

#### **Residential Provider Survey**

#### **BACKGROUND**

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released final rules regarding requirements for home and community based services (HCBS). The rules mandate certain requirements for residential and non-residential settings where Medicaid beneficiaries receive long term care services and supports. The rules were developed to ensure that individuals receiving long term care services have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

In 2015, AHCCCS conducted an assessment of Arizona's HCBS settings to determine its level of compliance with the rules, provided recommendations for identified variances, and outlined a process for continuous monitoring. Based upon the assessment, AHCCCS also developed a transition plan to ensure compliance with the new standards. After consideration of public comment, AHCCCS submitted the final assessment and transition plan to CMS for approval on 10/01/15.

#### YOUR OPINION COUNTS!

AHCCCS has randomly selected organizations providing residential services (i.e. Assisted Living Home, Group Home, etc.) to participate in a survey. Your organization has been randomly selected to participate in this survey as a representative of the residential services industry.

The survey is designed to help us get a baseline of information to ascertain state compliance on how the rules may or may not be applied in practice in residential settings. The survey is **NOT** intended to measure compliance for a specific setting. In fact, **the survey responses are anonymous.** 

That said, the survey may mirror future self-assessment tools providers may use to assess compliance with the rules. Therefore, it is advantageous for your organization to participate and get an idea of what a future self-assessment may entail.

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#### **INSTRUCTIONS**

- 1) Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:
  - Oversees day-to-day operations onsite at the facility
  - In a management position, and
  - Is regularly onsite interacting with staff and AHCCCS Members
- 2) There is no **RIGHT** or **WRONG** answer. AHCCCS just wants your initial reaction to the survey questions.
- 3) Please reference the following definitions when completing the survey.
  - The term "setting" is defined as the home or facility the provider either owns, operates or works for.
  - The term "individual" is defined as the AHCCCS member that is a resident living in the home or facility.
- 4) The following is an **EXAMPLE** of a survey question and how to respond to a survey question.

Please indicate how much you agree or disagree with each of the following statements below. Choose one answer for each statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified					
in a way that sets it apart from the	0	0	×	0	0
surrounding residences.					

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

	×	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

- 5) Decide whether or not to complete the survey online or via fax.
  - If the survey will be completed online, please choose the appropriate survey link below representing the type of setting or residential services provided by your organization and complete the survey.

## [Insert survey links]

■ If the survey will be completed in hard copy, please complete the survey and return the fax to 602-256-6421 Attention: HCBS Survey

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#### 1. Local Area

Please indicate how much you agree or disagree with each of the following statements below.

Please malcate now mach you agree or disagree with each of the following statements below.					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	0	0	0	0	0
The vehicles in the setting/home are labeled or identified in a way that sets it apart from the surrounding vehicles (e.g. vans, cars, etc.).	0	0	0	0	0
Individuals have regular (more than once per week) opportunities for contact with people who don't live in the home and not receiving services (family, friends, neighbors, etc.).	0	0	0	0	0
Individuals have regular (more than once per week) opportunities for contact with people not working in the home and not receiving services (family, friends, neighbors, etc.).	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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### 1a. Employment

Please select whether the following, all, more than half, about half, less than half, or none..

	All	More than half	About half	Less than half	None
How many individuals have paid jobs in the community?	0	0	0	0	0
How many individuals have volunteer jobs in the community?	0	0	0	0	0
Do individuals have access to transportation to and from work?	0	0	0	0	0

Please indicate how much you agree or disagree with each of the following statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals have support to prepare for and obtain employment.	0	0	0	0	0
Individuals have support to prepare for and obtain volunteer opportunities.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	<b>Procedures</b>	Information	Addressed

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### 1b. Community Life

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals receive information about activities in the community through a variety of methods. (For example written material, posted material, education, experiential learning, etc.)	0	0	0	0	0
Individuals have staff support to assist them in participating in activities in the community (i.e. personal care assistance).	0	0	0	0	0
Individuals have informal supports to assist them in participating in activities in the community.	0	0	0	0	0
Individuals have access to transportation to and from the residence.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

