



HSW Home and Community Based Services Waiver Participant Survey

Section 1: Your Information

What is your Waiver Supports Application (WSA) Identification Number identified in the cover email?

WSA identified in cover email: `{e://Field/ExternalDataReference}`

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Provider (CMHSP) Home and Community Based Service (HCBS) Lead Coordinator. Click on the links below to find the PIHP and CMHSP coordinators in your region.

[HCBS PIHP Lead Coordinators](#)

[HCBS CMHSP Lead Coordinators](#)

Which of these services or supports do you receive? (Check all that apply)

Help to answer this question:

Residential Services:

Check this box if you receive Specialized Residential Services, including living in an Adult Foster Care Home, or living in a PIHP/CMH/Provider Owned Home. **Do not check** this box if you live at home with family or in your own home by yourself or with your spouse or friends.

Non-Residential Services:

Check this box if you receive any of the following services: out-of-home non-vocational, prevocational, or supported employment. **Do not check** this box if you do not receive any of the three services.

Residential Services: Services or supports that help you live in your home.

- Non-Residential Services: Services or supports that help you work, be a member of your community, etc.
- I do not know the answer to this question.

Section 2: Help to Answer Survey

Did you complete this survey by yourself?

- Yes 
- No 

If you did not complete this survey, what is the name and contact information of the person who is completing this survey?

Note: A service provider (residential or non-residential provider) cannot complete this survey for you. Service providers should not be involved in completing the survey.

Name

Contact Phone Number

Contact Email Address

This person is (check all that apply):

- A family member
- Your guardian or legal representative
- Your Supports Coordinator or Case Manager
- Other (this cannot be a direct care worker or a person from the agency that provides your supports), please specify:

Did you interview the person to complete this survey?

- Yes 
- No 

Participant Living Arrangement

Where do you live?

Definitions:

Specialized residential home: "Specialized program" means a program of services or treatment provided in an adult foster care facility licensed under this act that is designed to meet the unique programmatic needs of the residents of that home as set forth in the assessment plan for each resident and for which the facility receives special compensation." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.707)

Adult Foster Care home: "Adult foster care facility" means a governmental or nongovernmental establishment that provides foster care to adults. Subject to section 26a(1), adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision 2 on an ongoing basis but who do not require continuous nursing care." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.703)

- At home with my family or in my own home
- In a specialized residential home
- In an adult foster care home
- In a private residence that is owned by the Pre-Paid Inpatient Health Plan (PIHP), Community Mental Health Service Provider (CMHSP) or provider, alone or with spouse
- I do not know the answer to this question.



Section 3: Your Home

How would you describe your home?

- Single family home: A detached home or separate house that is a free-standing residential building.
- Single residence within complex or unit/apartments for people with disabilities





Duplex: A house divided into two residences and each residence has its own entrance.



Multi-unit or apartment building



Other, please specify

I do not know the answer to this question.



Who do you live with? (check all that apply)

- People without disabilities
- People who have disabilities
- I live by myself.

How many people with disabilities?

Note: Do not count yourself in this number.

Are you related to the people with disabilities you live with?

Yes



No






Is your home located away from the campus of a treatment center or one of its buildings?

Definitions:

Treatment center: Treatment center is a facility that provides some or all of these services: group therapy, individual therapy, on-site activities, behavioral support, psychiatric services, nursing supports, and vocational employment/training. The person also lives in the facility or on its property.

Campus: Campus means in the same building, on the grounds of, or connected to.

Yes <input type="radio"/> 	No <input type="radio"/>  Note: Selecting "No" means that you receive services in an institutional setting.	I do not know the answer to this question. <input type="radio"/> 
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Can people without disabilities live in your home?

Yes <input type="radio"/> 	No <input type="radio"/> 	I do not know the answer to this question. <input type="radio"/> 
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Is your home (within the neighborhood including the same or nearby streets) the only home that offers services to people with disabilities?

Yes <input type="radio"/> 	No <input type="radio"/> 	I do not know the answer to this question. <input type="radio"/> 
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Do you go outside of your home to receive your services (for example for school, therapy, or work)?

