

Transcriber's note. This document has a watermark labeled, DRAFT behind the text. The following table was changed into a list format for ease of readability.

Return to text.

Arizona Health Care Cost Containment System Member Survey

The survey will help us understand what it is like to live in your home. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to KNOW before you do the survey:

1. The survey is done in secret. AHCCCS will not know who completed the survey.
2. There is a box at the end of the survey that you can use to:
 - a. Tell AHCCCS something
 - b. Ask AHCCCS questions
 - c. Ask AHCCCS for more information

Things to THINK about when you are doing this survey:

1. Think about where you LIVE.
2. Tell us what it is like living in your HOME.
3. Tell us about the CHOICES you get to make.

How to do the survey:

You can pick to fill out the paper survey or you can do the survey on the computer. Please do not do both a paper survey and a survey on the computer. Only pick one way to do the survey.

1. If you want to fill out the paper survey, check the box to answer YES or NO to the questions.

When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS.

You do not need to put any stamps on the envelope.

Link. <http://www.allfree-clipart.com/Business/index.html>

2. If you want to do the survey on the computer, use this link to find the survey.

Figure. Image of a computer monitor with the text, insert link.

Return to text.

Figure. Member Residential Survey.

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Begin Survey

Integration

1. Local Area

Is your home within walking distance to other houses? Yes or No

Is your home within walking distance to stores? Yes or No

Is your home within walking distance to businesses? Yes or No

Do you get to meet or visit with people who don't live in your home, family, friends, neighbors, etc.? Yes or No

Do you get to meet or visit with people who don't work in your home, family, friends, neighbors, etc.? Yes or No

1a. Employment

Do you have a job and get a paycheck? Yes or No

If you don't have a job and want one, are you getting help to find a job? Yes or No

Do you have a volunteer job? Yes or No

If you don't have a volunteer job and want one, are you getting help to find a volunteer job? Yes or No

Do you work with people who do not have a disability? Yes or No

1b. Your Community

Do you get information about things to do in the community such as going to lunch with friends, going shopping, going to casinos, going to concerts, bowling, etc.? Yes or No

Do you pick what you do when you go out? Yes or No

Do you pick who goes with you? Yes or No

If you don't go out, is it because you choose not to? Yes or No

Did you need help with transportation to go out? Yes or No

Did you need help with personal care assistance to go out? Yes or No

Did you get the help that you needed to go out? Yes or No

1c. Money

Do you take care of your own money? Yes or No

Does someone else help you take care of your money? Yes or No

Did you get to choose the person to help you with taking care of your money? Yes or No

Do you have a bank account? Yes or No

Do you know how much money you have to spend in your bank account? Yes or No

Can you get money when you need or want it? Yes or No

1d. Other People

Are there services you can't have, but other people living in your home have? Yes or No

Are there activities you can't do, but other people living in your home can do? Yes or No

2. Your Home

Did someone ask you if you wanted to visit other places to live? Yes or No

Did you visit other places before you picked where you live now? Yes or No

If you did not visit other places before you picked where you live now, was that your choice? Yes or No

If you were not able to visit other places before you picked where you live now, was it because you didn't have a way to get there? Yes or No

Did you pick where you live? Yes or No

2b. Your Room

Were you given a choice for your own room if you could pay for it? Yes or No

Do you have your own room? Yes or No

3. Your Plan

Do you meet with your case manager or support coordinator to talk about your needs? Yes or No

Do you meet with your case manager or support coordinator to talk about your service plan? Yes or No

Do you feel that people listen to you? Yes or No

Do you get to make decisions? Yes or No

Do other people you want to be there participate in the meeting? Yes or No

4. Your Rights

Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)? Yes or No

Do you get help with bathing in private? Yes or No

Do you get help with dressing in private? Yes or No

Does staff listen to you? Yes or No

Do you feel that the staff keeps your personal and health information private? Yes or No

Does staff talk about you in front of other people? Yes or No

Does staff talk about other people in front of you? Yes or No

Can you use a phone or computer to talk with people that you want to? Yes or No

Can you make or get calls at any time? Yes or No

Do you get to talk in private if you want to? Yes or No

Do you get mail? Yes or No

Do you open your own mail? Yes or No

Do you know who to talk to if you have something that upsets or worries you about a provider or service? Yes or No

