# Questions to Ask When Choosing an I/DD Provider

*A New Jersey family & guardian conversation guide for group homes and day programs*

**HOW TO USE THIS GUIDE** You do not need to ask every question. Choose the questions that matter most for your loved one. The goal is not to find a provider with a "perfect" answer to everything – it is to learn how the organization thinks, how well leadership understands its own operations, and whether its supports match the person's needs.

## START WITH THE PERSON – NOT THE PROVIDER

**Before the meeting, circle or note the areas that matter most:**

| | | |
|---|---|---|
| ☐ Medical support | ☐ Behavioral support | ☐ Communication support |
| ☐ Mobility / evacuation | ☐ Community access | ☐ Transportation |
| ☐ Sensory needs | ☐ Diet / choking risk | ☐ Family involvement |
| ☐ Independence / privacy | ☐ Social opportunities | ☐ Supervision / safety needs |

## A GOOD ANSWER DEPENDS ON THE PERSON

- A provider that is a great fit for one person may be a poor fit for another. A "hands-off" program may be ideal for someone who does not need physical crisis intervention, but may be a mismatch for someone whose behavioral plan requires a provider with a trained physical crisis-response system.
- Large programs are not automatically poor programs, and small programs are not automatically better. The important question is whether staffing, clinical resources, transportation and leadership presence scale with the number and needs of the people served.
- It is okay for someone leading an initial development or pre-screening call to say, "I want to confirm that with operations." During an intake or placement meeting, however, you should be able to get clear operational answers from someone who knows the service.

**IMPORTANT** This guide is NJ-focused. Requirements can vary by service, setting and individual need. When a question touches on a regulation, use it to start a conversation and ask the provider or Support Coordinator to explain how the rule applies to the specific setting.

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# Questions for Both Settings

*Ask these whether you are considering a group home, day program, or both*

| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| STAFFING<br>☐ **What does your usual staffing pattern look like, and what would cause you to add or reduce staff?** | WHAT TO LISTEN FOR Listen for a baseline plan plus individualized adjustments. Strong answers connect staffing to supervision, medical or behavioral acuity, mobility, evacuation needs, transportation and the mix of people being supported - not simply the number of people present. |
| SUPERVISION<br>☐ **How do you determine each person's level of supervision, and how do staff make sure that level is actually maintained throughout the day?** | WHAT TO LISTEN FOR Ask how supervision needs are identified in the ISP/plan and translated into daily practice. Listen for specifics about line-of-sight or proximity when needed, transitions, bathrooms/personal care, community outings, transportation, shift changes and what happens when staffing changes unexpectedly. |
| PERSONAL CARE & HYGIENE<br>☐ **How do staff support hygiene, toileting, menstrual care, changing clothes, bathing or other personal-care needs while protecting dignity and privacy?** | WHAT TO LISTEN FOR Look for individualized prompting and hands-on assistance based on the person's needs rather than a one-size-fits-all routine. Ask how staff know what help is needed, how privacy is protected, how concerns such as refusal or declining hygiene are addressed, and how significant changes are communicated. |
| PROVIDER FIT<br>☐ **How do you decide whether you are equipped to support someone with medical or behavioral needs?** | WHAT TO LISTEN FOR The provider should be able to explain its screening process, clinical resources, staff training and when it would say a person's needs are outside its scope. |
| BEHAVIORAL SUPPORT<br>☐ **How often is the behavior specialist physically present in the home or program, and what does their hands-on involvement look like?** | WHAT TO LISTEN FOR You are trying to learn whether behavioral support is active and observable or mostly administrative. Strong answers may include direct observation, data review, staff coaching, modeling strategies, attending team meetings, revising plans based on what is happening, and returning to the setting when concerns increase. The appropriate frequency depends on the person's needs. |
| BEHAVIORAL SUPPORT<br>☐ **If someone has significant behavioral needs, who completes or oversees the behavior assessment and support plan?** | WHAT TO LISTEN FOR Ask who the qualified behavioral professional is, how often the plan is reviewed, how DSPs are trained, how data are monitored, and how the specialist knows whether strategies are actually being followed by staff. |
| CRISIS RESPONSE<br>☐ **Does your organization use physical crisis-management interventions or restraints? If so, when and how are staff trained?** | WHAT TO LISTEN FOR This is primarily a fit question. If your loved one has no history of dangerous behavior, you may prefer a setting that rarely or never uses physical intervention. If significant behaviors are present, ask how the provider safely responds when de-escalation is not enough and whether repeated 911 use is part of its normal crisis model. |

