

SPW Provider Assessment Part Two

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 two.

Throughout the assessment, please respond only about the experiences of STAR+PLUS waiver recipients at this site (not residents who may live there due to benefits from other programs).

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 with subject line "SPW provider."

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IDENTIFYING YOUR RESPONSES

- * 1. What is the name of your organization? For the purposes of this survey, an "organization" might own or manage multiple sites (physical locations). This should match what you entered in part one of the assessment.

- * 2. Please enter the complete physical address of this location/site. This should match what you entered in part one of the assessment.

Street address

City/town in Texas

Zipcode

- * 3. What is the phone number for this location/site? Please use the format XXX-XXX-XXXX. This should match what you entered in part one of the assessment.

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SECTION 4: COMMUNITY INTEGRATION

* 4. Are residents at this site allowed to come and go from the home at any time they choose?

- Always
- Sometimes
- Never

5. If you chose "sometimes" or "never," please state whether reasons are always noted in the individual service plan.

* 6. Are residents of the home allowed to participate in community activities without staff presence?

- Always
- Sometimes
- Never

7. If you chose "sometimes" or "never," please state whether reasons are always noted in the individual service plan.

* 8. Do any individuals who live at this site require staff support in order to participate in community activities?

- Yes
- No

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* 9  Among individuals who require staff support to participate in community activities, can they receive this support for outings on their own, without other residents?

- Yes, they can receive this support for an individual outing at least once per month if requested
- Yes, they can receive this support for an individual outing, but less often than once per month
- No, residents generally cannot receive staff support to participate in community activities without other residents
- Other (please specify)

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* 10. How often do residents participate in unpaid service or volunteer activities away from the home, in places where most people do not have disabilities?

- Once a month or more often
- Less often than once a month
- Never

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* 11. Do any residents at this site do volunteer work at places like a hospital, library, pet shelter, food bank or similar organizations?

Yes

No

* 12. When residents participate in volunteer or service activities, do they all go together, or does each resident participate in unique activities?

All together

Unique activities

Depends on the volunteer activity

Other (please specify)

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* 13. Is there a curfew or set time when residents are required to return to the home?

- Yes, for all residents
- Yes, only for some residents
- No curfew

14. If you answered yes for all or some residents, please state whether the reason for the curfew is provided in the individual service plan.

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* 15. Are any forms of public transportation (which could include public bus, commuter train, or paratransit--special transportation services for people with disabilities) available in the community where this site is located?

Yes

No

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* 16. How many trips did residents at this site make using public transportation last month? It is okay to estimate.

- More than 20 times per month
- 10 to 20 times per month
- 1 to 9 times per month
- None
- I don't know

* 17. Is information about public transportation posted or otherwise provided to individuals?

- Yes
- No

* 18. Are individuals provided individualized support and training to use public transportation?

- Yes, regularly for all residents at the site
- Yes, for any residents who request it
- No

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* 19. Is information about private transportation options like taxis posted or otherwise provided to individuals in the home?

- Yes
- No
- Not applicable--there are no private transportation options in our community.

* 20. Does your organization provide a vehicle for residents of this site to use (such as for group outings)?

- Yes, although the vehicle is shared by multiple sites
- Yes, at least one vehicle is dedicated for this site
- No, staff use their vehicles to transport residents
- No, transportation is not provided

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* 21. Is the organization-owned vehicle available for an outing for one resident if desired?

- Usually yes
- Sometimes yes
- The vehicle is generally only available for group outings
- Other (please specify)

* 22. Does the organization-owned vehicle accommodate the physical needs of all waiver participants in the household? (for example, being wheelchair-accessible if needed)

- Yes
- No

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SECTION 5: EMPLOYMENT AND DAY PROGRAMS

* 23. Has this site facilitated employment assistance or job training for individuals in the home in the past year?

Yes

No

* 24. Among individuals who receive STAR+PLUS waiver services at this site, do any currently have these experiences?

	At least one resident at this site	No residents at this site	I don't know
Have a job where they are paid minimum wage or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a job where they are paid less than minimum wage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend adult day services, day care, or DAHS program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not attend any formal employment or program during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in prevocational, employment assistance, or other services with a goal of future employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a job where the majority of other workers do not have disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a job where the majority of other workers <u>have</u> disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION 6: CHOICE AND CONTROL IN THE HOME

* 25. How many individuals who receive STAR+PLUS waiver services at this site have their own bedroom?

* 26. Are individuals allowed to change rooms if they request to do so?

Yes, if available

No

* 27. Do any individuals in the home have roommates?

Yes

No

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* 28  Are individuals allowed to choose who their roommates are?

- Yes if both parties agree, unless otherwise specified in one of their individual service plans
- No

* 29. Are individuals allowed to change roommates if they request to do so?

- Yes, if both parties agree, unless otherwise specified in one of their individual service plans
- No

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* 30. Which of the following best describes how individuals' schedules for sleeping, waking, bathing, eating, exercising, and other daily activities are set?

- All individuals in the home have individual service plans that specify their daily schedules for these activities
- The default is for individuals in the home to follow a schedule for these activities that staff set for the group, although it may sometimes be modified by individual service plans and individual requests
- The default is for individuals in the home to set their own schedule for these activities throughout the day, although it may sometimes be modified by individual service plans and needs of other individuals
- Other (please specify)

* 31. Does everyone who receives STAR+PLUS waiver services in the home follow the same daily schedule?

- Usually yes
- Sometimes yes
- Not usually

* 32. Can individuals who receive STAR+PLUS waiver services watch television, listen to the radio, or engage in other leisure activities when they choose to do so?

- Usually yes
- Sometimes yes
- Not usually

33. Please state whether restrictions on individuals watching television, listening to the radio, or engaging in other leisure activities when they choose to are noted in the individual service plan.

* 34. What do you do to help individuals understand they have choices about what they do with their day?

Please choose all that apply.

- Use calendars
- Use timesheets
- Use chore boards
- Use clock
- Use other device
- Discuss options with the individual(s)
- Staff do not use any aids
- Other (please specify)

* 35. Do individuals who receive STAR+PLUS waiver services have full access to the home's kitchen, dining area, laundry, and living space?

- Yes unless otherwise indicated by individual service plans
- No

* 36. Do certain areas of the home have locked doors or alarms to prevent individuals who receive waiver services from entering or exiting?

- Yes, because it is indicated in at least one resident's individual service plan
- Yes, but it is not indicated in a resident's individual service plan
- No

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* 37. Are individuals who receive STAR+PLUS waiver services allowed to decorate their rooms and display their own pictures, books, or other belongings?

Yes

No

* 38. Are individuals who receive STAR+PLUS waiver services allowed to choose the bedding, linens, or other household items used in their own rooms?

Yes

No

* 39. Are there times when visitors are not permitted? Choose the best answer.

There are no restrictions on visitors

There are restrictions on visitors only if indicated in individual service plans

There are restrictions on visitors beyond those indicated in individual service plans

* 40. When someone visits an HCBS waiver participant for the first time, are they required to identify themselves or go through any other procedures? Choose all that apply.

Yes, they must identify themselves to staff on arrival

Yes, they must call first

No, unless otherwise specified in the individual's service plan

Other (please specify)

* 41. Are visitors permitted in all common areas of the home (e.g. laundry, dining room, kitchen, living room)?

Yes

No

* 42. Are individuals allowed to use the phone at any time they choose, as long as it is available?

Always

Sometimes

Never

43. If you chose "sometimes" or "never," please state whether the reason is always noted in individual service plans.

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CLOSING

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

Thank you for your help with this important effort!