

## SPW Provider Assessment Part Three

### INSTRUCTIONS

For each location/site that provides STAR+PLUS Home and Community Based-Services (HCBS) waiver adult foster care or assisted living facility services, please complete parts one through four of the HCBS provider assessment. This is part three.

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@hhsc.state.tx.us](mailto:MCD_managed_care_quality@hhsc.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 a 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 7: CONTROL OF RESOURCES

- \* 4. How do individuals receiving STAR+PLUS waiver services access their **personal funds**—which might come from earnings and personal needs allowances? This refers to funds other than those that are paid to the provider for room and board.

Please indicate whether any STAR+PLUS waiver recipients at this site access their funds in each of the following ways:

	At least one resident at this site	No residents at this site	I don't know
Have no personal funds; all SSI or earnings are paid directly to the provider for room and board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have all their personal funds, in cash, in their own possession to use as they wish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a bank or debit card account and have a checkbook or debit card <b>in their own possession</b> to use whenever they wish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a bank or debit card account and have a checkbook or debit card that they use with <b>staff support</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal funds are held by the provider and turned over to the individual whenever the individual wishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal funds are held by the provider and turned over to the individual when the provider considers it appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At least one resident at this site

No residents at this site

I don't know

Personal funds are held by another entity (guardian or trust manager, for example) and turned over the individual at the other entity's discretion

A portion of the personal funds are under the individual's direct control, and a portion is retained by the provider or other entity and given to the individual when appropriate

\* 5. If any individuals do not have full access to their personal funds (in cash or through a bank or debit account) is the reason specified in the individual service plan?

- Yes, in all cases
- No, not in all cases
- No, in no cases
- Not applicable--all residents have access to their personal funds.

6. Do any individuals at that site who receives STAR+PLUS waiver services also receive SNAP (food stamp) benefits?

- Yes
- No

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\* 7. Please indicate whether any individuals in the home that receive STAR+PLUS waiver services:



At least one resident in home

No residents in home

I don't know

use SNAP/food stamp  
benefits to purchase  
food that only he or she  
eats personally

use SNAP/food stamp  
benefits to purchase  
food that is used and  
shared in the home

\* 8. If residents use their SNAP benefits to purchase food for individuals besides themselves, is the reason specified in the individual service plan?

- Yes, always
- No, not always
- No, never
- Not applicable [individuals in this home never use SNAP benefits other than for personal consumption]

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\* 9. Do any individuals in the home have restrictions on their access to their personal funds (in cash or through a bank or debit account)?

Yes

No

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\* 10.  e reason for the restrictions on personal funds specified in the individual service plan?

- Yes, in all cases
- No, not in all cases
- No, in no cases

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\* 11. Are there individuals in the home working for pay?

Yes

No

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\* 12  individuals expected to sign over their paychecks to the provider?

- Yes, all are expected to
- Yes, some are expected to
- No, none are expected to

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\* 13  individuals informed about the policy for signing over their paychecks?

- Yes, in all cases
- Not, not in all cases
- No, in no cases

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\* 14. Do individuals have a written residency agreement that gives them enforceable rights (similar to a lease)?

- Yes, in all cases
- No, not in all cases
- No, in no cases

\* 15. Are individuals or their LARs or family informed about their rights under the residency agreement in a language that is accessible and understandable to them?

- Yes, in all cases
- No, not in all cases
- No, in no cases

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### SECTION 8: FOOD AND MEALS

\* 16. Are individuals allowed to choose **when** they eat their meals?

- Always
- Sometimes
- Never

17. Are individuals allowed to choose **where** they eat their meals?

- Always
- Sometimes
- Never

\* 18. If an individual doesn't want to eat the meal that has been prepared, can he/she request and receive a different meal?

- Always
- Sometimes
- Never

\* 19. Are individuals allowed to get their own snacks anytime they wish?

- Always
- Sometimes
- Never

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

\* 21. At meals, are bibs usually required?

- Only if specified in the individual's service plan
- Yes, for all individuals
- No

\* 22. Does everyone use the same types of utensils (e.g. disposable or washable)?

- Always
- Sometimes
- Never

\* 23. Are individuals allowed to choose where they sit at meals, or are they given assigned seats?

- They sit where they choose
- They have assigned seats
- Other (please specify)

\* 24. If an individual wants to eat alone, is he or she allowed to do that?

- Always
- Sometimes
- Never

\* 25. Do the residents ordinarily converse among themselves during meals?

- Yes
- No
- Not applicable--no residents in the home use words or signs
- Other (please specify)

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### SECTION 9: CHANGING THE SERVICE PLAN

\* 26. When individuals request new or changed services and supports, what is the usual response? Please check all that apply.

- Hold the request until the next service plan update is scheduled
- Encourage and assist the individual to contact the family, LAR, service coordinator, or other appropriate persons
- Staff promptly contact the family, LAR, service coordinator and other appropriate persons to initiate a change in the service plan
- Other (please specify)

\* 27. If an individual wished to change to a different day habilitation or employment program, who would have to act on the request? Please check all that must be included.

- Provider staff
- Legal guardian, if any
- LAR or family, if any
- Service coordinator from the MCO
- Other (please specify)

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### CLOSING

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

Thank you for your help with this important effort!