Yes <input type="radio"/> 	No <input type="radio"/> 	I do not know the answer to this question. <input type="radio"/> 
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Section 4: Being a Part of Your Community

Do you live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?

- Yes 
- No 
- I do not know the answer to this question. 

Who helps you access the community (check all that apply)?

- Direct Support Worker(s)
- Home Manager
- Case Manager/Support Coordinator
- Family/Friends
- Volunteers

Which of the following activities do you choose to do (check all that apply)?

- Shopping for myself
- Religious or spiritual services
- Scheduled appointments (personal or medical)
- Meals with friends or family
- Recreation activities
- Community events
- Volunteer community services
- Community employment
- School or education
- Other

Visitors to your home: Can friends and family visit you without rules on hours or times?

- Yes No



Section 5: Your Rights in Your Home

Do you have a lease for your home?

Note: A residential care agreement is not a lease. If you have a residential care agreement you should mark "no" to this question.

- Yes
- No
- I do not know the answer to this question.

Does the lease explain how an eviction happens and what to do?

Note: For example, a landlord might tell the renter to move out because the person did not pay their rent.

- Yes
- No
- I do not know the answer to this question.

Do you know how to request new housing?

- Yes
- No

Is the information about filing a complaint in a way you can understand and use it?

- Yes
- No

Do you know who to call to file an anonymous complaint?

Yes



No



Are you able (with assistance if you need it) to contact your family members, friends, or guardian?

Yes



No



Do the staff who help you talk about your personal issues only in private?

Note: In private means that staff does not talk about your personal issues in front of other people.

Yes



No



Do you have access to your personal funds?

Note: Access means your money is available to you.

Yes



No



In the last question "do you have access to your personal funds", you answered "no". Why?

Do you have control of your personal funds?

Note: Control means you decide how your money is spent.

- Yes 
- No 

In the last question "do you have control of your personal funds", you answered "no". Why?


Do you have a place to store and secure your belongings away from others?

- Yes 
- No 

Did you pick the agency who provides your residential services and supports?

Definition:

Residential Services: Services or supports that help you live in your home.

- Yes 
- No 

Do you pick the direct support workers (direct care workers) who provide your services and supports?

- Yes No



Can you change your services and supports as you wish?

Yes



No



Are you allowed to participate in legal activities, for example voting in public elections if you are 18 years or older, drinking alcohol if you are 21 years or older?

Yes



No



In the last question "do you participate in legal activities", you answered "no". Why?

Section 6: Living in Your Home - Decisions About Your Home and Your Privacy

Did you have choices of where to live?

Yes



No



Did you pick where to live?



Yes



No



If you live with other people, did you pick your housemate?



- Yes 
- No 
- This question does not apply to me. I do not have a housemate.
- I live in an Adult Foster Care Home or Specialized Residential Home.

In the last question "did you pick your housemate", you answered "no". Why?

If you live with other people, did you have the option of having your own bedroom?

- Yes 
- No 

If you live with other people, did you pick your roommate?

- Yes 
- No 
- This question does not apply to me. I do not have a roommate.
- I live in an Adult Foster Care Home or Specialized Residential Home.

Can you close and lock your bedroom door?

- Yes 
- No 

In the last question "can you close and lock your bedroom door", you answered "no". Why?

- My bedroom door does not have a lock.
- I cannot turn the door knob by myself.
- I am not allowed to lock the bedroom door.

Can you close and lock your bathroom door?

Yes



No



In the last question "can you close and lock your bathroom door", you answered "no". Why?

- My bathroom door does not have a lock.
- I cannot turn the door knob by myself.
- I am not allowed to lock the bathroom door.

Does your home staff ask before entering your living areas (bedroom, bathroom)?

Yes



No



Section 6: Living in Your Home - Meals and Food

Do you pick what you eat?

Yes



No



Have you agreed to the rules on food in your Person Centered Plan?



Do you pick if you want to eat alone or with others?

Yes

No



Do you have access to food at any time?