#### 1c. Personal Resources

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have someone assist them in managing their personal funds.	0	0	0	0	0
Individuals choose the person to assist them in managing their personal funds.	0	0	0	0	0
Individuals decide how to spend their money, earned or unearned.	0	0	0	0	0
Individuals have personal bank accounts.	0	0	0	0	0
Individuals have another type of account whereby they can access their personal funds.	0	0	0	0	0

## Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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#### 1d. Payer Source

Do you have individuals living in the setting who are private pay?	Yes 🗆	No 🗆	

Please indicate how much you agree or disagree with each of the following statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
All individuals living in the setting have the same services regardless of who pays for the service.	0	0	0	0	0
All individuals living in the setting have the same amenities regardless of who pays for the service.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

#### 2. Home Selection

Do you allow individuals to visit the setting prior to choosing to live there (i.e. tours, share a meal, spend the night, etc.)?

0	0	0	0	0
All of the Time	Most of the Time	Sometimes	Rarely	Never

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

#### 2b. Private Room

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have their own bedroom.	0	0	0	0	0
Individuals have an option for a private room if they are able to afford it.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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#### 3. Person-Centered Service Plan

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals participate in the plan of care/service planning meetings.	0	0	0	0	0
Individuals get copies of their plan of care/service plan.	0	0	0	0	0
Individuals get copies of their plan of care/service plan in plain language.	0	0	0	0	0
The plan of care/service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.	0	0	0	0	0

Please indicate how much you agree or disagree with the following statement.

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand their care/service plan.	plan of	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 4. Individual Rights

Please indicate how much you agree or disagree with each of the following statements below.

, 5	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals receive personal care assistance in private.	0	0	0	0	0
Individuals receive information about their rights.	0	0	0	0	0
Individuals receive information about their rights in plain language.	0	0	0	0	0
Individuals understand their rights.	0	0	0	0	0
Individuals know who to contact if they have concerns or complaints.	0	0	0	0	0
Individuals have access to a telephone for personal use in a location that has space around it to ensure privacy.	0	0	0	0	0
Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.	0	0	0	0	0

Please indicate how many individuals have the following items

	All	More than half	About half	Less than half	None
Personal cell phones.	0	0	0	0	0
Personal computers	0	0	0	0	0
Other devices (e.g. iPad)	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

(real may energe more anamer)								
0	0	0	0					
Member	Policy &	Staff	Not					
Information	Procedures	Information	Addressed					

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## 5. Independence

Please indicate how much you agree or disagree with each of the following statements below.

Please malcate now much you agree or disagree with each of the following statements below.					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals get to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0
Individuals receive support to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0
Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.	0	0	0	0	0
Individuals receive transportation training if they are currently unable to use public transportation.	0	0	0	0	0
Individuals have full access to the kitchen at any time.	0	0	0	0	0
Individuals have full access to the dining areas at any time.	0	0	0	0	0
Individuals have full access to the laundry areas at any time.	0	0	0	0	0
Individuals have full access to shared living spaces at any time.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

_ ` /	,		
0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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#### 6. Choice

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have the option to make requests for an alternate staff member to assist them.	0	0	0	0	0
Individuals make requests for alternate staff members to assist them.	0	0	0	0	0
Requests for an alternative staff member are honored.	0	0	0	0	0
Individuals freely make requests for changes in the way their services and supports are delivered.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

## 7a. Setting - Lease Agreements

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have a written agreement in place providing protections to address eviction/discharge and due process and appeals.	0	0	0	0	0
Individuals get a copy of the agreement.	0	0	0	0	0
Individuals get a copy of the agreement in plain language.	0	0	0	0	0

Please indicate how much you agree or disagree with the following statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand the agreement.	0	0	0	0	0

## Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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### 7b. Privacy

Please select whether the following are all, more than half, about half, less than half, or none.