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| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| MEDICAL SUPPORT<br>☐ **For medical needs, who provides clinical oversight and how are staff trained for individualized procedures?** | WHAT TO LISTEN FOR For people with medical acuity, ask who is responsible for nursing/clinical oversight, staff competency checks, delegation where applicable, medication or treatment changes, and escalation when the person's condition changes. |
| CAMERAS & PRIVACY<br>☐ **Are there cameras in common areas?** | WHAT TO LISTEN FOR Ask where cameras are located, whether they record audio, who can access footage, how long recordings are retained, and how privacy is protected. A camera can support accountability, but it does not replace active supervision. |
| INCIDENT COMMUNICATION<br>☐ **How and when are the guardian and other approved family members notified when an incident occurs?** | WHAT TO LISTEN FOR Ask who receives the initial call, what types of incidents trigger immediate contact, how after-hours events are handled, and who follows up. If you are a parent, sibling or other involved family member but are not the legal guardian, ask what consent, release or authorization needs to be in place so the provider can appropriately share incident, medical and service updates with you. |
| ABUSE, NEGLECT & SAFETY<br>☐ **If an allegation of abuse, neglect or exploitation is made, what happens immediately - and how do you maintain safe staffing while the concern is being reviewed or investigated?** | WHAT TO LISTEN FOR Listen for a clear reporting and protective-action process, including escalation to required oversight entities, protection of the individual, preservation of information/evidence, and a plan for staffing coverage. Ask how the provider handles situations in which an employee is removed from a specific assignment, reassigned, or otherwise restricted while the concern is reviewed, and how the program avoids unsafe shortages or abrupt loss of support. |
| AFTER-HOURS SUPPORT<br>☐ **What does your after-hours/on-call system look like?** | WHAT TO LISTEN FOR A structured rotation with clear escalation is reassuring. One manager being solely responsible 24/7 for long periods may create burnout and coverage concerns; ask who backs that person up. |
| LEADERSHIP<br>☐ **What does the leadership structure look like between DSPs and senior leadership?** | WHAT TO LISTEN FOR You are trying to understand whether supervisors and directors can realistically be present in the setting. Ask who routinely visits, who knows the people being served, and who steps in when a manager needs support. |
| PERSON-CENTERED SUPPORT<br>☐ **How do you make sure the person is known as an individual - not just supported according to a schedule?** | WHAT TO LISTEN FOR Listen for examples involving preferences, communication style, routines, goals, choice, dignity and changes made when something is not working. |

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# Group Home Questions

*Use these to understand what daily life in the home would actually look like*

| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| DAYTIME COVERAGE<br>☐ **What staffing is in the home during day-program hours? What happens if someone is sick, has an appointment, declines program, or simply wants to stay home that day?** | WHAT TO LISTEN FOR This is one of the most important residential questions. The home should have a realistic way to support someone who remains home. Ask whether coverage is routinely available, brought in as needed, or dependent on another arrangement. |
| TYPICAL STAFFING<br>☐ **How many staff are typically on shift when everyone is home? What situations change that number?** | WHAT TO LISTEN FOR A strong answer explains the home's baseline coverage and how it increases for higher supervision, medical/behavioral acuity, one-to-one needs, appointments, community activities or evacuation needs. Ask how the plan works on evenings, weekends and overnight. |
| BEDROOMS<br>☐ **Are bedrooms private or shared? If any are shared, how is roommate choice handled?** | WHAT TO LISTEN FOR Ask what is available in this specific home. If a bedroom is shared, ask why, whether the arrangement reflects the preferences of the people living there, and what happens when a shared-bedroom vacancy occurs. |
| FIRE & EVACUATION<br>☐ **Does the home have a fire-suppression/sprinkler system? Is the fire alarm hard-wired or otherwise monitored so emergency services are notified?** | WHAT TO LISTEN FOR Ask the provider to explain the actual life-safety setup, evacuation plan, drills and any individualized evacuation needs. The goal is to understand how quickly help is summoned and whether the home's equipment and staffing match the people who live there. |
| ENVIRONMENTAL SAFETY<br>☐ **Is the home on or near a pool, lake, pond, river, retention basin, or other body of water? If yes, what precautions are in place?** | WHAT TO LISTEN FOR This matters especially for someone with elopement risk, poor danger awareness, seizures, mobility limitations or an attraction to water. Listen for individualized safeguards rather than a generic "staff supervise." |
| SENSORY & SAFETY<br>☐ **Are door alarms, chimes, motion alerts or other audible safety devices used in the home? If so, can we hear what they sound like and discuss whether they could be a sensory issue?** | WHAT TO LISTEN FOR A safety device that works well for one person can be distressing for another. Ask which doors are alarmed, when alerts sound, how loud they are, whether they are required because of a specific safety risk, and whether less intrusive or individualized alternatives can be considered when appropriate. |
| MEDICAL APPOINTMENTS<br>☐ **Who coordinates medical and dental appointments? If I do not attend, how will I learn the outcome and any medication or treatment changes?** | WHAT TO LISTEN FOR Look for a consistent system for scheduling, transportation, documentation, follow-up orders, pharmacy/medication updates, and timely communication to the guardian and other authorized family members. |
| TRANSPORTATION<br>☐ **How many vehicles are assigned or reliably available to the home?** | WHAT TO LISTEN FOR If there is one vehicle, ask how the provider handles two residents wanting different activities, overlapping appointments, vehicle repairs, or a person deciding not to join a group outing. |

