

Georgia Individual Assessment of HCBS Community Settings

Please select an answer for **each** question from these choices:

Yes = service site meets HCBS characteristics as outlined in the question

No = 1) HCBS characteristics are not met, 2) setting cannot conform, or 3) setting is institutional in nature, e.g. hospital, ICF/ID, nursing facility, or institution for mental disease (IMD)

Not Yet = service currently does not meet HCBS characteristics but could with modification

N/A – question does not apply to the site setting

Provider Name:

Waiver/Program Name: [dropdown to include CCSP, SOURCE, NOW, COMP, ICWP, GAPP]

Site Address:

Site Type: 1) Residential 2) Non-residential

Service Type: [dropdown to include] 1) residential supports/alternative living services, 2) day services (e.g. community access group/adult day health), 3) employment related services (e.g. prevocational or supported employment)

Question Category	Question	Response				Comments If response is Not Yet or No , what is the remedy to correct? If Not Yet , when?
		Yes	Not Yet	No	N/A	
Choice of Setting and setting characteristics	Do you get to choose where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)?					
	Does this setting reflect your needs?					
	Does this setting reflect your preferences?					
	Do you know how to relocate and request new housing or non-residential service site change?					
	Do you have access to make private phone calls, e-mail, text, or otherwise communicate privately?					
Participates in scheduled and unscheduled activities	Do you participate in meaningful non-work activities (sports, leisure, social, or other activities in the community) settings as desired?					
	Are you supported when you want to do something that's not scheduled?					
Site setting does not isolate individuals	Is your setting a part of the community at large (and not institution-like or part of or adjacent to an institution)?					
	Do you live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?					
	Can visitors visit at any time?					
Employed in the community	Do you work in an integrated setting (community settings where you would work with non-disabled individuals)?					
	If you would like to work, is someone helping you with that goal?					

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Has own bedroom or shares with a roommate of choice	Do you have a choice of housemate or roommates?					
	Do you like your roommate/housemates and say nice things about them?					
	Do you know how to change your roommate if you want to?					
Controls own schedule	Do you make your own schedule?					
	Can you adjust your schedule when you want or need to?					
Controls own personal funds	Do you have a bank account or way to control your personal resources?					
	Do you have regular and easy access to personal funds?					
Chooses when, what and with whom to eat	Do you choose when and where to eat?					
	Can you request different food if you don't like what is being served?					
	Can you eat in private if you want to?					
Choices are incorporated into services received	Does staff ask you about your need/preferences?					
	Can you change the way your services or supports are delivered when you want?					
	Are you happy with the services you receive?					
	Do you know how to make a request for a new provider or service?					
Free from coercion	Are you comfortable discussing concerns (things that upset or worry you)?					
	Can you make a complaint anonymously/in secret?					

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	Do you know who to contact to make a complaint?					
Has active role in the development and update of the person-centered service plan.	Do you usually participate in your service planning meetings?					
	Can you describe your role in the person-centered plan development process?					
	Does your service plan get updated when you express a desire to change the type, the frequency, or the provider of supports/services?					
	Was the planning meeting scheduled at a time and place convenient to you and your other natural supporters?					
Has unrestricted access of setting (as appropriate per health and safety needs)	Can you go into rooms in your residence that are locked or that have gates?					
	Is your access is limited <u>only</u> for health and safety reasons according to approved care plans.					
	Do you have your own keys to your house?					
	Can you move about freely inside and outside the setting?					
Physical environment meets individualized needs	Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to you if you need them?					
	Is your setting physically accessible to support easy access within, to, and from setting?					
Have full access to the community	Do you regularly leave the residence?					
	Do you have access to public transportation?					
	Is training provided in use of public transportation?					

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	Where public transportation is limited, are there other resources available?					
Right to dignity and privacy is	Is your health information kept private?					
	Do you receive assistance with grooming (bathing or dressing) in private if you want?					
	Can you close and lock the bedroom or bathroom door (if safe to do so)?					
	Do the staff or other residents always knock and receive permission before entering your residence or room?					
Staff communicates in a dignified manner	Does staff try not to talk about you or your roommates in front of you?					
	Does staff talk to you in a dignified manner?					
There is a legally enforceable agreement for the residence	Do you have rental agreement with your name on it?					
	Does the written agreement protect you against eviction and allow appeals of eviction or discharge?					
Other	Do you have any other setting specific concerns?					