	All	More than half	About half	Less than half	None
How many individuals have a key/code to the front door/entrance of their home/facility?	0	0	0	0	0
How many individuals have a key to their bedroom/unit?	0	0	0	0	0
How many individuals have lockable bedroom/unit doors?	0	0	0	0	0
How many individuals have lockable bathroom doors?	0	0	0	0	0

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

rarely, or never.					
	All of the time	Most of the time	Some of the time	Rarely	Never
Staff and other people knock and receive					
permission before entering an individual's bedroom/unit or bathroom.		O	0	0	0
Individuals get to choose their roommates.	0	0	0	0	0
Individuals have the opportunity to consider other roommate options if they want to change roommates.	0	0	0	0	0
Individuals are allowed to decorate their own room including moving furniture and hanging up items on the walls.	0	0	0	0	0
Individuals are consulted on décor in common areas.	0	0	0	0	0

Please indicate how much you agree or disagree with the following statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting has a process to help individuals make choices for roommates.	0	0	0	0	0
The setting has a process to assess roommate satisfaction	0	0	0	0	0

Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 7c. Schedules and Dining

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have a curfew or other requirements for a scheduled return home when out and about in the community.	0	0	0	0	0
Individuals have a choice on what to eat if they don't like what is being served.	0	0	0	0	0
Individuals have a choice with whom to eat.	0	0	0	0	0
Individuals have a choice of eating alone.	0	0	0	0	0
Individuals have access to food/snacks/drinks.	0	0	0	0	0
Individuals have an opportunity to buy their own food/snacks/drinks.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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#### 7d. Visitors

Do individuals have restrictions (visiting hours) or	n when they can have family and friends over
to visit?	

0	0	0	0	0
All of the Time	Most of the Time	Sometimes	Rarely	Never

Does the setting have areas or furniture in the home that supports individuals to meet with family and friends in private?

0	0	0	0	0
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

## Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

### 7e. Accessibility

Please indicate how much you agree or disagree with each of the following statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting is accessible for people to safely and freely move around the home.	0	0	0	0	0
All individuals have physical accessibility to appliances and furniture.	0	0	0	0	0
The setting has resources for assessing and providing individualized modifications (i.e. grab bars, shower chair, etc.).	0	0	0	0	0
The home is free from barriers preventing individuals from entering or exiting certain areas.	0	0	0	0	0

## Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## **Day Services Program Provider Survey**

#### **BACKGROUND**

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released final rules regarding requirements for home and community based services (HCBS). The rules mandate certain requirements for residential and non-residential settings where Medicaid beneficiaries receive long term care services and supports. The rules were developed to ensure that individuals receiving long term care services have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

In 2015, AHCCCS conducted an assessment of Arizona's HCBS settings to determine its level of compliance with the rules, provided recommendations for identified variances, and outlined a process for continuous monitoring. Based upon the assessment, AHCCCS also developed a transition plan to ensure compliance with the new standards. After consideration of public comment, AHCCCS submitted the final assessment and transition plan to CMS for approval on 10/01/15.

#### YOUR OPINION COUNTS!

AHCCCS has randomly selected organizations providing non-residential services (i.e.Adult Day Health Center, Day Program , etc.) to participate in a survey. Your organization has been randomly selected to participate in this survey as a representative of the residential services industry.

The survey is designed to help us get a baseline of information to ascertain state compliance on how the rules may or may not be applied in practice in non-residential settings. The survey is <u>NOT</u> intended to measure compliance for a specific setting. In fact, <u>the survey</u> responses are anonymous.

That said, the survey may mirror future self-assessment tools providers may use to assess compliance with the rules. Therefore, it is advantageous for your organization to participate and get an idea of what a future self-assessment may entail.

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#### **INSTRUCTIONS**

- 1) Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:
  - Oversees day-to-day operations onsite at the facility
  - In a management position, and
  - Is regularly onsite interacting with staff and AHCCCS Members
- 2) There is no **RIGHT** or **WRONG** answer. AHCCCS just wants your initial reaction to the survey questions.
- 3) Please reference the following definitions when completing the survey.
  - The term "setting" is defined as the home or facility the provider either owns, operates or works for.
  - The term "individual" is defined as the AHCCCS member that is a resident living in the home or facility.
- 4) The following is an **EXAMPLE** of a survey question and how to respond to a survey question.