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# Group Home Questions - Daily Life, Rights & Oversight

| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| VISITORS & RELATIONSHIPS<br>☐ **What is your approach to family members and friends stopping by without scheduling in advance?** | WHAT TO LISTEN FOR For Medicaid HCBS provider-controlled residential settings, individuals have the right to visitors of their choosing at any time, while the rights and privacy of housemates must also be respected. Reasonable safety procedures are different from blanket visiting-hour restrictions. |
| MEANINGFUL LIFE<br>☐ **What do evenings and weekends usually look like? How do you prevent the home from becoming a place where people simply return from program and sit in their rooms?** | WHAT TO LISTEN FOR Listen for individualized routines, community participation, relationships, hobbies, rest, spontaneous choices and opportunities that are not limited to one group activity for the whole house. |
| INDIVIDUAL CHOICE<br>☐ **How are choices handled when housemates want to do different things?** | WHAT TO LISTEN FOR The response should show that staffing and transportation are used creatively to support individual choice when possible - rather than requiring everyone to follow the same schedule for staff convenience. |
| REPRESENTATIVE PAYEE<br>☐ **If the organization becomes representative payee, what financial information can the individual or guardian review?** | WHAT TO LISTEN FOR Ask about statements, receipts, personal-needs spending, account balances, approval processes and how questions or discrepancies are handled. Transparency should be easy to explain. |
| LEADERSHIP PRESENCE<br>☐ **Who is the group home manager's supervisor, and how often does that supervisor physically visit the home?** | WHAT TO LISTEN FOR A title alone does not tell you whether leadership is present. Ask how many homes/managers that supervisor oversees and how leadership knows what daily life in this particular home is really like. |
| COVERAGE<br>☐ **How do you handle staff vacancies, call-outs, investigations, suspensions and extended leaves?** | WHAT TO LISTEN FOR Ask whether the provider uses a relief pool, float staff, overtime, supervisors or other trained coverage. The key question is whether staffing disruptions routinely reduce supervision, cancel activities, combine incompatible groups, or place too much pressure on the remaining staff. |
| VOICE & RIGHTS<br>☐ **How do residents raise concerns privately if they are unhappy with staff, housemates, schedules or services?** | WHAT TO LISTEN FOR Look for accessible complaint and rights processes, private ways to communicate, guardian/support coordinator involvement when appropriate, and no retaliation for speaking up. |

NJ HCBS CONTEXT HCBS does not mean "no house rules." Shared homes still need respectful routines and safety practices. The important distinction is whether restrictions are individualized and necessary, or broadly imposed for staff/provider convenience.

