



Foster Care Self-Assessment 2022

Provider Information

Agency Name:

KMMS ID:

National Provider Identifier (NPI):

Contact Address:

Administrator:

Please select the type(s) of Service. Select all that apply.

- S5101 - Adult Day Care
- S5102 - Adult Day Care
- S5125 - (U9) Personal Services/Agency Directed
- S5125 - Personal Services Care/Agency-Directed
- H2023 - Supported Employment
- T2016 - Adult Residential
- T2016 - Children Residential
- T2021 - Day Supports
- T2021 - Pre-Vocational Services
- S9485 - Professional Resource Family Care
- S5130 - PCS – Self Directed
- S5160 - Personal Emergency Response System
- S5161 - Personal Emergency Response System/Medical Alert
- T2025 - Enhanced Care Services/Sleep Cycle Support

Which waiver(s) do you provide services for? Select all that apply.

- Autism (AU)
- Brain Injury (BI)
- Frail Elderly (FE)
- Intellectual and Developmental Disability (I/DD)
- Physical Disability (PD)
- Serious Emotional Disturbance (SED)
- Technology Assisted (TA)

Section C - Integrated Setting and Community Access

1. Do you place children in foster care homes that are designated to serve only children with disabilities?

Section D - Community Integration

1. Do you have policies or procedures that ensure foster homes provide opportunities for persons-served to participate in organized community events, activities and services as appropriate for the child's age?

2. Do you assess that foster homes provide opportunities for persons-served to participate in organized community events, activities and services?

3. Do you have policies or procedures that ensure persons-served at the foster homes can attend individual activities and services of their choosing (Examples; shopping, religious services, scheduled appointments, lunch with family and friends) as appropriate for their age?

4. Do you assess that persons-served at the foster homes can attend individual activities and services of their choosing (Examples; shopping, religious services, scheduled appointments, lunch with family and friends) as appropriate for their age?

5. Do you have policies or procedures that ensure persons-served can have visitors as appropriate for their age?

6. Do you assess that persons-served can have visitors as appropriate for their age?

Section E - Housing Protection and Due Process

1. Do you have policies, procedures, or a written agreement with the foster homes that offers responsibilities/protections from disruption of placement for persons-served?

Section F: Living Arrangements

1. Do you have policies or procedures in place to ensure that persons-served have options for age appropriate privacy?

2. Do you assess that persons-served have options for age appropriate privacy?

3. Do you have policies or procedures that ensure the living spaces at the foster homes are arranged in a way that ensures privacy during personal care (Examples; bathing, toilet)?

4. Do you assess that the living spaces at the foster homes are arranged in a way that ensures privacy during personal care?

5. Do you have policies or procedures that ensure that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices, as appropriate for their age?
6. Do you assess that the foster homes offer privacy to persons-served while using a telephone, internet, or any other personal communication devices as appropriate for their age?
7. Do you have policies or procedures that ensure that persons served are treated the same as other children residing in the home, as appropriate for their age and ability?
8. Do you assess that persons served are treated the same as other children residing in the home as appropriate for their age and ability?
9. Do you have policies or procedures that ensure that persons-served at the foster homes have access to all areas of the home as appropriate for their age and to the same degree as others in the home?
10. Do you assess that persons-served at the foster homes have access to all areas of the home as appropriate for their age and to the same degree as others in the home?

Section G: Accessible Environment

1. Do you have policies or procedures that ensure that the foster homes are physically accessible to persons-served?
2. Do you assess that the foster homes are physically accessible to persons-served?
3. Do you have policies or procedures that ensure that the foster homes offer accommodations (Examples; grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?
4. Do you assess that the foster homes offer accommodations (Examples; grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need support to move about and be self-sufficient within the home?

Section H: Other Questions

1. Do you have written policies, procedures, or requirements regarding restraint and coercion in the foster homes where you place children?
2. Do you assess compliance with written policies or requirements regarding restraint in each foster home in which you place children?

3. Does your agency have policies or procedures that ensure all children who receive HCBS Waiver services that are placed in your homes have a person-centered service plan (completed by the MCO) that is supported by medical necessity (mental health, safety, etc.) and reflects their rights being equal to the rights of other children receiving non-HCBS services?

4. Do you ensure that the families of all children placed in your foster homes receive a copy of the person-centered service plan?