Do you know that you can make a complaint in secret? Yes or No

Have you ever made a complaint? Yes or No

Did the person you made the complaint to listen to you? Yes or No

Do you feel safe in your home? Yes or No

Have you ever had anything taken away from you and you didn't understand why (i.e. food, TV, visitors, etc.)? Yes or No

Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)? Yes or No

Does staff tell you about the medications you are taking? Yes or No

Are you allowed to refuse medication if you want to? Yes or No

5. Your Independence

Do you decide everyday what you want to do? Yes or No

When you want to get up and go to bed? Yes or No

When you want to eat, bathe, watch TV, talk on the phone, go on the computer? Yes or No

Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)? Yes or No

Do you have transportation to go to places where you want to go? Yes or No

Are you allowed to change your mind and do something that was not planned? Yes or No

Are you allowed to change your plans or schedule when you want or need to? Yes or No

6. Your Staff

Does staff ask you about what you need and what you want? Yes or No

Does staff ask you about what you like and dislike? Yes or No

Do you pick who helps you? Yes or No

Do you know how to ask for a new or different staff member to help you? Yes or No

Do you know who to ask if you want a new or different staff member to help you? Yes or No

Have you ever asked for a new or different staff member to help you? Yes or No

If you asked for a different staff member to assist you, did you get the new staff member? Yes or No

7a. Your Paperwork

Do you have something in writing, like a lease or agreement, for where you live? Yes or No

Does the lease or agreement have your name on it? Yes or No

Do you know what the agreement says about your rights? Yes or No

Do you know how much time you have if you are asked to move? Yes or No

Do you know how to ask for a different place to live if you wanted to move? Yes or No

Do you know how much time you have to give the home if you want to move? Yes or No

7b. Your Privacy and Room

Do you have a key to your home? Yes or No

Do you have a key to your bedroom or unit? Yes or No

Can you close and lock the bedroom or unit door? Yes or No

Can you close and lock the bathroom door? Yes or No

Do staff and other people knock and ask your permission to enter your bedroom/unit or bathroom? Yes or No

Do you share a room? Yes or No

If you share a room, did you choose a roommate? Yes or No

If you share a room, do you know how to ask to change your roommate if you want to? Yes or No

Are you allowed to decorate your room? Yes or No

Are you allowed to rearrange the furniture? Yes or No

Are you allowed hang or put up pictures? Yes or No

7c. Your Freedom

Are you allowed to leave your home at any time? Yes or No

Are you allowed to stay out for as long as you want? Yes or No

Do you have to be back home at a certain time? Yes or No

Are you allowed to eat when you want to? Yes or No

Are you allowed to choose what you want to eat? Yes or No

Are you allowed to choose who you eat with? Yes or No

Are you allowed to eat alone? Yes or No

Do you have access to food, snacks, drinks at any time? Yes or No

Are you allowed to buy your own food, snacks, drinks? Yes or No

7d. Visitors

Are there visiting hours when family and friends are allowed to come over? Yes or No

Are you allowed to invite family and friends over when you want to and at any time? Yes or No

Are you allowed to spend time alone with family and friends without staff? Yes or No

Is there a place for you to meet in private with your family and friends? Yes or No

7e. Accessibility

Can you safely and freely move around your home? Yes or No

Are the stove, microwave, refrigerator and toaster in places that you can reach to use them? Yes or No

Is the furniture (tables, chairs, etc.) comfortable to get into and use? Yes or No

Do you have or can you ask for equipment to assist you in moving around your home, bedroom and bathroom (i.e. grabars, shower chair)? Yes or No

Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places? Yes or No

End of Survey. Return to text.

You do not need to write down anything in the box. If you want to, you can use this box to:

1. Tell AHCCCS something
2. Ask AHCCCS questions
3. Ask AHCCCS for more information

Comments:

If you want AHCCCS to contact you, please give us your name and contact information.

Name:

Phone:

Mailing address:

Email address:

Thank you for telling us about what it is like to live in your home!

For AHCCCS internal use only: Date Survey Entered:

Entered By:

End of Material.

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Transcriber's note. This document has a watermark labeled, DRAFT behind the text. The following table was changed into a list format for ease of readability.

