

**Georgia Home and Community Based Settings
Survey for Individuals**

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 survey 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 be made.

Member Name: _____

Member Medicaid ID number: _____

Member Date of Birth: _____

Enrolled waiver program:

- Elderly and Disabled Waiver
 - Community Care Service Program (CCSP)
 - Service Options Using Resources in a Community Environment (SOURCE)
- New Options Waiver Program (NOW)
- Comprehensive Supports and Services Program (COMP)
- Independent Care Waiver Program (ICWP)

Settings Questions:

1) Do you receive Medicaid-funded services in your home?

Yes

No

a) If yes, what best describes your home?

Alternative Living Services (ALS) host home

Community Residential Alternatives (CRA) group home

A private home that I or a family member own or rent

b) Please provide the Service Agency name and the home address where you live and receive Medicaid-funded services.

Agency Name/Address: _____

2) Do you receive Medicaid-funded services where you work for pay?

Yes

No

I do not work for pay

a) If yes, what best describes the services you receive at work? Check all that apply.

Supported Employment—Individual

Supported Employment—Group Supported Employment

b) Please provide the Service Agency name and the address where you work and receive Medicaid-funded services.

Agency Name/Address: _____

3) Do you receive Medicaid-funded services in a day program? If you volunteer (work without pay), treat that as a day program.

Yes

No

a) If yes, what best describes where you spend your day? Check all that apply.

Adult Day Services Center (Not IDD-Specific)—Basic or Specialized

Community Access Group

Pre-vocational Rehabilitation

Supported Employment

Respite Out of Home Care

b) Please provide the Service Agency name and the address where you attend a day program and receive Medicaid-funded services.

Agency Name/Address: _____

Questions about the Home

If you do not receive Medicaid-funded services at home, please skip to page 6.

#	Question	Answer
<p>Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your home is in line with the requirement.</p>		
1.	Is your home in the community among other homes and apartments or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I interact with people in my neighborhood, outside of my home ...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't have neighbors
3.	Do you have friends that are not paid staff, family, or other people receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	How often, when you want to, can you get together with your friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
4.	Do you have family members that live nearby? Do not include family members that you live with.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	How often, when you want to, can you get together with your family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply to me
5.	Do you know about activities that happen outside of your home (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	If you do know about activities outside your home, do you participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b.	What is an example of an activity that you participate in outside of your home?	
6.	Do the staff at your home provide information about and assistance with accessing public transportation such as buses, taxis or ride-share programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you need more help than you get from staff at your home to do things in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If you have plans in the community, such as seeing a doctor, meeting friends, or going to the library, how often did you have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
9.	Do you or your guardian decide how to spend your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Other Comments:
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#	Question	Answer
Choice: The regulation requires that you have a choice of where you live. The following questions are designed to find out whether your home is in line with the requirement		
10.	Did you have a say in where you were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did you choose to live in a home where housemates were already living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do you have a roommate who shares a bedroom with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a.	If yes, how did you choose them, or were they chosen for you?	
	Other comments:	

#	Question	Answer
Independence: The regulation requires that you can make your own choices. The following questions are designed to find out whether your home is in line with the requirement.		
13.	Can you generally go where you want outside of your home, such as out to lunch or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are you generally able to attend a church or other place of worship of your choice to practice your faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
15.	Are you generally able to schedule your appointments/outings at your convenience as opposed to the convenience of the paid staff at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are you able to participate in community activities that are not a part of the home's planned schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do have access to the common areas in your home, including the kitchen and laundry room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Can you eat when and what you want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Can you talk on the phone when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Can you have visitors when you want to, including overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Can you leave your home when you want to, either on your own or with staff support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments:	

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#	Question	Answer
<p>Rights: The regulation requires that you are treated well and feel safe and comfortable in your home. The following questions are designed to find out whether your home is in line with the requirement.</p>		
22.	Do the staff in your home treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the staff in your home respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do the staff in your home respect your privacy, including in your bedroom and bathroom? For example, do staff knock before coming into your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do you have a lock on your bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Can you lock the bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are your things safe in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Do you have a lease or residency agreement that gives you protections against eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do the staff in your home use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments:		

Questions about the Workplace

If you do not receive Medicaid-funded services where you work for pay, please skip to page 7 Day Program section.

