HCBS Settings Additional Review Interview Tool
Individual Receiving Services
Non-Residential

Provider Name/Provider ID: Site Name/Site ID:

Individual interviewed:		Others who participated in interview:	

The purpose of this interview is to get feedback from individuals like you, who receive Medicaid HCBS Waiver Services, about your experience receiving services and supports. The feedback you provide will not affect the services you receive in any way. This interview is voluntary and you can choose to stop the interview at any time.

Introduction: "Community" as referenced in the settings rule refers to the greater community and not solely a community of one's peers (others you here you receive services with). The greater community is the town, city, or area you live, work, and play in. Community integration also means more than integration with peers who also receive services with you. Integrated settings encourage interaction with people who do not have disabilities.

Characteristic	#	Indicator Question	Scale	Follow-up questions	Comments/Notes Document any time there is a modification or restriction involved.
#1 Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	1	Are you able to participate in activities that are important to you in the community?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	What community activities are important to you? What things would you like to do more of? Why can't you participate in them?	
	2	If public transportation (e.g. bus, trax, frontrunner) is available, have you had training on how to use it?	☐ Yes ☐ No ☐ Public transportation not available ☐ Not interested	How do you get out into the community?	
	3	Do you have the opportunity to control your spending money?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	How do you get your spending money? Have you had help learning how to budget your money?	
#2 Setting is selected by the individual from among setting options, including non-disability specific settings	4	Do you have the information you need to choose who provides your services *(give example of who their provider is)*?	☐ Yes ☐ No ☐ Unclear or no response	How did you choose who provides your services? Have you visited other providers?	
	5	Do you have the opportunity to interact with other non-disabled people who are not staff?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	Where do you go? Who do you interact with?	

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#3 Setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.	6	Do staff help you with personal needs (e.g. using the bathroom, bathing, dressing, etc.) in private (not in front of others)?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ I don't need help with personal needs ☐ Unclear or no response	When staff help with personal needs, where are you?	
	7	Do staff keep your private information private?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	Do they talk about your private information in front of other people? Do they post private information where others can see?	
	8	Do staff talk to you in a respectful way?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	Can you give an example?	
	9	For any restrictions (*give examples if needed*) in place, do you understand the restriction and why it is in place?	☐ Yes ☐ No ☐ No restrictions ☐ Unclear or no response	What is the restriction? Why is the restriction in place?	
#4 Setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices	10	Do you make your own schedule and decide what activities to participate in?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	How is your schedule made? Are there activities you are required to participate in?	
	11	Do you have the help you need to do activities that you like in the community?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	What activities do you go to in the community? What help do you need?	
	12	Are you able to have a meal or snack when and where you want?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response	What happens if you are not hungry at meal or snack time? Do you get to go somewhere else if you want to? Where can you eat?	
#5 Setting facilitates individual choice regarding services	13	Do you know what kind of services you receive (*give examples if needed*) and how to change them?	☐ Yes ☐ No ☐ Unclear or no response	What services do you receive? How do you change them?	

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and supports, and who provides them.	14	Do staff know what is important to you so they can help you get what you need and want?	☐ Yes, always ☐ Most of the time, usually ☐ No, or only sometimes ☐ Unclear or no response		

Interview completed by:		Date of interview:	

Other Comments/Notes	