Please indicate how much you agree or disagree with each of the following statements below. Choose one answer for each statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified					
in a way that sets it apart from the	0	0	×	0	0
surrounding residences.					

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

×	×	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

- 5) Decide whether or not to complete the survey online or via fax.
  - If the survey will be completed online, please choose the appropriate survey link below representing the type of setting or residential services provided by your organization and complete the survey.

## [Insert survey links]

• If the survey will be completed in hard copy, please complete the survey and return the fax to 602-256-6421 Attention: HCBS Survey.

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## 1. Local Area

Please indicate how much you agree or disagree with each of the following statements below.

Please maicate now much you agree of alsag	Strongly				Strongly
	agree	Agree	Neutral	Disagree	disagree
The setting is labeled or identified in a way that sets it apart from the surrounding buildings and businesses.	0	0	0	0	0
The vehicles (e.g. vans, cars etc.) in the setting are labeled or identified in a way that sets it apart from the surrounding vehicles.	0	0	0	0	0
Individuals have regular (more than once per week) opportunities for contact with people who do not get services or work in the setting. For example, people who come to share information, teach the individuals something or customers who buy products or services from the individuals.	0	0	0	0	0
The setting is accessible for people to safely and freely move around the building(s).	0	0	0	0	0
The setting is free from barriers preventing individuals from entering or exiting certain areas.	0	0	0	0	0
All individuals have physical accessibility to appliances and furniture.	0	0	0	0	0
The setting has resources for assessing and providing individualized modifications (i.e. grab bars, raised toilet, etc.).	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 1a. Volunteer Work

Please indicate how much you agree or disagree with each of the following statements below.

,	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals have support to prepare for, obtain, and maintain volunteer opportunities.	0	0	0	0	0
Individuals have volunteer jobs in the community.	0	0	0	0	0
Individuals have access to transportation to and from volunteer jobs.	0	0	0	0	0
Individuals volunteer with people without disabilities.	0	0	0	0	0
Individuals learn about and get exposed to employment opportunities (both paid and unpaid) in the community.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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# **1b.** Community Life

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

rurery, or never.	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals learn about and are exposed to new things they could learn how to do.	0	0	0	0	0
Individuals are encouraged to learn how to do new things or tasks.	0	0	0	0	0
Individuals are supported to learn how to do new things or tasks.	0	0	0	0	0
Individuals receive information about activities in the community through a variety of methods. (For example, written material, posted material, education, experiential learning, etc.)	0	0	0	0	0
Individuals have staff support/informal supports to assist them in participating in activities in the community (i.e. personal care assistance).	0	0	0	0	0
Individuals have access to transportation (provider related or otherwise) to participate work in activities in the community.	0	0	0	0	0
Individuals receive transportation training if they are currently unable to use public transportation.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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#### 1c. Personal Resources

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have someone assist them in managing their personal funds.	0	0	0	0	0
Individuals choose the person to assist them in managing their personal funds.	0	0	0	0	0
Individuals decide how to spend their money, for lunch, snacks and activities.	0	0	0	0	0
Individuals have personal bank accounts.	0	0	0	0	0
Individuals have another type of account whereby they can access their personal funds.	0	0	0	0	0
Individuals are taught lessons on how to manage their money.	0	0	0	0	0

(You may choose more	than one answer)		
0	O	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

# **1d. Payer Source**

Do you h	ave individ	duals living	in the setting	who are private pay	/? Yes <b>∟</b>	J No L
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Please indicate how much you agree or disagree with each of the following statements below.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
All individuals living in the setting have the same services regardless of who pays for the service.	0	0	0	0	0
All individuals living in the setting have the same amenities regardless of who pays for the service.	0	0	0	0	0
Individuals are engaging in outings and activities that are consistent with non-disabled peers and peers of the same age.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 2. Program Selection

