



CBAS Home and Community-Based Settings Provider Self-Assessment



Center Name:

NPI:

Date:

Name of Individual Completing the Self-Assessment:

Title:

Instructions:

For each question, answer either 'Yes' or 'No.' A 'Yes' answer indicates a center is in compliance with the Federal regulation and a 'No' answer indicates that it is not in compliance, which will require remedial action by the center to achieve compliance.

Please Note: Questions should be understood to refer to ALL center participants and should be considered in the context of each participant's assessed choices, preferences, needs and functional capacity as indicated in their individual plan of care (IPC).

Brief Explanation

All 'Yes' answers require a brief explanation of the processes, services, activities and/or equipment that the center has in place that explains or supports the answers.

All 'No' answers require an explanation as to why the center does not comply with the Federal regulation at this time.

Supporting Documentation

For all 'Yes' answers, indicate any documentation that the center has to support its compliance and provide additional detail about the documentation as needed. For example, if the supporting documentation is in the health record, specify what the document is and/or where it is located (e.g., the IPC, the Participation Agreement, etc.). Select all options that apply for each question. If the response to a question cannot be verified with supporting documentation, leave the Supporting Documentation Section blank, (e.g., physical accessibility of the building for which the supporting evidence is observable.) CDA will validate the center's compliance through observations, staff and participant interviews, and by reviewing supporting documentation during the onsite certification renewal survey.

Please Note: Do not check "Supporting Documentation" boxes if you answered 'No' to the question.

Proposed Action/Remedy

All 'No' answers require proposed actions or remedies that the center will implement to achieve compliance with the Federal requirement.

For more information about the federal HCB Settings requirements and guidance in completing this survey, please reference the CBAS Provider Self-Assessment Tool Instructions posted on the CDA website. You can find a web link to these instructions in your CBAS Certification Renewal letter. If you have any questions about completing the CBAS Provider Self-Assessment Tool, contact the CBAS Branch at (916) 419-7545.

Federal Requirement Category 2: Choice of Setting

2a. **Does the center have a person-centered plan on file for all participants based on the participants' needs and preferences?**

Provider Response: Yes No

Briefly Explain:

Every discipline's assessment and reassessment form includes questions specifically aimed at the participant stating his or her needs/goals and preferences. These are documented on the assessment and reassessment forms. The care plan is developed from these stated needs/goals in a collaborative fashion. The staff signs each assessment stating that it was developed in a collaborative fashion and led by the participant and/or authorized representative.

There are multiple policies that reflect developing a person-centered care plan including: "Needs/Goals/Desired Outcomes Worksheet", "Eliciting Participant Needs and Goals", "Participant Led Care Planning Process" and "Care Plan Development- The Collaborative Care Plan"

* If you have attended our training for Person-Centered Planning, note that here.

If yes, indicate any documentation that the center has to support its compliance

- Policies & Procedures
- Employee Records
- Information/Material
- In-Service Training Records
- Participant Health Records
- Other

Additional detail about documentation as needed: