

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

Return to text.

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 October 1, 2015.

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.

DRAFT

INSTRUCTIONS

1. Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:
 - a. Oversees day-to-day operations onsite at the facility
 - b. In a management position, and
 - c. 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.

Transcriber's note. The following table was changed into a list format.

Return to text.

Begin Example Survey question.

Question. The setting or home is labeled or identified in a way that sets it apart from the surrounding residences.

Strongly Agree

Agree

Neutral. An X is shown here to indicate as selected.

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.

Member Information. Policy and Procedures. Staff Information. Not Addressed. End of Example questions.

Return to text.

5. Decide whether or not to complete the survey online or via fax.

a. 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]

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

Transcriber's note. The following table was changed into a list format.

End Transcriber's note.

Begin Survey

1. Local Area

Question. The setting or home is labeled or identified in a way that sets it apart from the surrounding residences.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. The vehicles in the setting or home are labeled or identified in a way that sets it apart from the surrounding vehicles (e.g. vans, cars, etc.).

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. 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.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. 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.

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.

Member Information

Policy and Procedures

Staff Information

Not Addressed

1a. Employment

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

Question. How many individuals have paid jobs in the community?

- all
- more than half
- about half
- less than half
- or none

Question. How many individuals have volunteer jobs in the community?

- all
- more than half
- about half
- less than half
- or none

Question. Do individuals have access to transportation to and from work?

- all
- more than half
- about half
- less than half
- or none

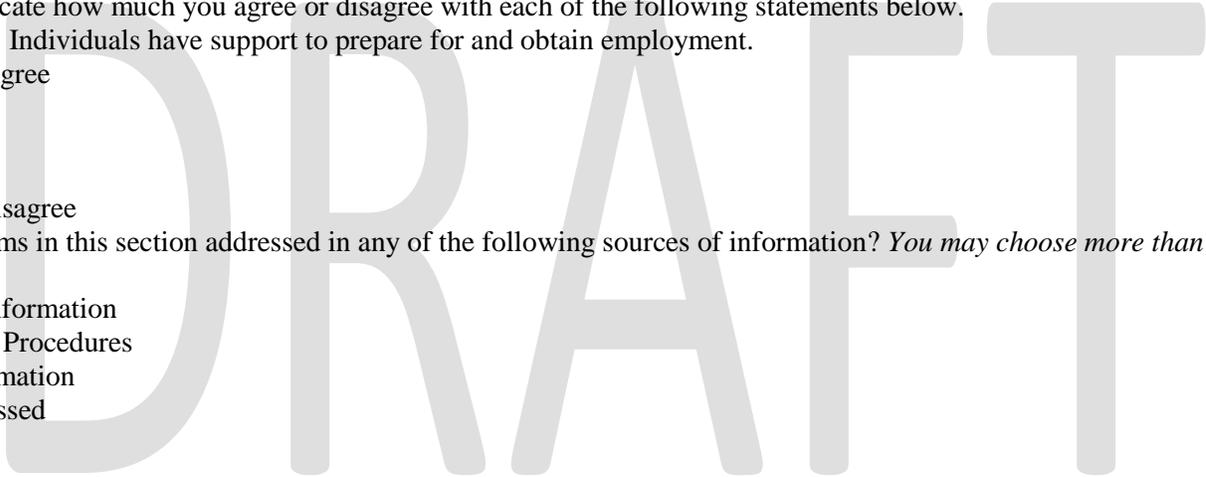
Please indicate how much you agree or disagree with each of the following statements below.

Question. Individuals have support to prepare for and obtain employment.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed



Ib. Community Life

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

Question. Individuals receive information about activities in the community through a variety of methods. For example written material, posted material, education, experiential learning, etc.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have staff support to assist them in participating in activities in the community (i.e. personal care assistance).

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have informal supports to assist them in participating in activities in the community.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have access to transportation to and from the residence.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

1c. Personal Resources

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

Question. Individuals have someone assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals choose the person to assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals decide how to spend their money, earned or unearned.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have personal bank accounts.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have another type of account whereby they can access their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

1d. Payer Source

Question. Do you have individuals living in the setting who are private pay? Yes, or, No.
Please indicate how much you agree or disagree with each of the following statements below. Strongly Agree. Agree. Neutral. Disagree. Strongly disagree.

Question. All individuals living in the setting have the same services regardless of who pays for the service.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. All individuals living in the setting have the same amenities regardless of who pays for the service.