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the Time	Most of the Time	Some of the time	Rarely	Never
Individuals are allowed to visit the setting prior to choosing to go/work there (i.e. tours, participate in an activity, meeting others who work there, work a partial day, etc.).	0	0	0	0	0
Individuals visit the program before choosing to go there.	0	0	0	0	0
Individuals receive a combination of services during the day or week (e.g. day program and work program).	0	0	0	0	0

Are the	items i	n this:	section	addres	sed ir	n any	of the	followin	g source	s of infor	mation?
(You mo	av choos	se mor	e than	one ans	wer)						

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

### 2a. Activities

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals are engaging with non-disabled peers or peers their own age in programs/places/activities that are not specifically designed for Medicaid members	0	0	0	0	0
The program actively researches and creates new opportunities for individuals to interact with non-disabled peers or peers of their own age who do not go to the program.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 3. Person-Centered Service Plan

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Provider representatives participate in the plan of care/service plan meetings.	0	0	0	0	0
Individuals participate in the plan of care/service planning meetings.	0	0	0	0	0
Individuals get copies of their plan of care/service plan.	0	0	0	0	0
Individuals get copies of their plan of care/service plan in plain language.	0	0	0	0	0
The plan of care/service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.	0	0	0	0	0

Please indicate how much you agree or disagree with the following statement.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand their plan of care/service plan.	0	0	0	0	0

## Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 4. Individual Rights

Please indicate how much you agree or disagree with each of the following statements below.

rieuse maicate now mach you agree or aist	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals receive information about their rights.	0	0	0	0	0
Individuals receive information about their rights in plain language.	0	0	0	0	0
Individuals understand their rights.	0	0	0	0	0
Individuals know who to contact if they have concerns or complaints.	0	0	0	0	0
Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.	0	0	0	0	0
Individuals receive personal care in private.	0	0	0	0	0
Individuals have a secure place to store personal belongings.	0	0	0	0	0
Individuals have access to a telephone for personal use in a location that has space around it for privacy.	0	0	0	0	0

Please indicate how many individuals have the following items

	All	More than half	About half	Less than half	None
Personal cell phones	0	0	0	0	0
Personal computers	0	0	0	0	0
Other devices (e.g. iPad)	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 5. Independence

Please indicate how much you agree or disagree with each of the following statements below.

Preuse maicate now mach you agree or alsag	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals get to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0
Individuals receive support to make decisions about what they want to do every day, including scheduling changes.	0	0	0	0	0
Individuals have full access to the kitchen at any time.	0	0	0	0	0
Individuals have full access to the dining/break areas at any time.	0	0	0	0	0
Individuals have full access to shared spaces (inside and outside) at any time.	0	0	0	0	0
Individuals have a choice on what to eat if they don't like what is being served including bringing their own lunch.	0	0	0	0	0
Individuals have a choice with whom to eat.	0	0	0	0	0
Individuals have a choice to eat alone.	0	0	0	0	0
Individuals have access to food/snacks/drinks.	0	0	0	0	0
Individuals have an opportunity to buy their own food/snacks/drinks.	0	0	0	0	0
Individuals can choose when to eat.	0	0	0	0	0

# Are the items in this section addressed in any of the following sources of information?

(You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

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## 6. Choice

Please select whether the following occur all of time, most of the time, some of the time, rarely, or never.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have the option to make requests for an alternate staff member to assist them.	0	0	0	0	0
Individuals make requests for alternate staff members to assist them.	0	0	0	0	0
Requests for an alternative staff member are honored.	0	0	0	0	0
Individuals freely make requests for changes in the way their services and supports are delivered.	0	0	0	0	0
Response times for requests for assistance are appropriate.	0	0	0	0	0

Are the items in this section addressed in any of the following sources of information? (You may choose more than one answer)

0	0	0	0
Member	Policy &	Staff	Not
Information	Procedures	Information	Addressed

Thank you!

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