

## Georgia Individual Assessment of HCBS Community Settings

Thank you for participating in our survey. Your feedback is important.

The purpose of this survey is to allow individuals the opportunity to respond to a set of questions from their perspective that are being asked to providers regarding the new CMS (Centers for Medicare and Medicaid Services) community setting rules. These rules strengthen the requirements for personal autonomy, community integration, and choice in home and community based services through Medicaid. Your feedback is very important to us.

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)

This section identifies the individual and the provider setting location and type so the information can be compared with the information from the provider. This is all kept confidential.

You will be asked to provide some personal information regarding your name, your provider's name, what waiver program you are enrolled in, the provider site address, whether it is a residential or non-residential services and the type of service.

This will allow your answers to be matched to the provider answers for comparison purposes

What is the name of the member receiving services in this setting? Optional

Name of person completing survey if different than above:

If completing the survey for the member, what is your relationship to the member?

Provider Name:

Waiver/Program Name:

Site address:

Site Type:

Service Type:

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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)?

- Yes
- No

Does this setting reflect your needs?

- Yes
- No

Does this setting reflect your preferences?

- Yes
- No

Do you know how to relocate and request new housing or non-residential service site change?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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)?

- Yes
- No

Can visitors visit at any time?

Yes

No

Do you work in an integrated setting (community settings where you would work with non-disabled individuals)?

Yes

No

Is your setting a part of the community at large (and not institution-like or part of or adjacent to an institution)?

Yes

No

If you would like to work, is someone helping you with that goal?

Yes

No

Are you supported when you want to do something that's not scheduled?

Yes

No

**Has own bedroom or shares with a roommate of choice**

Do you have a choice of housemate or roommates?

- Yes
- No

Do you like your roommate/housemates and say nice things about them?

- Yes
- No

Do you know how to change your roommate if you want to?

- Yes
- No

Do you make your own schedule?

- Yes
- No

Can you adjust your schedule when you want or need to?

- Yes
- No

Do you have a bank account or way to control your personal resources?

- Yes
- No

Do you have regular and easy access to personal funds?

- Yes
- No

Do you choose when and where to eat?

Yes

No

Can you request different food if you don't like what is being served?

Yes

No

Can you eat in private if you want to?

Yes

No

**Choices are incorporated into services received**

Does staff ask you about your need/preferences?

- Yes
- No

Can you change the way your services or supports are delivered when you want?

- Yes
- No

Are you happy with the services you receive?

- Yes
- No

Do you know how to make a request for a new provider or service?

- Yes
- No

Are you comfortable discussing concerns (things that upset or worry you)?

- Yes
- No

Can you make a complaint anonymously/in secret?

- Yes
- No

Do you know who to contact to make a complaint?

- Yes
- No

Do you usually participate in your service planning meetings?

Yes

No

Can you describe your role in the person-centered plan development process?

Yes

No

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

Yes

No

Was the planning meeting scheduled as a time and place convenient to you and your natural supporters?

Yes

No

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

Yes

No

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

Yes

No

## Georgia Individual Assessment of HCBS Community Settings

### Have full access to the community

Do you regularly leave the residence?

Yes

No

Do you have access to public transportation?

Yes

No

Is training provided in use of public transportation?

Yes

No

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

Yes

No

Is your health information kept private?

Yes

No

Do you receive assistance with grooming (bathing or dressing) in private if you want?

Yes

No

Can you close and lock the bedroom or bathroom door (if safe to do so)?

Yes

No

Do the staff or other residents always knock and receive permission before entering your residence or room?

Yes

No

Does staff try not to talk about you or your roommates in front of you?

Yes

No

Does staff talk to you in a dignified manner?

Yes

No

Do you have a rental agreement with your name on it?

Yes

No

Does the written agreement protect you against eviction and allow appeals of eviction or discharge?

Yes

No

Do you have any other setting specific concerns

Yes

No

Please enter comments below.

**Thank you**

**Thank you for taking the time to do this survey. Your input is greatly appreciated**