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ALABAMA MEDICAID AGENCY HOME AND COMMUNITY-BASED SETTINGS RULE SURVEY

VERSION: FOR PEOPLE WHO RECEIVE WAIVER SERVICES

SURVEY PURPOSE & OVERVIEW

What is the Purpose of this Survey?

In 2014, the Center for Medicaid Services (CMS) issued the Home and Community Based Services (HCBS) Final Settings Rule. The Rule was intended to ensure that people who receive HCBS (like Intellectual Disabilities and Living at Home Waiver services) are able to live and work in the community with the same degree of integration as people who do not receive HCBS.

Since 2014, Alabama has been working to make changes in the way HCBS are provided to waiver participants. The Alabama Medicaid Agency (AMA) needs to make sure that Medicaid waiver providers can - and do - follow the Rule requirements. We will use your feedback from this survey to help guide the state's ongoing efforts to meet that goal.

Who Should Respond to this Survey?

To help us understand how effective our work has been so far, and especially what else we still need to do, AMA is seeking feedback from people who receive HCBS, their family members, advocates and providers.

THIS PAPER SURVEY IS INTENDED FOR PEOPLE WHO RECEIVE WAIVER SERVICES

If you would like to learn more about the Rule requirements before taking the survey, you can select any of the links below:

<https://www.youtube.com/watch?v=sjy334aMXXk>

https://www.youtube.com/playlist?list=PL_6PLdSIhcvNW7Tl77a-DdTGvSp_H1gBl

<https://www.acdd.org/wp-content/uploads/2022/06/HCBS-FAQ-Individuals-and-Families-2022.pdf>

More informational links are available when you finish the survey.

TO RETURN THIS PAPER SURVEY, YOU MAY FAX OR MAIL TO THE FOLLOWING:

FAX: 334-242-2834

**MAILING ADDRESS: Alabama Medicaid Agency
LTC Health Care Reform Division
PO Box 5624, 501 Dexter Avenue
Montgomery, AL 36103-5624\
ATTN: Mattie Jackson**

Part 1. PLEASE TELL US ABOUT YOURSELF

Personal information is optional. You may provide as much or as little information as you like.

Name

City/Town

ZIP/Postal Code

Email Address

Please select below all services that you receive:

- Residential Services
- Day Services
- Personal Care Services
- Support Coordination
- Other (please specify)

PART 2. HOW FAMILIAR ARE YOU WITH THE HCBS SETTINGS RULE?

*** How much do you know about the HCBS Settings Rule?**

Please select the one answer that best describes your current understanding of the Rule

- I really don't know anything about the Rule.
- I have heard of the Rule, but only know a little bit about what it means for me/means for my organization.
- I am very familiar with the Rule, but I still have questions about some of the requirements.
- I am fully aware of the requirements outlined in this Rule.

WHAT HCBS RULE REQUIREMENTS WOULD YOU LIKE MORE INFORMATION ABOUT?

Additional informational links will be available at the end of this survey.

- Isolating characteristics
- Heightened Scrutiny
- Community access
- Control of personal resources
- Leases, Privacy, Right to free access to food at any time and Right to have visitors at any time
- Rights restrictions and modifications
- Other (please specify)

Part 3: How Well Are Alabama's HCBS Settings Meeting The Rule Requirements Right Now?

Please answer the questions below, based on your own experiences.

You can also provide a brief comment on any of the requirements, if you choose.

The setting provides opportunities for people to seek employment and work in competitive integrated settings:

Do you have a community job?

- I work in the community getting paid minimum wage or more
- I want a community job, but do not have one
- I might want to work, but I'm not sure what I would like to do.
- I do not want to work in the community

Add a comment here

If you clicked "I work in the community getting paid minimum wage or more," do you like your job?

- Yes
- No
- Don't know

Add a comment here

If you want a job, or might want a job, do you have the help you need to look for a job and think about what kind of job you would like?

- Yes
- No
- Don't know

Add a comment here

The setting is physically accessible to the individual.

Can you move easily around your home?

- Yes
- No
- Don't know
- Doesn't apply to me

Add a comment here

Can you move easily around your day program?

- Yes
- No
- Don't know
- Doesn't apply to me

Add a comment here

The setting provides people opportunities to engage in community life.

Can you choose the places you go, like the bank, the grocery store, the mall, where to eat, where to go to church/temple/mosque or other?

- Yes
- No
- Don't know

Add a comment here

Do you volunteer with any community groups?

- Yes
- No
- Don't know

Add a comment here

Are you a member of any community groups or clubs?

- Yes
- No
- Don't know

Add a comment here

Do staff ask you what community activities you would like to participate in?

- Yes
- No
- Don't know

Add a comment here

Are you able to do the things you like to do in the community, even if others in the setting don't want to do those things?

- Yes
- No
- Don't know

Add a comment here

Do you have access to transportation for the things you like to do in the community, even if others in the setting don't want to do those things?

- Yes
- No
- Don't know

Add a comment here

The setting supports the person's control of personal resources.

Can you choose how you spend your money?

- Yes
- No
- Don't know

Add a comment here

Do you have your own bank account or debit card?

- Yes
- No
- Don't know

Add a comment here

The setting ensures people’s right to privacy.

Do you have a key, key fob, or code to your house?

- Yes
- No
- Don't know
- I do not receive residential services

Add a comment here

Are you able to lock your bedroom door if you want privacy?