Note: Access means you are able to get food whenever you want.

Yes



No



Have you agreed to the rules on food access in your Person Centered Plan?



Section 6: Living in Your Home - Clothes and Apparel

Do you pick what clothes to wear?

Yes



No



Section 6: Living in Your Home - Communication Devices

Do you have access to a communication device?

Definitions:

Communication Device: A communication device can include a cell phone, a landline phone, a personal computer, a tablet, or an augmentative and alternative communication device.

Access: Access means you can use it to communicate with people you want to contact. This also means you can use it if people want to contact you.

Yes



No



Can you use the communication device in a private place?

Note: In private means you have a place in your house to use the communication device without anyone around.

Yes



No



Does your bedroom have a telephone jack, wireless internet, or an Ethernet jack?

Yes



No



I do not know the answer to this question.



Is the inside of your home without cameras, visual monitors, or audio monitors?

Yes



No



If you need help with personal care, do you receive this support in privacy?

Yes



No



Do you (with or without supports) arrange and control your personal schedule of daily appointments and activities (e.g. personal care, events, etc.)?

Yes



No



Section 6: Living in Your Home - Freedom of Access in Your Home

Do you have full access to the kitchen area?

Note: Access here means that you have a way of getting into the kitchen and using it.

Yes



No



Can you use the kitchen at any time?

Yes



No



Do you have full access to the dining area?

Note: Access here means that you have a way of getting into the dining area and using it.

Yes



No



Can you use the dining area at any time?

 Yes No



Do you have full access to the laundry area?

Note: Access here means that you have a way of getting into the laundry area and using it.

Yes



No



Can you use the laundry area at any time?

Yes



No



Do you have full access to the living area or family room?

Note: Access here means that you have a way of getting into the living area and using it.

Yes



No



Can you use the living area or family room at any time?

Yes



No



Do you have full access to the bathroom?

Note: Access here means that you have a way of getting into the bathroom and using it.

Yes



No



Can you access the bathroom at any time?

Yes



No



Have you agreed to the rules for accessing common areas in your home in your Person Centered Plan?


Yes



No



I do not know the answer to this question.



Is there space in your home to meet with visitors and have private conversations?

Yes



No



Can you choose to come and go from your home when you want?

Yes



No



Can you move inside and outside of your home when you want?

- Yes 
- No 



Section 6: Living in Your Home - Physical Accessibility of the Home Setting

Is your home physically accessible to you?


For example does your home have grab bars, shower chairs, or wheelchair ramps if you need it?

- Yes 
- No 
- This question does not apply to me. I do not need it to live in my home.

Can you reach and use the home's appliances as you need?

- Yes 
- No, I cannot use the home's appliances 

Is your home free of gates, locked doors, or other ways to block you from entering or exiting certain areas of your home?

- Yes 
- No 

In the last question "is your home free of gates, locked doors, or other ways to block your way in your home", you answered "no". Why?

Section 6: Living in Your Home - Accessibility of the Community

Is accessible transportation available for you to make trips to the community?

Definition:

Accessible: Accessible transportation means that you have transportation services to go where and when you want to travel.

Yes
 

No
 

If public transit is limited or unavailable, do you have another way to access the community?

Yes
 

No
 

Section 7: Your Other Supports and Services (Non-Residential Living Supports)

Instructions:

In this section, the questions will ask about how you spend your day. These are services besides your living supports. In this survey this provider is called, "Your Non-Residential Support Provider". Non-Residential include out-of-home non-vocational, prevocational, or supported employment. If you are unsure, select: " I do not know the answer to this question".

Definitions:

Out-of-home non-vocational service: This service assists with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the supports services, including transportation to and from, incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the beneficiary (beneficiary means a person who uses or receives this service) resides. Examples of incidental support include:

- Aides helping the beneficiary with his mobility, transferring, and personal hygiene functions at the various sites where habilitation is provided in the community;
- When necessary, helping the person to engage in the habilitation activities (e.g., interpreting). Services must be furnished four or more hours per day on a regularly scheduled basis for one or more days per week unless provided as an adjunct to other day activities included in the beneficiary's plan of service.

