

## SPW Provider Assessment Part One

### INSTRUCTIONS

For each location/site that provides STAR+PLUS waiver adult foster care or assisted living facility services, please complete parts one through four of the STAR+PLUS waiver provider assessment. This is part one.

Participation in the assessment is required and is NOT anonymous. If you have questions about the assessment, please contact [MCD\\_managed\\_care\\_quality@hsc.state.tx.us](mailto:MCD_managed_care_quality@hsc.state.tx.us) with subject line "SPW provider."

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### SECTION 1: ABOUT YOUR ORGANIZATION

- \* 1. What is the name of your organization? For the purposes of this survey, an "organization" might own or manage multiple sites (physical locations).

- \* 2. How many homes does your organization operate in Texas? If none for any type, please answer "0."

HCS three-person homes [Supervised Living (SL) or Residential Support Services (RSS)]

HCS four-person homes (RSS)

HCS host/companion homes

Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID)

Assisted Living Facilities with the DBMD waiver

Adult foster care residences serving STAR+PLUS members

- \* 3. How long has your organization been providing residential services?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

\* 4. In Texas, what other services are provided by your organization directly (not sub-contracted)? Please check all that apply.

- Day habilitation
- Supported employment
- Physical, occupational, speech, or other therapy
- Nursing services
- In-home attendant services
- Personal Care
- Sheltered workshop
- Employment assistance

\* 5. In how many states, including Texas, does your organization provide services to any of the following groups of individuals: people with intellectual and developmental disabilities (IDD), people who are elderly, and/or people who have a physical disability?

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### SECTION 2: ABOUT THIS SITE

- \* 6. Please enter the complete name of your service location and physical address. If you have multiple locations, please choose one as the focus of this survey and then take the survey separately for all other locations.

Name

Street address

City/town in Texas

Zipcode

Email address of person completing this survey

- \* 7. What is the phone number for this location/site? Please use the format XXX-XXX-XXXX. Please do not use a phone number that is associated with more than one of your organization's sites.

We will ask you to provide the same phone number when you take parts two through four of the survey. The reason we are asking for this number is to link the four parts of the survey together for the particular site you are responding about. It is ok to make up a number, use a personal phone #, etc. as long as you provide the same number in all four parts of the survey.

- \* 8. Please choose which of the following best describes this service location.

- Assisted living facility
- Adult foster care provider
- Adult foster care provider with four or more clients, so licensed as an assisted living facility
- Other (please specify)

- \* 9. How many individuals receiving STAR+PLUS waiver currently reside at this site?

- \* 10. How many other individuals currently reside at this site?

When answering questions in the rest of this assessment, please refer only to the STAR+PLUS waiver residents at this site.

\* 11. To the best of your knowledge, within one block of this site, are there any other sites or facilities that provide services targeted to individuals who are elderly, have intellectual or developmental disabilities, or have a physical disability?—(for example, intermediate care facilities for individuals with an intellectual disability or related conditions, state supported living centers, other group homes or assisted living facilities, day habilitation programs, nursing facilities, etc.)

Yes

No

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\* 1  How many other sites or facilities within one block of this site provider services targeted to people who are elderly or who have disabilities?

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### SECTION 3: CHOOSING A HOME

\* 13. Before individuals move to this home, are they offered the opportunity to look at other homes and residential options?

- Yes, usually
- Yes, sometimes
- Not usually
- I don't know

\* 14. If an individual wants to consider moving, who assists them in looking for other homes? Check all that apply.

- Staff in this home
- No one
- Other staff in our organization (not in this home)
- Family or legally authorized representative (LAR)
- Managed care organization (MCO) service coordinator
- Other MCO staff
- Other (please specify)

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\* 15. If the person who assists the individual in looking for other homes is not a staff in the home, who helps the individual contact the external person? Choose all that apply.

- Staff in this home
- No one
- Other staff in our organization (not in this home)
- Family or Legally Authorized Representative (LAR)
- Managed care organization (MCO) service coordinator
- Other MCO staff
- Not applicable
- Other (please specify)

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\* 16. Do future residents visit in advance to decide if this home meets their needs and preferences?

- Yes, usually
- Yes, sometimes
- Not usually
- I don't know.

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17. Are visits from future residents overnight?

- Yes, usually
- Yes, sometimes
- Not usually
- I don't know.

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### CLOSING

These are all the questions we have for part one. Please continue to part two of the provider assessment for this site.

Thank you for your help with this important effort!