## Indiana Division of Aging HCBS Final Rule Participant Interview – Non-Residential Settings

# Visit Information

Date of Interview: Start Time: End Time: Assessor Name:

#### HCBS Compliance

General Provider Information Provider Name: Provider Address: Provider Contact:

CMS HCBS Standard	Interview Question	Observ (circle		Evidence for Observation
The setting is integrated in and supports full access of	Do you get to participate in activities of your choice, when you want to?	Yes	No	
individuals receiving Medicaid HCBS to the greater community,	Do you get to design a schedule for yourself that takes your needs and wants into consideration?	Yes	No	
including opportunities to seek employment and work in competitive integrated settings, engage	Are you able to work, shop, attend religious services, medical appointments, dine out, etc. outside of the setting if you choose to?	Yes	No	
in community life, control personal resources, and	Are there often visitors from the community coming into the setting?	Yes	No	
receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Do you have the option to use public transportation, taxi services, etc. to go into the community? Do you know how to access that transportation?	Yes	No	
The setting optimizes, but does not regiment, individual initiative,	Do you get to choose with whom you do activities, both in the setting and in the community?	Yes	No	
autonomy, and independence in making	Can you have meals and snacks at the time and place of your choosing?	Yes	No	
life choices including but not limited to daily	Are you able to dine alone and in private if you choose to?	Yes	No	
activities , physical environment, and with whom to interact.	Do you know your individual rights in this setting?	Yes	No	

The setting facilitates	Do you have a choice in service providers	Yes	No	
individual choice regarding	and services you receive?			
services and supports, and	Do you know how to update your choice	Yes	No	
who provides them.	of providers and services if you want to?			
The setting is selected by	Did you visit other sites when choosing to	Υ	N	
the individual from among	come here?			
setting options including	Can you work or volunteer in the	Υ	N	
non-disability specific	community if you choose to?			
settings. The settings	Do you like where you are? Not	Υ	N	
options are identified and	necessarily geography, but this type of			
documented in the person-	location.			
centered plan and are				
based on the individual's				
needs and preferences.				
The setting ensures an	Is your information kept private, to the	Y	Ν	
individual's rights of	best of your knowledge? For example,			
privacy, dignity, and	there aren't personal schedules posted			
respect, and freedom from	somewhere.			
coercion and restraint.	Can you get help with things you need	Y	Ν	
	help with in the way that you want?			
	Do you feel the staff here treats you with	Y	Ν	
	respect and dignity?			
	Does the staff talk about people when	Y	Ν	
	they are not there? Or talk about people			
	like they are not there when they are?			
	Is there a place for you to store your	Y	Ν	
	things and keep them safe while you are			
	here?			
The setting facilitates	Did you have the chance to get to choose	Y	Ν	
individual choice regarding	who helps you here?			
services and supports, and	Do you meet with someone regularly to	Y	Ν	
who provides them.	make sure your wishes are known?			
	Do you get to make your own decisions	Y	Ν	
	about how you spend your time?	V	N1	
	Do you feel that the staff knows about	Y	Ν	
	your interests, needs, and preferences?			
	Do you know how to make changes to the	Y	Ν	
	services you receive here?			

### Indiana Division of Aging HCBS Final Rule Onsite Assessment Tool – Non-Residential Settings

Visit Information Date of Assessment: Start Time: End Time: Assessor Name: General Provider Information Provider Name: Provider Address: Provider Contact: Number of Waiver Clients Served: Does the setting include a memory care unit? If yes, is it secured?

## HCBS Compliance

CMS HCBS Standard	Observational Guidance to Assess	Observation		Evidence for Observation
	Compliance	(circle one)		
The setting is integrated in	Does the setting provide opportunities for	Y	Ν	
and supports full access of	regular meaningful non-work activities in			
individuals receiving	integrated community settings for the period			
Medicaid HCBS to the	of time desired by the individual?			
greater community,	Does the setting afford opportunities for	Y	Ν	
including opportunities to	individual schedules that focus on the needs			
seek employment and work	and desires of an individual and an			
in competitive integrated	opportunity for individual growth?			
settings, engage in	Does the setting afford opportunities for	Y	Ν	
community life, control	individuals to have knowledge of or access to			
personal resources, and	information regarding age-appropriate			
receive services in the	activities including competitive work,			
community, to the same	shopping, attending religious services,			
degree of access as	medical appointments, dining out, etc.			
individuals not receiving	outside of the setting, and who in the setting			
Medicaid HCBS.	will facilitate and support access to these			
	activities?			
	Does the setting allow individuals the	Y	Ν	
	freedom to move about inside and outside of			
	the setting as opposed to one restricted			
	room or area within the setting?			
	Is the setting in the community/building	Y	Ν	
	located among other residential buildings,			

private businesses, retail businesses, restaurants, doctor's offices, etc. that			
facilitates integration with the greater community?			
Does the setting encourage visitors or other	Y	N	
people from the greater community (aside			
from paid staff) to be present, and is there			
evidence that visitors have been present at			
regular frequencies?	Y	N	
Do employment settings provide individuals with the opportunity to participate in	T	IN	
negotiating their work schedule, break/lunch			
times and leave and medical benefits with			
their employer to the same extent as			
individuals not receiving Medicaid funded			
HCBS?			
Does the setting provide individuals with	Y	Ν	
contact information, access to and training			
on the use of public transportation, such as			
buses, taxis, etc., and are these public transportation schedules and telephone			
numbers available in a convenient location?			
Alternatively, where public transportation is	Y	N	
limited, does the setting provide information			
about resources for the individual to access			
the broader community, including accessible			
transportation for individuals who use			
wheelchairs?			
Does the setting assure that tasks and activities are comparable to tasks and	Y	Ν	
activities for people of similar ages who do			
not receive HCBS?			
Is the setting physically accessible, including	Y	N	
access to bathrooms and break rooms, and			
are appliances, equipment, and tables/desks			
and chairs at a convenient height and			
location, with no obstruction such as steps,			
lips in a doorway, narrow hallways, etc.,			
limiting individuals' mobility in the setting? If			

	obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?			
The setting optimizes, but does not regiment, individual initiative, autonomy, and	Are there gates, Velcro strips, locked doors, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	Y	Ν	
independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of individuals? Does the physical environment support a variety of individual goals and needs?	Y	N	
	Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting?	Y	N	
	Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing?	Y	N	
	Does the setting afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?	Y	N	
	Does the setting provide for an alternative meal and/or private dining if requested by the individual?	Y	N	
	Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?	Y	N	
	Does the setting post or provide information on individual rights?	Y	Ν	
	Does the setting prohibit individuals from engaging in legal activities in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?	Y	N	

Does the setting afford the opportunity for	Υ	Ν	
tasks and activities matched to individuals'			
skills, abilities, and desires?			