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# Day Program / Day Habilitation Questions

*Use these to understand whether the program can provide meaningful, person-centered days*

| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| CENSUS & STAFFING<br>☐ **How many people typically attend this location each day, and what does the staffing pattern look like?** | WHAT TO LISTEN FOR Ask for both numbers. A census number only becomes meaningful when you understand staffing, room layout, acuity mix, community activities and how many staff are pulled away for transportation or one-to-one needs. |
| SUPERVISION<br>☐ **How are individual supervision needs managed in a busy program, especially during arrivals, departures, bathrooms, meals and community outings?** | WHAT TO LISTEN FOR Listen for a system that translates each person's supervision needs into actual staff assignments throughout the day. Ask how the plan changes when staff call out or multiple people need support at the same time. |
| STAFFING CHANGES<br>☐ **What causes staffing to increase or decrease on a given day?** | WHAT TO LISTEN FOR A thoughtful answer should connect staffing to individual support needs, attendance, behavioral or medical acuity, community activities and transportation - not just a fixed ratio. |
| TRANSPORTATION<br>☐ **How many vehicles are available to this program, and how many people can go out at one time?** | WHAT TO LISTEN FOR Transportation capacity directly affects community access. Compare the number of participants, vehicles, drivers and staff required for outings. |
| COMMUNITY ACCESS<br>☐ **How often can an individual realistically participate in community outings each week?** | WHAT TO LISTEN FOR Ask about actual practice, not only what is theoretically offered. For someone who prefers community-based activities, learn whether outings are individualized or primarily large-group trips. |
| DAILY EXPERIENCE<br>☐ **Can you walk me through a typical day from arrival to departure?** | WHAT TO LISTEN FOR Listen for choice, meaningful goals, movement, community access, skill development, social opportunities and downtime. A schedule should be structured without being one-size-fits-all. |
| ATTENDANCE<br>☐ **Is there a minimum attendance requirement or a required full-time schedule?** | WHAT TO LISTEN FOR Some programs are built around five-day attendance while others permit part-time schedules. Make sure the expectation matches the person's stamina, preferences, other services and goals. |
| FLEXIBILITY<br>☐ **How do you support someone who becomes overwhelmed, refuses an activity, wants a quieter day, or needs space?** | WHAT TO LISTEN FOR A person-centered program should be able to adapt without treating every refusal as a behavior problem. |
| BEHAVIORAL SUPPORT<br>☐ **For participants with behavioral needs, how often is the behavior specialist in the program observing, coaching and working directly with staff?** | WHAT TO LISTEN FOR Ask what the specialist actually does on site and how often. If the program supports many people with significant behavioral acuity, you should hear about direct observation, coaching, data review and follow-up - not only plan writing or paperwork behind the scenes. |

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| QUESTION TO ASK | WHY IT MATTERS / WHAT TO LISTEN FOR |
|---|---|
| CLINICAL CAPACITY<br>☐ **What is the clinical support structure for participants with significant behavioral or medical needs?** | WHAT TO LISTEN FOR Ask who is physically available, who is on-call, how DSPs are trained, and how many participants with higher acuity are being supported at the same time. |
| COVERAGE DURING INVESTIGATIONS<br>☐ **If a staff member is removed from the program or restricted from an assignment because of an allegation or investigation, how do you maintain safe coverage?** | WHAT TO LISTEN FOR The provider should be able to describe a backup plan that maintains supervision and support without routinely leaving the program short-staffed, canceling community access or relying on staff who do not know the participants. |
| LEADERSHIP PRESENCE<br>☐ **What does the day-program leadership structure look like, and who is on site each day?** | WHAT TO LISTEN FOR Daily operational leadership matters. Ask who observes the program, coaches staff, responds to incidents and knows the participants - not just who holds the highest title. |
| GROWTH & CAPACITY<br>☐ **If the program census grows, how do you decide when to add staff, space, vehicles or leadership?** | WHAT TO LISTEN FOR This reveals whether growth is tied to infrastructure. High census is not automatically a problem, but growth without corresponding staffing, transportation and oversight can reduce engagement and increase risk. |

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# Possible Fit Concerns to Explore Further

