

HCBS Settings Additional Review Interview Tool

Staff

Non-Residential & Residential

Provider Name/Provider ID:

Site Name/Site ID:

Staff interviewed:		Position:	
--------------------	--	-----------	--

The purpose of this interview is to get feedback from staff like you who provide Medicaid HCBS Waiver Services.

Characteristic	#	Indicator Question	Scale	Follow-up questions	Comments
#6 (non-residential) #12 (non-residential) Setting enforces the Home and Community-Based Settings Regulation requirements.	1	Staff do not talk about individuals' private information in front of other people.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	Is this a training staff receive?	
	2	Staff provide personal assistance in private when appropriate.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	Is this a training staff receive?	
	3	Staff talk to individuals in a respectful manner.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	Is this a training staff receive?	
	4	Individuals are able to make their own schedule and decide what activities to participate in.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	How do you explain options and choices to individuals? How do disagreements between individuals about what they want to do get resolved?	
	5	There is a variety of community activities that individuals participate in (volunteering, social activities, competitive employment, etc.).	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	List these activities. How often do individuals get to participate in community activities? What is the typical group size for outings? What are the barriers for going out into the community?	
	6	Individuals have activities that they are required to attend or participate in.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	If yes, what are these activities?	
	7	You have received education related to the rights of individuals and individual experience.	<input type="checkbox"/> Within the last 6 months <input type="checkbox"/> Within the last year <input type="checkbox"/> It's been longer than a year <input type="checkbox"/> Never		
	8	You have received education related to the HCBS Settings Rule.	<input type="checkbox"/> Within the last 6 months <input type="checkbox"/> Within the last year <input type="checkbox"/> It's been longer than a year <input type="checkbox"/> Never	What is your understanding of the settings rule?	

HCBS Settings Additional Review Interview Tool
Staff
Non-Residential & Residential

Provider Name/Provider ID:

Site Name/Site ID:

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

Other Comments/Notes	
----------------------	--