

Georgia Home and Community Based Settings Non-Compliance Reporting

Medicaid is a government program that provides funding for services and supports that help low income older adults and people with disabilities across the country live in their communities. These services and supports can take place in the home, the workplace, or in day program settings.

The Centers for Medicare & Medicaid Services (CMS), the Federal funding and oversight agency for the Medicaid program, released a rule to make sure that these services and supports, and the places where they are provided, are truly part of the community.

The table below are examples of characteristics of compliant homes and community-based settings.

Characteristics of the Home	Characteristics of the workplace or day program
<ul style="list-style-type: none"> • It's part of the community • You can be active in the community • You can go into the community when you want to. • You can choose your roommates. • You can decorate how you choose. • You have legal protections relating to eviction. • You can access all shared living space in the home. • You have privacy and can lock your bedroom door. • You can have visitors when you want. • You decide your schedule. • You can eat when you want. • You can spend your money how you want • You can interact with people with and without disabilities. 	<ul style="list-style-type: none"> • It's part of the community. • You can be active in the community. • You can go into the community when you want to. • You choose whether you want to work and where. • You have input on hours and schedules. • You can choose to volunteer. • You receive supports to work or volunteer. • You can interact with people with and without disabilities.

Some Home and Community Based Services Settings already meet these standards, and others may need to make changes to follow the rule. This form will help Georgia continue to identify which homes and workplaces meet the HCBS settings requirements and if not, will need additional support. It will also help us identify patterns in the kinds of changes that the setting(s) may need to become compliant.

For each residential setting that does not meet the HCBS requirements, please provide the following information:

a) Provider/Service Agency Name: _____

b) Provider/Service Address (If you have it):

c) Residential Setting Type

- Alternative Living Services (ALS)
- Community Residential Alternatives
- A private home that the member or a family member own or rent

d) Residential Areas of Non-Compliance (check all that apply)

- House rules restrict residents' rights under the federal settings rule on a broad (not individualized) basis
- Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities
- The setting regiments daily activities

- The setting employs chemical, mechanical, or physical restraints*
 - Do not check this box if the setting uses restraints but does so only in a manner consistent with the applicable waiver(s), and on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan.
- Interactions are limited to individuals with disabilities and paid staff
- Individuals cannot engage in the community if/when they choose Individuals cannot leave the home if/when they choose
- The setting does not provide support for individuals to leave the setting and engage with the community (e.g., helping individuals access public transportation options)
- Individuals cannot choose roommates.
- Individuals cannot decorate their bedroom/unit how they choose
- Individuals do not have legal protections against eviction.
- Individuals cannot access common parts of the home (e.g., kitchen, dining area, laundry facilities).
- Individuals do not have privacy in their bedroom/unit, including the ability to lock their door.
- Individuals do not have privacy in bathrooms.
- Individuals cannot have visitors when they want.
- Individuals do not control their own schedules.
- Individuals cannot eat when and what they want.
- Individuals do not control their own money.
- Other

3. For each nonresidential setting that does not meet the HCBS requirements, please provide the following information:

a) Provider Name: _____

b) Provider Address (if you have it): _____

c) Nonresidential Areas of Non-Compliance (check all that apply)

- Setting rules restrict individuals' rights under the federal settings rule on a broad (not individualized) basis Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities
- The setting regiments daily activities
- The setting employs chemical, mechanical, or physical restraints*
 - Do not check this box if the setting uses restraints but does so only in a manner consistent with the applicable waiver(s), and on an individualized basis that is supported by a specific assessed need and properly documented in the person-centered service plan.
- Individuals cannot engage in the community if/when they choose Individuals cannot leave the setting if/when they choose
- The setting does not provide support for individuals to leave the setting and engage with the community (e.g., helping individuals access public transportation options)
- Individuals do not have privacy in bathrooms and/or changing areas.
- Individuals cannot have Survey for Advocates Representing Persons Receiving Medicaid Services

- Individuals do not control their own schedules, including work hours (if applicable).
- Individuals cannot eat when and what they want.
- Individuals cannot choose whether they want to work and where.
- Individuals are paid sub-minimum wage
- Individuals do not receive supports to obtain and/or hold a paid job, attend school, or volunteer in the community.
- Interactions are limited to individuals with disabilities and paid staff Activities are not age appropriate.
- Other:

4. Other comments:

Your reporting is confidential. Please add your contact information below:

Name:

E-mail and or phone number:

Thank you for taking the time to complete this form! Updates on Georgia’s compliance with the settings rule are housed on the Department of Community Health Home and Community Based website at:

www.dch.georgia.gov/hcbs/hcbs-transition-plan

**Please return paper copy to:
Department of Community Health
Statewide Transition Plan Team
2 Peachtree Street, NW
37th Floor
Atlanta, GA 30303**