

## Georgia Assessment of HCBS Community Settings-Technical Guidance

The following technical guidance is meant to provide a guide in completing the assessment tool.

### *Important points to remember and general instruction:*

- This survey is a mandatory component to Georgia’s agreement with the federal Medicaid agency to comply with HCBS Settings Regulations. The essence of the regulation requires states to ensure that waiver services delivered in provider-owned or operated settings are consistently person-centered, offering full dignity and respect through the manner in which services are delivered, fully integrated, and are not isolating, providing ample access to the community.
- Providers responding to the assessment should respond based on their usual business practices. If confirming with waiver participants, questions should be answered with the input of the member, families, authorized representatives, case managers, and any individual best suited to provide accurate information
- No survey question is meant to imply a provider should be putting a priority on individual rights and freedoms over individual health and safety. Please answer questions generally as if the question ended “if safe to do so according to
- Answer all questions as yes, no, not yet, or N/A
- N/A is an appropriate answer when a residential question is asked of a non-residential provider such as adult day health or supported employment
- If answering “No” please indicate whether the “No” is due to 1) HCBS characteristics not currently met, but that work can be done to conform 2) setting intrinsically cannot conform to rule 3) setting is an institution or 4) responding “Yes” to the question could provide a health or safety threat to the individuals served in the setting, e.g. freedom to come and go at will in the context of a dementia-specific setting or a residential setting for individuals with significant intellectual/developmental disabilities
- Each provider **location** must complete the assessment tools
- Non-response to the Assessment Tool will be treated as non-compliance subject to adverse action

### *Guidance on specific questions:*

- 1) Choice of Settings and Settings Characteristics – Answering this set of questions will require multiple points of engagement from case managers as well as the member and/or their authorized representatives. The goal of the questions is to ensure that member were initially and continue to be provided choice of services, settings, and providers.
  - a. When considering whether the setting is appropriate for the needs of the individuals, needs would include those setting characteristics or modifications necessary to support health, safety and well-being, e.g., environmental modifications, an in-home “loop” for pacing, Braille labeling of cabinets and doorways.

- b. When considering whether the setting reflects the preferences of the individuals, preferences would include language spoken, setting in requested part of town, room painted color of individuals' choice, etc.
- 2) Participates in scheduled and unscheduled activities – Examples of meaningful activities are provided. The goal of the questions is to ensure that members receiving services are afforded activities similar to any other member in their community.
- 3) Right to dignity and privacy is respected – Treatment in a dignified manner can be defined as with respect appreciative of the formality and professionalism of the nature of the service
- 4) Employed in the community – N/A is applicable to members not seeking employment.
- 5) Controls own personal funds – Resources as indicated in the question could be any asset such as cash, checking, savings, stocks, bonds, or individual personal items. Please answer regardless of whether individuals have a guardian or authorized representative.
- 6) Choices are incorporated into services received – Answering this set of questions will require multiple participants from case managers as well as the member and/or their authorized representatives. The goal of the question is to ensure that members were initially and continue to be provided choice of providers.
- 7) Physical environment meets individualized needs – The goal of the question is to ensure that members can move both within the house and inside/outside of the house. A “No” response in category “4” may be appropriate as noted above, but must be described in the comment section.
- 8) Provider policies and supports – This assessment is primarily focused on the experience of the individuals receiving services. This set of questions is necessary to ensure that the infrastructure supporting service delivery reinforces the person-centered principles and philosophy with which services are to be delivered.
- 9) Other – Please use this section to indicate any additional information you would like to convey about the HCBS settings rules. It may be additional points to consider, items you felt were not captured, or additional explanations.