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Member Survey

The survey will help us understand what it is like at your day program. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **KNOW** before you do the survey:

1. The survey is done in secret. AHCCCS will not know who completed the survey.
2. There is a box at the end of the survey that you can use to:
 - Tell AHCCCS something
 - Ask AHCCCS questions
 - Ask AHCCCS for more information

Things to **THINK** about when you are doing this survey:

1. Think about your day program.
2. Tell us what it is like at your **day program**.
3. Tell us about the **CHOICES** you get to make.

How to do the survey:

You can pick to fill out the paper survey or you can do the survey on the computer. Please do not do both a paper survey and a survey on the computer. Only pick one way to do the survey.

1. If you want to fill out the paper survey, check the box to answer **YES** or **NO** to the questions.

When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS.

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Begin Survey

1. Local Area

Is your program close to stores? Yes or No

Is your program close to businesses? Yes or No

Can you safely and freely move inside the program? Yes or No

Can you safely and freely move around outside at the program? Yes or No

Is there a microwave to heat up your food and a refrigerator to keep your food cold? Yes or No

Are the microwave and refrigerator in places that you can reach to use them? Yes or No

Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or drink when you want? Yes or No

Is the furniture (tables, chairs, etc.) comfortable to get into and use? Yes or No

Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around? Yes or No

Does your program have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places? Yes or No

Do people come to visit who don't go the program (people to give you information, people to teach you something, customers to buy things, etc.)? Yes or No

Do visitors come to see you at the program (family, friends, neighbors, etc.)? Yes or No

Can visitors come at any time? Yes or No

1a. Work

If you don't have a job and want one, are you getting help to get ready to work? Yes or No

Do you have a volunteer job? Yes or No

Do you get to choose your work schedule? Yes or No

Do you work with people who do not have a disability? Yes or No

Do you get to talk with them if you want to before and after work and during breaks and lunch? Yes or No

Do you get help to learn about how to be a better worker at your job? Yes or No

Do you get help to learn about new places to volunteer? Yes or No

If you don't have a volunteer job and want one, are you getting help to get ready to work? Yes or No

If you don't have a volunteer job and want one, are you getting help to find a volunteer job? Yes or No

1b. Your Community

Does the program encourage you to learn new things? Yes or No

Do you get to learn about new activities or things you can learn to do while at the program? Yes or No

If you want to learn how to do something new, do you get help to learn how to do it? Yes or No

Do you have transportation to and from the program? Yes or No

Do you drive yourself to the program? Yes or No

Do you have family or friends who drive you to the program? Yes or No

Does the staff at the program pick you up and drop you off at home? Yes or No

Do you take Dial-A-Ride, the bus, light rail or a taxi to and from the program? Yes or No

Do you get information about things to do in the community such as going to lunch with friends, going shopping, going to casinos, going to concerts, bowling, etc.? Yes or No

Do you pick what you do when you go out? Yes or No

Do you pick who you go out with? Yes or No

If you don't go out, is it because you choose not to? Yes or No

When you go out, do you get to meet or visit with people who don't go to your program? Yes or No

Did you need help with transportation to go out? Yes or No

Do you get information on how to learn to take Dial A Ride, the bus, light rail or a taxi? Yes or No

Did you need help with personal care assistance to go out? Yes or No

Did you get the help that you needed to go out? Yes or No

1c. Money

Do you take care of your own money? Yes or No

Does someone else help you take care of your money? Yes or No

Did you get to choose the person to help you with taking care of your money? Yes or No

Do you have a bank account? Yes or No

Do you know how much money you have in your bank account? Yes or No

Can you get money from your bank account when you need to or want to? Yes or No

If you don't have a bank account, can you get money when you need or want it? Yes or No

Do you get to choose what you buy with your money? Yes or No

Does the program teach you how to count and spend your money? Yes or No

1d. Other People

Are there places inside and outside of your work area that you are not allowed to go but other people can go into? Yes or No

Are there activities you are not allowed to do, but other people you see in the program can do? Yes or No

Are there activities you see other people do in the program that you want to do? Yes or No

Are there activities you see other people do who don't go to your program that you want to do? Yes or No