#	Question	Answer
	Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your workplace is in line with the requirement.	
1.	Do you earn at least minimum wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	At work, how often do you interact with people without disabilities, such as nondisabled coworkers or customers?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
3.	Help getting a job can include help finding a place to work or help getting the skills that you need to work. Was someone paid to help you get a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Sometimes people need help from other people to work at their jobs. For example, they may need help getting to or getting around at work, help getting their work done, or help getting along with other workers. Was someone paid to help you with the job you have now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is your job in the community with other homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you active in the community as a part of your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

#	Question	Answer
	Choice: The regulation requires that you have a choice of where you work. The following questions are designed to find out whether your workplace is in line with the requirement.	
7.	Do you have the support to participate in the paid job of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
8.	In general, do you feel you have the supports you need to be successful in your paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
9.	Do you feel like you work enough hours during the week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
9a.	If not, do you feel you have the supports to talk about and make changes to your work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

#	Question	Answer
	Independence: The regulation requires that you can make your own choices. The following question is designed to find out whether your workplace is in line with the requirement.	
10	Do you have the support to give input on your work schedule, break/lunch times, and benefits at your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me
	Other Comments:	

#	Question	Answer
	Rights: The regulation requires that you are treated well and feel safe and comfortable in your work. The following questions are designed to find out whether your workplace is in line with the requirement.	
11.	Do the staff in your workplace treat you with respect?	
12.	Do the staff in your workplace respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do the staff in your workplace use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do the staff in your workplace respect your privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Can you lock the bathroom door at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you have a secure place to store belongings at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

Questions about the Day Program

If you do not receive Medicaid-funded services where you work for pay, please skip to page 10.

#	Questions	Answers
	Integration: The regulation requires that you have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether your day program is in line with the requirement.	
1.	Is your day program in the community with other homes or businesses? 4. <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. 5. <input type="checkbox"/> Yes <input type="checkbox"/> No 5a. 6. <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. <input type="checkbox"/> Yes <input type="checkbox"/> No Survey for Individuals Receiving Medicaid Services 8 # Question Answer 6b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you active in the community as a part of your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I interact with people in my community, outside of my day program.	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never

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4.	Do you have friends that are not paid staff or other people receiving services at your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a.	How often, when you want to, can you get together with your friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
5.	Do you have family members that live near to your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	How often, when you want to, can you get together with your family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply to me
6.	Do you know about activities that happen outside of your day program (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a.	If you do know about activities outside your day program, do you participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6b.	What is an example of an activity that you participate in outside of your day program?	
7.	Do the staff at your day program provide information about and assistance with accessing public transportation such as buses, taxis or ride-share?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you need more help than you get from staff at your day program to do things in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If you have plans in the community, such as seeing a doctor, meeting friends, or going to the library, how often did you have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
10.	If you do not have a paying job, do you want to work for pay at a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me, I do work for pay
11.	Sometimes people feel that something is holding them back from working for pay when they want to. Is this true for you? If yes, please explain why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me, I do work for pay
Other comments:		

#	Questions	Answer
	Choice: The regulation requires that you have a choice of where you spend your day. The following questions are designed to find out whether your day program is in line with the requirement.	
12.	Do you have a say in where you spend your days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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13.	In general, do you feel you have the supports you need to be successful in your volunteer position, schoolwork, and/or day program of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your day program have activities that are appropriate for your age and interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	What kinds of things do you typically do during your day program?	
16.	Does your day program provide you the opportunity to meet and get to know people outside of the day program building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments:	

#	Question	Answer
	Independence: The regulation requires that you can make your own choices. The following questions are designed to find out whether your day program is in line with the requirement.	
17.	How often does your day typically follow a strict schedule that everyone follows as a group?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
18.	If you want to do something different from what others are doing, how often are you able to?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
19.	Can you eat when and what you want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments	

#	Question	Answer
	Rights: The regulation requires that you are treated well and feel safe and comfortable in your day program. The following questions are designed to find out whether your day program is in line with the requirement.	
20.	Do the staff in your day program treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Do the staff in your day program respect your choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Do the staff in your day program use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the staff in your day program respect your privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Can you lock the bathroom door at your day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do you have a secure place to store belongings at your day program?	<input type="checkbox"/> Yes

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		<input type="checkbox"/> No
	Other comments:	

Closing Questions

Do you have any additional comments about the services you receive?

Thank you for taking the time to complete this survey! 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**