Background Information
In accordance with the Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Final Rule, all HCBS must be delivered in settings that are integrated in, and support full access to, their community. This includes opportunities to seek employment and work in competitive settings within the community, engage in a community life, control personal resources, and receive services in a similar way as individuals who do not receive HCBS. An updated site-specific survey is required to be conducted for each existing residential and day setting to determine compliance with the HCBS Final Rule. The survey can be found at: [https://www.surveymonkey.com/r/HCBS_Criteria_ProviderSurvey](https://www.surveymonkey.com/r/HCBS_Criteria_ProviderSurvey).

Pilot Survey
In June 2021, a group of voluntary providers completed a pilot survey prior to the broad release of the HCBS survey to the provider community. Below are some frequently asked questions and helpful hints that were shared by those participants.

### Frequently Asked Questions and Helpful Hints

**Q. Who needs to complete the survey?**

**A.** As a provider of Home and Community Based Services (HCBS), an HCBS Criteria Survey must be completed for each HCB setting that your agency provides services. This includes both licensed and unlicensed provider managed residential settings as well as facility based day services settings.

**Helpful Information:** The information provided in the survey should be a representation of how the setting operates.

**Q. How many surveys should be completed?**

**A.** A survey is required for each provider managed residential and day service site.

**Helpful Information:** In addition to having the main NPI# for the agency, please be sure to have the full address, and site NPI# available for each location when completing the survey. This will help save time.

**Q. How long does it take to complete the survey?**

**A.** The survey can take between 20-40 minutes to complete per site. Survey completion time is reduced, however, as you become more familiar with the format of the survey.

**Helpful Information:** Please keep in mind that each site has its own unique characteristics and should give the respondent pause to examine each one individually. In addition, day vs. residential pose other considerations that require further thought before answering.

**Q. Who is the best person at agency to complete the survey?**

**A.** This survey is best completed by administrative staff that is responsible for the oversight of service provisions across various sites, such as a Director of Residential Services, Director of Day Services and/or The Director of Quality Assurance.

**Helpful Information:** Survey respondents should have in depth knowledge of the people receiving services at each setting, as well as a working knowledge of agency policies and operations.
Q. Some HCBS characteristics are not applicable to day settings. How should these questions be answered?
A. Day providers should answer these questions based upon what is relevant to the day setting.

Helpful Information: A characteristic listed in question 11 states: “People have the space and opportunity to speak on the phone, open and read mail, use the computer/internet and visit with others, privately.” It would not be expected that people have privacy to open and read their mail as it would not be applicable in a day setting. However, people should be afforded the right to make and have privacy when making phone calls or speaking with others.

Q. Can I print out my survey results?
A. The survey results are not able to be printed so be sure to keep track of which criteria is marked “no” as this is needed to formulate corrective action plans.

Helpful Information: While the Division will be able to release survey data after the all surveys are completed, providers are encouraged to keep track of the information to allow time to develop remediation strategies.

Q. What needs to be included in the corrective action plan?
A. The corrective action plan should identify all HCBS characteristics that are not presently being met in entirety and should include remediation strategies and timeframe for improvement. The Division has created a Corrective Action Plan template which is required to be used by all providers. All CAP’s must be created and submitted to the ddd.hcbshelpdesk@dhs.nj.gov by August 31, 2021.

Helpful Information: The corrective action plan should also include those circumstances where the HCBS characteristics is not presently met but is otherwise agreed upon and documented in the ISP.

Questions?
If your organization has questions about the HCBS Survey contact: DDD.HCBShelpdesk@dhs.nj.gov