*One answer rarely tells the whole story. Look for patterns.*

## THINGS THAT MAY DESERVE A SECOND QUESTION

- The provider gives vague answers about basic operations such as typical staffing, who is on call, who supervises the site, how incidents are communicated, or what happens when staffing changes.
- The person has substantial behavioral needs, but the provider cannot clearly explain its crisis-response model, qualified behavioral supports, staff training or what happens when behavior exceeds what staff can safely manage.
- The person has significant medical needs, but the provider cannot identify who provides clinical oversight, how staff are trained/validated, or how changes in condition are escalated.
- A day program has a very large census and many individuals with high support needs, but staffing, vehicles, clinical resources and leadership presence do not appear to increase with that complexity.
- The residential plan assumes everyone will attend day program every weekday and there is no clear answer for illness, refusal, appointments, closures or someone choosing to remain home.
- One group-home manager appears to be the only after-hours resource for the home 24/7 with little or no backup structure.
- The provider places broad limits on residential visitors for staff convenience rather than explaining how individual choice, safety and housemate privacy are balanced.
- The provider describes activities mainly as what "the house" or "the program" does, but has difficulty describing how people make individual choices or pursue different interests.
- The provider has only one vehicle for a home or large program and cannot explain a workable plan for conflicting appointments, preferences, breakdowns or separate activities.
- During a true intake/placement meeting, operational leaders seem unfamiliar with the program's staffing, clinical capacity or safety systems. (This is different from an initial development/pre-screening call where someone may appropriately need to confirm details.)
- The provider supports people with significant behavioral acuity, but the behavior specialist is rarely in the setting and cannot explain how direct observation, staff coaching and data review occur.
- The provider cannot clearly explain how supervision levels are maintained during busy transitions, personal-care routines, outings, call-outs or other staffing disruptions.
- The provider says it "does not communicate with family" when the family member is not the guardian, without discussing whether the individual/guardian can authorize appropriate communication through a release or consent.
- The provider cannot explain what protective actions, reporting steps and staffing-continuity measures occur when an allegation of abuse, neglect or exploitation is made.
- A door alarm, chime or other safety device would likely create a significant sensory issue for your loved one, but the provider is unwilling to discuss the concern or consider individualized options where appropriate.

**KEEP IN MIND** A "red flag" is not always a reason to walk away. Sometimes it is simply a signal to ask one more question. What matters is whether the answer becomes clearer, whether the provider recognizes the concern, and whether its actual model fits your loved one.

## AFTER THE MEETING - TRUST THE INFORMATION, NOT JUST THE TOUR

| | |
|---|---|
| Did leadership answer questions clearly and without becoming defensive? | ☐ Yes ☐ Unsure |
| Could they explain how supports would change specifically for my loved one? | ☐ Yes ☐ Unsure |
| Did I hear concrete examples, not only general promises? | ☐ Yes ☐ Unsure |
| Does the provider's clinical and staffing model fit the person's actual needs? | ☐ Yes ☐ Unsure |
| Do I know what I still need to verify before deciding? | ☐ Yes ☐ Unsure |

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# Provider Comparison Notes

*Use this page after calls or tours so the details do not blur together*

| | OPTION 1 | OPTION 2 | OPTION 3 |
|---|---|---|---|
| **Provider / Location** | | | |
| **Service considered** | | | |
| **Main contact** | | | |
| **Typical staffing** | | | |
| **Clinical supports** | | | |
| **Leadership presence** | | | |
| **Community access / vehicles** | | | |
| **What felt strongest** | | | |
| **Questions still open** | | | |

## NJ CONTEXT BEHIND THIS GUIDE

This resource was developed using current New Jersey DDD/HCBS guidance available in October 2026, including:

- NJ DDD Community Care Program and Supports Program Policies & Procedures Manuals (Sept. 2025, plus current amendments/addenda).
- NJ DDD HCBS Settings Final Rule resources and A Provider's Guide to the HCBS Final Settings Rule.
- NJ DDD Innovation in Housing / provider-managed residential guidance and the August 2026 Housing Policy update.
- NJ DDD Day Habilitation Certification resources and current Behavioral Supports / acuity requirements, including the September 15, 2026 Behavioral Supports billing parameters.
- NJ DDD Incident Reporting guidance and Abuse Hotline resources, including provider responsibilities related to allegations of abuse, neglect and exploitation.
- NJ DHS/OPIA 2026 provider oversight and investigation guidance under P.L. 2025, c. 280.

**RESOURCE NOTE** Rules and policies change. For a placement decision, confirm current requirements with the individual's Support Coordinator and the applicable NJ DDD/Office of Licensing resources.

## *Use & Ownership*

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