



# **HCBS Provider Survey- Non-Residential Site Questions**

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## **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).

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Provider Name

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Provider Medicaid Identification Number

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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?

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Site Street Address (based on Provider Medicaid Identification Number)

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Site City (based on Provider Medicaid Identification Number)

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Site Zip Code (based on Provider Medicaid Identification Number)

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Site Type

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

*Display This Question:*

*If Site Type = Non-residential*

Service Type (Non-Residential)

- Adults Day Health (1)
- Community Access Group (2)
- Pre Vocational Rehabilitation (3)
- Supported Employment (4)
- Respite out of Home Care (5)

### **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)
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**Comments (provider policies and supports):**

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### **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 = Non-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 community)?

- Yes (1)
  - No (2)
-

Are visitors allowed without restricted visiting hours?

- Yes (1)
- No (2)
- 

*Display This Question:*

*If Service Type (Non-Residential) != Pre Vocational Rehabilitation  
Or Service Type (Non-Residential) != Supported Employment*

Do the individuals participate in meaningful non-work activities (leisure, social, or other activities in the community) settings as desired?

- Yes (1)
- No (2)
- 

*Display This Question:*

*If Service Type (Non-Residential) = Pre Vocational Rehabilitation  
And Service Type (Non-Residential) = Supported Employment*

Do individuals with employment work in an integrated setting (community settings where the individual would interact with non-disabled individuals)?

- Yes (1)
- No (2)
- 

Are individuals able to pursue employment if they are interested?

- Yes (1)
- No (2)
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## Comments (opportunities for community integration):

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### 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 = Non-residential*

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

Yes (1)

No (2)

*Display This Question:*

*If Site Type = Non-residential*

Do individuals know how to relocate and request a service site change?

Yes (1)

No (2)

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*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)
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*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)

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Can the individuals file anonymous complaints?

Yes (1)

No (2)

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

Yes (1)

No (2)

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

Yes (1)

No (2)

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Do the individuals routinely participate in service planning meetings?

Yes (1)

No (2)

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

Yes (1)

No (2)

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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)

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Is individual health information kept private?

Yes (1)

No (2)

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

Yes (1)

No (2)

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Does staff address individuals in a dignified manner?

Yes (1)

No (2)

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**Comments (individual rights):**

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**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.

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Does the setting reflect the needs of individuals?

Yes (1)

No (2)

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Does the setting reflect the preferences of individuals?

Yes (1)

No (2)

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Does staff ask the individuals about needs/preferences?

Yes (1)

No (2)

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

Yes (1)

No (2)

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*Display This Question:*

*If Service Type (Non-Residential) != Pre Vocational Rehabilitation*

*Or Service Type (Non-Residential) != Supported Employment*

*Or Service Type (Non-Residential) != Respite out of Home Care*

Do individuals have varying schedules from one another?

Yes (1)

No (2)

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Can the individuals adjust their schedules as needed?

Yes (1)

No (2)

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Do the individuals choose when and where to have a meal?

Yes (1)

No (2)

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Can the individuals request an alternative meal?

Yes (1)

No (2)

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Can the individuals eat privately if they choose?

Yes (1)

No (2)

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Do the individuals express satisfaction with services being provided?

Yes (1)

No (2)

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**Comments (settings experience):**

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**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.

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

Yes (1)

No (2)

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Are there panic release exit doors?

Yes (1)

No (2)

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

Yes (1)

No (2)

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**Comments (settings experience):**

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**Do you have any other setting specific characteristics or concerns?**

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Name of Person completing the survey

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Contact Information (phone and email)

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Type of Staff Member

- Provider/Owner (1)
  - Director of Administrative Staff (2)
  - Clinical Staff (3)
  - Other (please specify) (4) \_\_\_\_\_
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