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.*

Member Information

Policy and Procedures

Staff Information

Not Addressed

2. Home Selection

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

All of the time

Most of the time

Some of the time

Rarely

Never

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

Member Information

Policy and Procedures

Staff Information

Not Addressed

2b. Private Room

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

Question. Individuals have their own bedroom.

All of the time

Most of the time

Some of the time

Rarely

Never

Question. Individuals have an option for a private room if they are able to afford it.

All of the time

Most of the time

Some of the time

Rarely

Never

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

Member Information

Policy and Procedures

Staff Information

Not Addressed

3. Person Centered Service Plan

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

Question. Individuals participate in the plan of care or service planning meetings.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get copies of their plan of care/service plan.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get copies of their plan of care/service plan in plain language.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. The plan of care or service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

Individuals understand their plan of care or service plan.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

4. Individual Rights

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

Question. Individuals receive personal care assistance in private.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive information about their rights.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive information about their rights in plain language.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals understand their rights.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals know who to contact if they have concerns or complaints.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have access to a telephone for personal use in a location that has space around it to ensure privacy.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.

Please indicate how many individuals have the following items

Personal cell phones.

All

More than half

About half

Less than half

None

Personal computers

All

More than half

About half

Less than half

None

Other devices (e.g. iPad)

All

More than half

About half

Less than half

None

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

Member Information

Policy and Procedures

Staff Information

Not Addressed

5. Independence

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

Question. Individuals get to make decisions about what they want to do every day, including scheduling changes.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive support to make decisions about what they want to do every day, including scheduling changes.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive transportation training if they are currently unable to use public transportation.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have full access to the kitchen at any time.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have full access to the dining areas at any time.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have full access to the laundry areas at any time.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have full access to shared living spaces at any time.

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.

Member Information

Policy and Procedures

Staff Information

Not Addressed

6. Choice

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

Question. Individuals have the option to make requests for an alternate staff member to assist them.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals make requests for alternate staff members to assist them.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Requests for an alternative staff member are honored.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals freely make requests for changes in the way their services and supports are delivered.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not 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.

Question. Individuals have a written agreement in place providing protections to address eviction/discharge and due process and appeals.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get a copy of the agreement.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get a copy of the agreement in plain language.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

Individuals understand the agreement.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

7b. Privacy

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

Question. How many individuals have a key or code to the front door or entrance of their home or facility?

- All
- More than half
- About half
- Less than half
- None

Question. How many individuals have a key to their bedroom or unit?

- All
- More than half
- About half
- Less than half
- None

Question. How many individuals have lockable bedroom or unit doors?

- All
- More than half
- About half
- Less than half
- None

Question. How many individuals have lockable bathroom doors?

- All
- More than half
- About half
- Less than half
- None

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

Question. Staff and other people knock and receive permission before entering an individual's bedroom/unit or bathroom.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get to choose their roommates.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have the opportunity to consider other roommate options if they want to change roommates.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals are allowed to decorate their own room including moving furniture and hanging up items on the walls.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals are consulted on décor in common areas.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

Question. The setting has a process to help individuals make choices for roommates.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. The setting has a process to assess roommate satisfaction

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

7c. Schedules and Dining

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

Question. Individuals have a curfew or other requirements for a scheduled return home when out and about in the community.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have a choice on what to eat if they don't like what is being served.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have a choice with whom to eat.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have a choice of eating alone.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have access to food, snacks and drinks.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have an opportunity to buy their own food, snacks, and drinks.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

7d. Visitors

Question. Do individuals have restrictions, visiting hours, on when they can have family and friends over to visit?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

7e. Accessibility

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

Question. The setting is accessible for people to safely and freely move around the home.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. All individuals have physical accessibility to appliances and furniture.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. The setting has resources for assessing and providing individualized modifications, i.e. grab bars, shower chair, etc.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. The home is free from barriers preventing individuals from entering or exiting certain areas.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

Thank you!

End of Survey.

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

Return to text.

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 October 1, 2015.

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.

DRAFT

INSTRUCTIONS

1. Identify one person from the setting to complete the survey. The individual must be someone who meets the following criteria:
 - a. Oversees day to day operations onsite at the facility
 - b. In a management position, and
 - c. 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.

Transcriber's note. The following table was changed into a list format.

Return to text.

Begin Example Survey question.

Question. The setting or home is labeled or identified in a way that sets it apart from the surrounding residences.

Strongly Agree

Agree

Neutral. An X is shown here to indicate as selected.

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.

Member Information. Policy and Procedures. Staff Information. Not Addressed. End of Example questions.

Return to text.