2. Your Program

Did someone ask you if you wanted to visit programs/work sites to go during the day? Yes or No

Did you visit other programs before you picked where you go now? Yes or No

If you did not visit other programs/worksites before you picked where you go now, was that your choice? Yes or No

If you were not able to visit other programs/worksites before you picked where you go now, was it because you didn't have a way to get there? Yes or No

Did you pick your program? Yes or No

Did you pick how many hours or days you go to the program? Yes or No

2a. Activities

During the day, do you get to go to places outside of your program where you can meet or do activities with people who do not go to your program? Yes or No

3. Your Plan

Do you meet with your case manager/support coordinator to talk about your needs? Yes or No

Do you meet with your case manager/support coordinator to talk about your service plan? Yes or No

Do you feel that people listen to you? Yes or No

Do you get to make decisions? Yes or No

Do other people you want to be there go to the meeting? Yes or No

4. Your Rights

Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)? Yes or No

Do you get help with personal assistance in private? Yes or No

Does staff listen to you? Yes or No

Do you feel that the staff keeps your personal and health information private? Yes or No

Does staff talk about you in front of other people? Yes or No

Does staff talk about other people in front of you? Yes or No

Do you know who to talk to if you have something that upsets or worries you about a provider or service? Yes or No

Do you know that you can make a complaint in secret? Yes or No

Have you ever made a complaint? Yes or No

Did the person you made the complaint to listen to you? Yes or No

Have you ever had anything taken away from you and you didn't understand why (i.e. food, visitors, etc.)? Yes or No

Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)? Yes or No

Does staff tell you about the medications you are taking? Yes or No

Are you allowed to refuse medication if you want to? Yes or No

Do you have a safe place to put your personal items? Yes or No

Did you get information about your rights? Yes or No

Is information on your rights posted where you can see it? Yes or No

Can you use a phone or computer to talk with people that you want to? Yes or No

Do you have a cell phone? Yes or No

Do you have a computer? Yes or No

Do you have an Ipad? Yes or No

Can you make or get calls at any time? Yes or No

Do you get to talk in private if you want to? Yes or No

Do you feel safe at the program? Yes or No

5. Your Independence

Do you decide everyday what you want to do? Yes or No

Does the program plan activities and outings that you like to do? Yes or No

When you stay at the program, do you get to choose what activities you do and for how long? Yes or No

Do you pick your program activities? Yes or No

Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)? Yes or No

Do you pick what time you do them? Yes or No

Can you choose who you want to do the activity with? Yes or No

Can you choose to do activities in a group or alone? Yes or No

Are there activities that keep you involved and active? Yes or No

Are there activities that help you relax and slow down? Yes or No

Do you have transportation to go to places where you want to go? Yes or No

Are you allowed to change your mind and do something that was not planned? Yes or No

Are you allowed to change your plans or schedule when you want or need to? Yes or No

Do you pick what you want to eat? Yes or No

Do you pick the time you want to eat? Yes or No

Do you get to pick who you eat with? Yes or No

Do you get to pick where to eat? Yes or No

Can you get a snack or something to eat anytime you want to? Yes or No

6. Your Staff

Does staff ask you about what you need and what you want? Yes or No

Does staff ask you about what you like and dislike? Yes or No

If you can't decide what activities/tasks to do at the program, do staff help you decide by asking you what you like and don't like to do? Yes or No

Do you pick who helps you? Yes or No

Do you know how to ask for a new or different staff member to help you? Yes or No

Do you know who to ask if you want a new or different staff member to help you? Yes or No

Have you ever asked for a new or different staff member to help you? Yes or No

If you asked for a different staff member to assist you, did you get the new staff member? Yes or No

Do you have to wait a short time to get help when you need it? Yes or No

Do you have to wait a long time to get help when you need it? Yes or No

You do not need to write down anything in the box. If you want to, you can use this box to:

1. Tell A H C C C S something
2. Ask A H C C C S questions
3. Ask A H C C C S for more information

Comments:

If you want A H C C C S to contact you, please give us your name and contact information.

Name:

Phone:

Mailing address:

Email address:

Thank you for telling us about what it is like to live in your home!

For A H C C C S internal use only: Date Survey Entered:

Entered By:

End of Material.

DRAFT