

HCBS Settings Additional Review Interview Tool

Individual Receiving Services

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 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	If public transportation (e.g. bus, trax, frontrunner) is available, have you had training on how to use it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Public transportation not available <input type="checkbox"/> Not interested	How do you get out into the community?	
	2	Do you have the opportunity to control your spending money?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> 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	3	Do you have the information you need to choose who provides your services (<i>give example of who their provider is</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	How did you choose who provides your services? Have you visited other providers?	
	4	Are you able to participate in activities that are important to you in the community?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> 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?	
	5	Do you have the opportunity to interact with other non-disabled people who are not staff?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Where do you go? Who do you interact with?	

HCBS Settings Additional Review Interview Tool

Individual Receiving Services

Residential

Provider Name/Provider ID:

Site Name/Site ID:

#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)?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> I don't need help with personal needs <input type="checkbox"/> Unclear or no response	When staff help with personal needs, where are you?	
	7	Do staff keep your private information private?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> 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? Do staff open your mail?	
	8	Do staff talk to you in a respectful way?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Can you give an example?	
	9	For any restrictions (<i>give examples if needed</i>) in place, do you understand the restriction and why it is in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No restrictions <input type="checkbox"/> 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?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	How is your schedule made? Are there activities you are required to participate in?	
	11	Are you able to sit anywhere in the dining room or where you eat?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response		
	12	Can you ask for a different meal/food if you want or if you do not like the food?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	How do you ask for a different meal/food?	
	13	Are you a part of meal planning?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Do you get to take part in setting the menu? Do you participate in shopping for food?	
	14	Are you able to choose who you have relationships with?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Do you need help engaging with family and friends? Do you spend enough time with family and friends?	

HCBS Settings Additional Review Interview Tool

Individual Receiving Services

Residential

Provider Name/Provider ID:

Site Name/Site ID:

#5 Setting facilitates individual choice regarding services and supports, and who provides them.	15	Do you know what kind of services you receive (<i>give examples if needed</i>) and how to change them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	What services do you receive? How do you change them?	
	16	Do staff know what is important to you so they can help you get what you need and want?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response		
#6 The individual has a lease or other legally enforceable agreement providing similar protections	17	Do you know how to request a new place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	How do you request to move?	
#7 Setting ensures the individual has privacy in their sleeping or living unit including lockable doors, choice of roommates, and freedom to furnish or decorate the unit.	18	Can you close and lock your bathroom and bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	If no... Would you like a lock on your door? Is there a reason you cannot have a lock on your door?	
	19	Do staff enter your living area without permission?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	When is it okay for staff to enter your living area?	
	20	Can you choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have a roommate <input type="checkbox"/> Unclear or no response	Do you have a roommate? Do you want a roommate?	
	21	Can you choose to have a private room (a room without a roommate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response		
#8 The setting ensures the individual has the freedom and support to control	22	Are you able to have a meal or snack when and where you want?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> 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?	

HCBS Settings Additional Review Interview Tool

Individual Receiving Services

Residential

Provider Name/Provider ID:

Site Name/Site ID:

his/her own schedule and activities, and have access to food at any time.	23	Are you required to keep to a set schedule for everyday activities such as waking, bathing, eating, going to bed, etc.?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	What does your daily schedule look like? Would you change it if you could? What happens if you want to change your schedule? Do you go to bed at the same time everyday? Is that your choice?	
#9 The individual can have visitors of his/her choosing at any time.	24	Can you have visitors at any time?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Can your visits be private? How do you schedule a visit? How long can visitors stay? Can you have private phone calls?	
#10 Setting is physically accessible to the individual.	25	Can you cook your own meals/snacks if you want to?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Is this something you would like to do? Do you know how? Would you like to know how?	
	26	Can you do your own laundry if you want to?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Most of the time, usually <input type="checkbox"/> No, or only sometimes <input type="checkbox"/> Unclear or no response	Is this something you would like to do? Do you know how? Would you like to know how?	

Interview completed by:		Date of interview:	
-------------------------	--	--------------------	--

**HCBS Settings Additional Review Interview Tool
Individual Receiving Services
Residential**

Provider Name/Provider ID:

Site Name/Site ID:

<p>Other Comments/Notes</p>	
-----------------------------	--