5. Decide whether or not to complete the survey online or via fax.

a. 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]

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

Begin Survey

1. Local Area

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

Question. The setting is labeled or identified in a way that sets it apart from the surrounding buildings and businesses.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. 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.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. 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.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. The setting is accessible for people to safely and freely move around the building(s).

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. The setting is free from barriers preventing individuals from entering or exiting certain areas.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. All individuals have physical accessibility to appliances and furniture.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. The setting has resources for assessing and providing individualized modifications (i.e. grab bars, raised toilet, etc.).

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.*

Member Information

Policy and Procedures

Staff Information

Not Addressed

Blank page.

DRAFT

1a. Volunteer Work

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

Question. Individuals have support to prepare for, obtain, and maintain volunteer opportunities.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have volunteer jobs in the community.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have access to transportation to and from volunteer jobs.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals volunteer with people without disabilities.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals learn about and get exposed to employment opportunities (both paid and unpaid) in the community.

- 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.

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

1b. Community Life

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

Question. Individuals learn about and are exposed to new things they could learn how to do.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals are encouraged to learn how to do new things or tasks.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals are supported to learn how to do new things or tasks.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive information about activities in the community through a variety of methods. (For example, written material, posted material, education, experiential learning, etc.)

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have staff support **or** informal supports to assist them in participating in activities in the community (i.e. personal care assistance).

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals have access to transportation (provider related or otherwise) to participate work in activities in the community.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals receive transportation training if they are currently unable to use public transportation.

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.*

Member Information

Policy and Procedures

Staff Information

Not Addressed

1c. Personal Resources

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

Question. Individuals have someone assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals choose the person to assist them in managing their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals decide how to spend their money, for lunch, snacks and activities.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have personal bank accounts.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals have another type of account whereby they can access their personal funds.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals are taught lessons on how to manage their money.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

1d. Payer Source

Do you have individuals living in the setting who are private pay? Yes, or, No.

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

Question. All individuals living in the setting have the same services regardless of who pays for the service.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. All individuals living in the setting have the same amenities regardless of who pays for the service.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

Question. Individuals are engaging in outings and activities that are consistent with non-disabled peers and peers of the same age.

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.

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

DRAFT

2. Program Selection

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

Question. Individuals are allowed to visit the setting prior to choosing to go or work there (i.e. tours, participate in an activity, meeting others who work there, work a partial day, etc.).

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals visit the program before choosing to go there.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals receive a combination of services during the day or week (e.g. day program and work program).

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

2a. Activities

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

Question. Individuals are engaging with non-disabled peers or peers their own age in programs/places/activities that are not specifically designed for Medicaid members

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. 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.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

3. Person-Centered Service Plan

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

Question. Provider representatives participate in the plan of care/service plan meetings.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals participate in the plan of care/service planning meetings.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get copies of their plan of care/service plan.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. Individuals get copies of their plan of care/service plan in plain language.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

Question. The plan of care/service plan gets updated when an individual expresses a desire to change the service type, frequency or provider of service.

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

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

Question. Individuals understand their plan of care/service plan.

- 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.

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

4.3. Individual Rights

Question. Individuals receive information about their rights.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals receive information about their rights in plain language.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals understand their rights.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals know who to contact if they have concerns or complaints.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals receive personal care in private.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have a secure place to store personal belongings.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have access to a telephone for personal use in a location that has space around it for privacy.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Please indicate how many individuals have the following items

Personal cell phones

- All
- More than half
- About half
- Less than half
- None

Personal computers

- All
- More than half
- About half
- Less than half
- None

Other devices (e.g. iPad)

- All
- More than half
- About half
- Less than half
- None

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

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

5.4 Independence

Question. Individuals get to make decisions about what they want to do every day, including scheduling changes.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals receive support to make decisions about what they want to do every day, including scheduling changes.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have full access to the kitchen at any time.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have full access to the dining/break areas at any time.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have full access to shared spaces (inside and outside) at any time.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have a choice on what to eat if they don't like what is being served including bringing their own lunch.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have a choice with whom to eat.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have a choice to eat alone.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have access to food, snacks, drinks.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals have an opportunity to buy their own food, snacks, drinks.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals can choose when to eat.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

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

Question. Individuals have the option to make requests for an alternate staff member to assist them.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals make requests for alternate staff members to assist them.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Requests for an alternative staff member are honored.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Individuals freely make requests for changes in the way their services and supports are delivered.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question. Response times for requests for assistance are appropriate.

- 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.*

- Member Information
- Policy and Procedures
- Staff Information
- Not Addressed

Thank You!

End of Survey.