniture, linens, and other items reflect the individual's personal choices?
E11c. Can individuals' living areas reflect their interests and hobbies?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

Section F: Resident Rights

F1. Individual choices should be incorporated into the services and supports received by MLTSS beneficiaries (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F1a. Do staff ask the MLTSS beneficiary about her/his needs and preferences?
F1b. Are individuals aware of how to make a service request?

Documentation to support your answer: policies/procedures; resident handbook; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

F2. MLTSS beneficiaries' rights to dignity and privacy should be respected (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F2a. Is an individual's health information kept private?
F2b. Are the schedules of MLTSS beneficiaries for physical therapy, occupational therapy, medications, restricted diet, etc., kept in a private location?
F2c. Are MLTSS beneficiaries, who need assistance with grooming, groomed as they desire?

Documentation to support your answer: policies/procedures; resident handbook; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

F3. Staff should communicate with MLTSS beneficiaries in a dignified manner (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F3a. Do staff greet and chat with residents?

F3b. Do staff converse with individuals in the facility/setting while providing assistance during the regular course of daily activities?

F3c. Do staff address individuals in the manner in which they want to be addressed?

Documentation to support your answer: policies/procedures; resident handbook; staff training curriculum and materials; other, specify.

F4. MLTSS beneficiaries should be free from coercion (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F4a. Is information about filing a complaint posted in an obvious location and in an understandable format?

F4b. Does the individual know the person to contact or the process to make an anonymous complaint?

F4c. Can the individual file an anonymous complaint?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

F5. There should be a legally enforceable agreement for the unit or dwelling where the MLTSS beneficiary resides (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F5a. Does the individual have a lease or, for facilities in which landlord tenant laws do not apply, a written residency agreement?

F5b. Does the individual know his/her rights regarding housing and when she/he could be required to relocate?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

F6. Are MLTSS beneficiaries protected from eviction and afforded appeal rights in the same manner as the general non-NJ FamilyCare population? (§441.710(a)(1)(vi); §441.301(c)(4)(vi))

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

F7. MLTSS beneficiaries should know their rights regarding housing and when they could be required to relocate (§441.301(c)(4)(vi); §441.710(a)(1)(vi)):

F7a. Do individuals know how to relocate and request new housing?

F7b. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under New Jersey's landlord tenant laws?

Documentation to support your answer: policies/procedures; resident handbook; lease/residency agreements; staff training curriculum and materials; licensure/certification/licensing regulations; other, specify.

Appendix B

Compliance Results by Survey Question

Survey Questions	# Compliant	% Compliant
Section B: Physical Location		
Question B1	203	94.40%
Section C: Integration with the Community		
Question C1	209	97.21%
Question C2	210	97.67%
Question C3	209	97.21%
Question C4a	207	96.28%
Question C4b	202	93.95%
Question C4c	198	92.09%
Question C5	210	97.67%
Question C6	211	98.14%
Question C7a	210	97.67%
Question C7b	190	88.37%
Question C8a	204	94.88%
Question C8b	210	97.67%
Question C8c	206	95.81%
Question C8d	201	93.49%
Question C8e	212	98.60%
Question C8f	208	96.74%
Section D: Person-Centered Planning		
Question D1	212	98.60%
Question D2	211	98.14%
Question D3	211	98.14%
Question D4a	212	98.60%
Question D4b	204	94.88%
Question D5	213	99.07%
Question D6	211	98.14%
Question D7	212	98.60%

Survey Questions	# Compliant	% Compliant
Section E: Choice and Independence		
Question E1a	169	78.60%
Question E1b	207	96.28%
Question E1c	189	87.91%
Question E2a	211	98.14%
Question E2b	211	98.14%
Question E2c	210	97.67%
Question E3a	206	95.81%
Question E3b	206	95.81%
Question E3c	203	94.42%
Question E4a	203	94.42%
Question E4b	211	98.14%
Question E4c	213	99.07%
Question E4d	200	93.02%
Question E4e	209	97.21%
Question E4f	207	96.28%
Question E4g	211	98.14%
Question E5a	210	97.67%
Question E5b	212	98.60%
Question E5c	209	97.21%
Question E6a	198	92.09%
Question E6b	213	99.07%
Question E6c	214	99.53%
Question E7a	207	96.28%
Question E7b	211	98.14%
Question E7c	214	99.53%
Question E8a	214	99.53%
Question E8b	214	99.53%
Question E9a	211	98.14%
Question E9b	203	94.42%
Question E9c	209	97.21%
Question E9d	214	99.53%
Question E10	211	98.14%
Question E11a	214	99.53%
Question E11b	214	99.53%
Question E11c	212	98.60%

Survey Questions	# Compliant	% Compliant
Section F: Resident Rights		
Question F1a	211	98.14%
Question F1b	212	98.60%
Question F2a	214	99.53%
Question F2b	211	98.14%
Question F2c	211	98.14%
Question F3a	214	99.53%
Question F3b	213	99.07%
Question F3c	213	99.07%
Question F4a	214	99.53%
Question F4b	213	99.07%
Question F4c	214	99.53%
Question F5a	210	97.67%
Question F5b	210	97.67%
Question F6	211	98.14%
Question F7a	209	97.21%
Question F7b	208	96.74%

Appendix C

Abbreviations and Acronyms

Administrative Services Organization/Managed Behavioral Health Organization	ASO/MBHO
Adult Family Care	AFC
Assisted Living Program	ALP
Assisted Living Residence	ALR
Care Management Organization	CMO
Centers for Medicare & Medicaid Services	CMS
Community Care Waiver	CCW
Community Care Residences	CCR
Community Residential Services	CRS
Comprehensive Personal Care Homes	CPCH
Division of Aging Services	DoAS
Division of Developmental Disabilities	DDD
Division of Disability Services	DDS
Division of Medical Assistance and Health Services	DMAHS
Division of Mental Health and Addiction Services	DMHAS
Home and Community-Based Services	HCBS
Individuals with Intellectual/Developmental Disabilities and a co-occurring Mental Illness	ID/DD-MI
Managed Care Organization	MCO
Managed Long Term Services and Supports	MLTSS
New Jersey Administrative Code	NJAC
New Jersey Comprehensive Waiver Demonstration	NJCW
NJ Department of Children and Families	DCF
NJ Department of Health	DOH
NJ Department of Human Services	DHS
Office of Program Integrity and Accountability	OPIA
Person-Centered Planning	PCP
Plan of Care	POC
Statewide Transition Plan	STP
Traumatic Brain Injury	TBI