

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CBAS HOME AND COMMUNITY-BASED SETTINGS
PROVIDER SELF-ASSESSMENT
 CDA 7019 (REV 11/2023)



Center Name:	NPI:	Date:
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Name of Individual Completing the Self-Assessment:	Title:
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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.

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.

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, 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 Bureau at cbascda@aging.ca.gov or (916) 419-7545.

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Federal Requirement Category 1: Access to the Community
The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.

1a.	Does the center regularly provide information to participants about services in the community, such as public bus/light rail, taxi/van services, special transportation providers?	
Provider Response: Yes No		
Briefly Explain:		
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:		
If no, provide proposed actions or remedies to achieve compliance:		
1b.	Does the center schedule outings/activities in the community as part of its plan for services?	
Provider Response: Yes No		
Briefly Explain:		
If yes, indicate any documentation that the center has to support its compliance:		
Policies & Procedures	Employee Records	Information/Material
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Additional detail about documentation as needed:		
If no, provide proposed actions or remedies to achieve compliance:		

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1c.	If a CBAS participant wants to seek paid employment in a competitive integrated setting, would the center staff refer the participant to the appropriate community agency/resource?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
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In-Service Training Records	Participant Health Records	Other					
	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
1d.	Does the center encourage visitors or others from the community to visit the center?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						



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Federal Requirement Category 2: Choice of Setting
The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

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:						
	If yes, indicate any documentation that the center has to support its compliance:						
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
2b.	Does the center encourage participants and/or their families to participate in the care planning process?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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2c.	Does the center discuss with the participant the various community settings and service options available to them, including non-disability settings, and document the options discussed in the person-centered plan?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
2d.	Does the center document in the person-centered plan the participants' choice to attend and receive services at your center?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						



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Federal Requirement Category 3: Rights		
<i>The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</i>		
3a.	Does the center inform participants of their rights to privacy, dignity, respect, and freedom from coercion and restraint, and does the center post these rights in a prominent location?	
Provider Response: Yes No		
Briefly Explain:		
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:		
If no, provide proposed actions or remedies to achieve compliance:		
3b.	Does the center discuss participants' personal information, such as medical conditions and financial situation, in a place where privacy and confidentiality are assured?	
Provider Response: Yes No		
Briefly Explain:		
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:		
If no, provide proposed actions or remedies to achieve compliance:		

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3c.	Does the center ensure that participants have privacy while using the bathroom and when assisted with personal care?					
Provider Response: Yes No						
Briefly Explain:						
If yes, indicate any documentation that the center has to support its compliance:						
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Additional detail about documentation as needed:						
If no, provide proposed actions or remedies to achieve compliance:						
3d.	Does the center offer a secure place to store participants' personal belongings while they are at the center?					
Provider Response: Yes No						
Briefly Explain:						
If yes, indicate any documentation that the center has to support its compliance:						
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3e.	Does the center communicate with participants based on needs and preferences, including alternative methods (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
3f.	Does the center allow participants to dress or groom in a manner that is appropriate to the center while honoring individual choice and life-style preferences?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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3g.	Does the center use restraints in compliance with ADHC/CBAS regulation (Title 22, CCR, Section 78315) <u>and</u> federal HCB Settings requirements? (Refer to All Center Letter #17-03)						
	Provider Response: Yes No N/A						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">Policies & Procedures</td> <td style="width:33%;">Employee Records</td> <td style="width:33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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In-Service Training Records	Participant Health Records	Other					
	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
3h.	Does the center use delayed egress devices or secured perimeters in accordance with ADHC/CBAS law (Health and Safety Code, Section 1584) <u>and</u> federal HCB Settings requirements? (Refer to All Center Letter #17-04)						
	Provider Response: Yes No N/A						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">Policies & Procedures</td> <td style="width:33%;">Employee Records</td> <td style="width:33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						



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Federal Requirement Category 4: Autonomy and Independence
The setting optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.

4a.	Does the center provide participants with meals/snacks to meet their needs and preferences?
	Provider Response: Yes No
	Briefly Explain:
	If yes, indicate any documentation that the center has to support its compliance: <div style="display: flex; justify-content: space-between; padding: 5px;"> Policies & Procedures Employee Records Information/Material </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> In-Service Training Records Participant Health Records Other </div>
	Additional detail about documentation as needed:
	If no, provide proposed actions or remedies to achieve compliance:
4b.	Does the center encourage participants to interact with whomever they choose?
	Provider Response: Yes No
	Briefly Explain:
	If yes, indicate any documentation that the center has to support its compliance: <div style="display: flex; justify-content: space-between; padding: 5px;"> Policies & Procedures Employee Records Information/Material </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> In-Service Training Records Participant Health Records Other </div>
	Additional detail about documentation as needed:
	If no, provide proposed actions or remedies to achieve compliance:



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4c.	Does the center encourage participants to engage in whichever activities they choose?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						

Federal Requirement Category 5: Choice of Services and Supports <i>The setting facilitates individual choice regarding services and supports, and who provides them.</i>
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5a.	Does the center allow participants to choose which center staff provides their care to the extent that alternative staff are available?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						

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5b.	Does the center have a complaint/grievance policy and inform participants how to file a grievance?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						
5c.	Does the center enable participants to modify their services and voice their concerns or ask questions regarding the services received?						
	Provider Response: Yes No						
	Briefly Explain:						
	If yes, indicate any documentation that the center has to support its compliance:						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Policies & Procedures</td> <td style="width: 33%;">Employee Records</td> <td style="width: 33%;">Information/Material</td> </tr> <tr> <td>In-Service Training Records</td> <td>Participant Health Records</td> <td>Other</td> </tr> </table>	Policies & Procedures	Employee Records	Information/Material	In-Service Training Records	Participant Health Records	Other
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	Additional detail about documentation as needed:						
	If no, provide proposed actions or remedies to achieve compliance:						



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Federal Requirement Category 6: Center Accessibility
The setting is physically accessible to the individual.

6a.	Does the center ensure that all public areas are physically accessible to participants and provide equipment to meet participants' needs?
	Provider Response: Yes No
	Briefly Explain:
	If yes, indicate any documentation that the center has to support its compliance: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Policies & Procedures Employee Records Information/Material </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> In-Service Training Records Participant Health Records Other </div> <div style="margin-top: 5px;"> Physical Accessibility Review Survey PARS </div>
	Additional detail about documentation as needed:
	If no, provide proposed actions or remedies to achieve compliance: