



HCBS Provider Survey- Residential Site Questions

Georgia Assessment of HCBS Community Settings

Instructions: Please use direct interview of waiver participants and/or informal (natural) supporters, provider staff, direct observation, and/or record review to respond to the questions below. Multiple sources of information may be required.

Home and Community Based Services (HCBS) Final Rule Summary

The final rule establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid home and community-based services (HCBS) provided under sections 1915(c), 1915(i) and 1915(k) of the Medicaid statute.

The final rule requires that all home and community-based settings meet certain qualifications. These include:

The setting is integrated in and supports full access to the greater community; Is selected by the individual from among setting options; Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint; Optimizes autonomy and independence in making life choices; and Facilitates choice regarding services and who provides them. The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include: The individual has a lease or other legally enforceable agreement providing similar protections;

The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit; The individual controls his/her own schedule including access to food at any time; The individual can have visitors at any time; and The setting is physically accessible.

Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.

This survey will assess the current state of compliance within your facility(ies).

Provider Name

Provider Medicaid Identification Number

Waiver/Program Name (you may make multiple selections)

- CCSP (1)
- SOURCE (2)
- NOW (3)
- COMP (4)
- ICWP (5)
- GAPP (6)

How many total participants receive services in this setting?

Site Street Address (based on Provider Medicaid Identification Number)

Site City (based on Provider Medicaid Identification Number)

Site Zip Code (based on Provider Medicaid Identification Number)

Site Type

▼ Residential (1) ... Non-residential (2)

Display This Question:

If Site Type = Residential

Service Type (Residential)

Alternative Living Services (1)

Community Residential Alternatives (2)

Provider policies and supports

Instructions: A "Yes" answer signifies compliance. If you answer "No" but believe you are in compliance with the HCBS settings rule (see rule summary in previous section), please explain your answer in the "Comments" box at the end of this section.

Does the provider agency have policies that align with the HCBS rule?

- Yes (1)
 - No (2)
 - Not yet (3)
-

Does the provider's employee training and evaluation methods support achievement of the HCBS goals?

- Yes (1)
 - No (2)
-

Comments (provider policies and supports):

Opportunities for community integration

Instructions: A "Yes" answer signifies compliance. If you answer "No" but believe you are in compliance with the HCBS settings rule, please explain your answer in the "Comments" box at the end of this section.

Display This Question:

If Site Type = Residential

Do individuals regularly (more than once per week) leave the residential setting to access the community?

- Yes (1)
 - No (2)
-

Display This Question:

If Site Type = Residential

Do individuals 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)?

Yes (1)

No (2)

Comments (opportunities for community integration):

Individual rights

Instructions: A "Yes" answer signifies compliance. If you answer "No" but believe you are in compliance with the HCBS settings rule, please explain your answer in the "Comments" box at the end of this section.

Display This Question:

If Site Type = Residential

Do the individuals in this setting continue to be provided a choice of available options regarding where to live?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do individuals know how to relocate and request new housing?

- Yes (1)
- No (2)

Display This Question:

If Site Type = Residential

Do the individuals or his informal/natural supporters hold a lease or written residency agreement for the setting?

- Yes (1)
- No (2)

Display This Question:

If Site Type = Residential

Does the written residency agreement include language that provides protection against eviction and allows appeals of eviction or discharge?

- Yes (1)
- No (2)

Display This Question:

If Site Type = Residential

Or Service Type (Non-Residential) = Adults Day Health

Or Service Type (Non-Residential) = Community Access Group

Do the individuals have a bank account or means of controlling personal resources?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Or Service Type (Non-Residential) = Adults Day Health

Or Service Type (Non-Residential) = Community Access Group

Do the individuals have regular and easy access to personal funds?

Yes (1)

No (2)

Are individuals able to freely make requests for changes in the way their services or supports are delivered?

Yes (1)

No (2)

Do the individuals know how and to whom to make a request for a new provider or service type?

Yes (1)

No (2)

Are the individuals comfortable discussing concerns (things that upset or worry them)?

Yes (1)

No (2)

Can the individuals file anonymous complaints?

Yes (1)

No (2)

Do the individuals know who to contact to make a complaint?

Yes (1)

No (2)

Can the individuals describe his/her role in the person-centered plan development process?

Yes (1)

No (2)

Do the individuals routinely participate in service planning meetings?

Yes (1)

No (2)

Are planning meetings scheduled at a time and place convenient to the individuals and other natural supporters?

Yes (1)

No (2)

Does the service plan get updated when the individuals express a desire to change the type, the frequency, or the provider of supports/services?

Yes (1)

No (2)

Is individual health information kept private?

Yes (1)

No (2)

Does staff refrain from talking to other staff about individuals as if they were not present?

Yes (1)

No (2)

Does staff address individuals in a dignified manner?

Yes (1)

No (2)

Comments (individual rights):

Setting Experience: Part I

Instructions: A "Yes" answer signifies compliance. If you answer "No" but believe you are in compliance with the HCBS settings rule, please explain your answer in the "Comments" box at the end of this section.

Does the setting reflect the needs of individuals?

- Yes (1)
 - No (2)
-

Does the setting reflect the preferences of individuals?

- Yes (1)
 - No (2)
-

Does staff ask the individuals about needs/preferences?

- Yes (1)
 - No (2)
-

Do the individuals have access to make private phone calls, e-mail, text, or otherwise communicate privately?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do the individuals have a choice of housemate or roommates?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do the individuals know how to request a roommate change?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do the individuals talk about the roommate/housemates positively?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do individuals receive assistance with grooming in a dignified manner?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do staff or other residents always knock and receive permission before entering an individual's residence or room?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Can individuals close and lock the bedroom door?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Can individuals close and lock the bathroom door?

Yes (1)

No (2)

Comments (settings experience):

Settings Experience: Part II

Instructions: A "Yes" answer signifies compliance. If you answer "No" but believe you are in compliance with the HCBS settings rule, please explain your answer in the "Comments" box at the end of this section.

Is the facility free of locked doors or gates that only the provider controls?

Yes (1)

No (2)

Are there panic release exit doors?

Yes (1)

No (2)

Is the site free from barriers preventing individuals' entrance to or exit from the residence or service site?

Yes (1)

No (2)

Display This Question:

If Site Type = Residential

Do the individuals have their own keys to the residence?

Yes (1)

No (2)

Are there environmental accommodations (e.g. ramps, grab bars, graphic signage to support independence) available to individuals who need them?

Yes (1)

No (2)

Is the setting physically accessible to support easy access within, to, and from setting?

Yes (1)

No (2)

Can individuals move about inside and outside the setting?

Yes (1)

No (2)

Do individuals in the setting have access to public transportation?

Yes (1)

No (2)

Display This Question:

If Do individuals in the setting have access to public transportation? = Yes

Is training provided in use of public transportation?

Yes (1)

No (2)

Where public transportation is limited, are there other resources available?

Yes (1)

No (2)

Comments (settings experience):

Do you have any other setting specific characteristics or concerns?

Name of Person completing the survey

Contact Information (phone and email)

Type of Staff Member

Provider/Owner (1)

Director of Administrative Staff (2)

Clinical Staff (3)

Other (please specify) (4) _____