- Yes
- No
- Don't know
- I do not receive residential services

Add a comment here

Do you have a rental lease agreement with your group home provider and/or landlord?

- Yes
- No
- Don't know
- I do not receive residential services

Add a comment here

Do people knock and wait for you to answer before they come into your room?

- Yes
- No
- Don't know
- I do not receive residential services

Add a comment here

Can you decorate your room the way you want?

- Yes
- No
- Don't know
- I do not receive residential services

Add a comment here

The setting ensures people's dignity and respect.

Do the staff who support you respect you by listening to you and not yelling at you or bossing you around?

- Yes
- No
- Don't know

Add a comment here

Do the staff who support you respect your choices about how you want to spend your time?

- Yes
- No
- Don't know

Add a comment here

The setting ensures people's freedom from coercion and restraint.

Do you feel safe around the staff that work with you in your home?

- Yes
- No
- Don't know
- I don't receive any services from staff in my home

Add a comment here

Do you feel safe around the staff that work with you in your daytime services?

- Yes
- No
- Don't know
- I don't participate in any day services

Add a comment here

The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily schedule and with whom to interact.

Did you choose where you live?

- Yes
- No
- Don't know

Add a comment here

Do you like where you live?

- Yes
- No
- Don't know

Add a comment here

If you have a roommate, did you get to choose your roommate?

- Yes
- No
- Don't know
- Add comment here

Can you have visitors whenever you want including at night or for a long time?

- Yes
- No
- Don't know

Add a comment here

Can you choose when and what to eat for meals and snacks?

- Yes
- No
- Don't know

Add a comment here

Can you choose what time you want to go to bed?

- Yes
- No
- Don't know

Add a comment here

Do you have choice about how you spend your free time?

- Yes
- No
- Don't know

Add a comment here

Do you have a choice about who you spend your free time with?

- Yes
- No
- Don't know

Add a comment here

PART 4. HCBS RULE REQUIREMENTS: CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

From the list below, please select all that apply:

- Provider Staff Training
- Funding-Transportation
- Modifying Provider Practices
- Funding-Affordable Housing
- Implementation of Person-Centered Planning
- Funding-Having Enough Direct Support Professionals
- Funding-General
- Funding-Being Able to Keep Trained Staff
- Other: Please Specify. Check Here to Provide additional comments

PART 5. HOW DO YOU THINK WE SHOULD FOCUS OUR EFFORTS TO IMPROVE?

What Training Topics Are Most Important?

- How to Best Support Community Employment
- How to Best Use Direct Support Professional Services and Other Resources to Promote Individualized Community Participation and Integration
- Training for Direct Support Professionals to Ensure They Understand Their Critical Roles in the Rule Implementation
- Training for Support Coordinators to Ensure They Understand Their Critical Roles in the Rule Implementation
- How to Develop and Implement a Person-Centered Plan that Supports Rule Implementation
- How to Create Policies and Procedures that Support Implementation of the Rule
- Other (please specify)

DO YOU KNOW ANY PROMISING PRACTICES YOU CAN SHARE?

For example, Is there anything special your provider does to help support you to experience all of the benefits of community living?

Please provide examples or comments below. If you have promising practices you would be willing to share with others, please provide a brief summary and your contact information.

Promising Practices Response

A large, empty rectangular box with a thin black border, intended for the user to provide their response to the questions above. The box is currently blank.

**You may tell us which specific settings your answers apply to, but it's not required.
You may provide as little or as much information as you like.**

A: Type of Setting

B: Setting Address
(Street, City and/or
Zip Code)

C: Provider Name
(Optional)

A: Type of Setting

B: Setting Address
(Street, City and/or
Zip Code)

C: Provider Name
(Optional)

Thank You For Participating in the Alabama Medicaid Agency HCBS Survey

Please see below for information on topics of interest.

Alabama Statewide Transition Plan

https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.8_Transition_Plan.aspx

Community Access and Integration

Video: Tools of the Trade: HCBS and You

<https://www.youtube.com/watch?v=dgetWaAINyq>Assisting Providers in Ensuring Settings Facilitate Community Inclusion

Assisting Providers in Ensuring Settings Facilitate Community Inclusion

https://www.medicaid.gov/sites/default/files/2019-12/community-inclusion_0.pdfCQL - Community, Independence and More - YouTube

CQL - Community, Independence and More - YouTube

<https://www.youtube.com/watch?v=NhFMON-LRHQ>

Leases, Privacy, etc.

HCBS Provider Requirements for Residential Setting - YouTube

<https://www.youtube.com/watch?v=sjy334aMXXk>

/the-realities-of-house-rules/

<https://www.c-q-l.org/resources/newsletters/the-realities-of-house-rules/>

Lease and Landlord/Tenant Relationships

<https://www.medicaid.gov/sites/default/files/2019-12/provider-owned-and-controlled-settings.pdf>

Control of Personal Resources

HCBS Training on Control of Personal Resources

<https://dds.dc.gov/publication/hcbs-training-control-personal-resources-strategies-and-tools>

Isolating Settings

/settings-that-isolate.pdf

<https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf>

Rights Restrictions and Modifications

Rights Restrictions

https://www.youtube.com/watch?v=Vg5DA_ouOwY&list=TLPOmDEwNjIwMjJQlZjZlZlTzO&index=3

HCBS Modifications Training for ID Waiver

<https://mh.alab>