Prevocational services: These services involve the provision of learning and work experiences where a beneficiary (beneficiary means a person who uses or receives this service) can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

Supported employment: Supported employment is the combination of ongoing support services and paid employment that enables the beneficiary (beneficiary means a person who uses or receives this service) to work in the community. For purposes of this waiver, the definition of "supported employment" is:

- Community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities;
- For beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant;
- For beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training, job coach, employment specialist services, personal assistance and consumer-run businesses.

Do you receive **Non-Residential** Services?

- Yes 
- No 
- I do not know the answer to this question. 

You will answer questions about:

- One Non-Residential service
- Two Non-Residential services
- Three Non-Residential services

Please answer questions about the Non-Residential service(s) delivered by the provider(s) listed below. If you have more than one provider, you will be asked to answer the same questions about each provider.

- `#{e://Field/Service2Name}`
- `#{e://Field/Service3Name}`
- `#{e://Field/Service4Name}`

Section 7: Your Other Supports and Services: (Non-Residential Living Supports)

Which service do you receive from `#{Im://Field/2}`?(Check all that apply)

Definitions:

Out-of-home non-vocational service: This service assists with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the supports services, including transportation to and from, incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the beneficiary (beneficiary means a person who uses or receives this service) resides. Examples of incidental support include:

- Aides helping the beneficiary with his mobility, transferring, and personal hygiene functions at the various sites where habilitation is provided in the community;
- When necessary, helping the person to engage in the habilitation activities (e.g., interpreting). Services must be furnished four or more hours per day on a regularly scheduled basis for one or more days per week unless provided as an adjunct to other day activities included in the beneficiary's plan of service.

Prevocational services: These services involve the provision of learning and work experiences where a beneficiary (beneficiary means a person who uses or receives

this service) can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

Supported employment: Supported employment is the combination of ongoing support services and paid employment that enables the beneficiary (beneficiary means a person who uses or receives this service) to work in the community. For purposes of this waiver, the definition of "supported employment" is:

- Community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities;
- For beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant;
- For beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training, job coach, employment specialist services, personal assistance and consumer-run businesses.

- Supported Employment
- Out-of Home Non-Vocational Services
- Pre-Vocational Services
- I do not know the answer to this question.

Where is the service provided from **#{Im://Field/2}**?

- At a place or site for people with disabilities (for example a workshop for people with disabilities, work crew of people with disabilities, or a day program for people with disabilities)
- In the community at a local business, restaurant, or as a small business owner

Did you pick, **#{Im://Field/2}**, the agency who provides you your non-residential services and supports?

- Yes
- 
- No
- 

Did you pick the place for your non-residential services?



- Yes 
- No 

Is the service from **#{Im://Field/2}** provided in a building separate from the campus of a treatment center?

Definitions:

Treatment center: Treatment center is a facility that provides some or all of these services: group therapy, individual therapy, on-site activities, behavioral support, psychiatric services, nursing supports, and vocational employment/training. The person also lives in the facility or on its property.

Campus: Campus means in the same building, on the grounds of, or connected to.

- Yes 
- No 
Note: Selecting "No" means that you receive services in an institutional setting.

When you are at **#{Im://Field/2}** do you interact with others who do not have disabilities?

- Yes 
- No 
- I do not know the answer to this question. 

When you are at **#{Im://Field/2}** do you have contact or connect with individuals from the community/public ?

- Yes No I do not know the answer to this question.



What do you do when you are at **#{Im://Field/2}**?

- Work
- Volunteer
- Attend a day program

Are you paid for this work?

- Yes
-
- No
-

Do you get to spend your money you earned?

- Yes
-
- No
-
- I do not know the answer to this question.
- 

Can you schedule your work hours or days similar to your co-workers who do not have disabilities?

- Yes
-
- No
-
- I do not know the answer to this question.
- 

Can you schedule your breaks and/or lunch times similar to your co-workers who do not have disabilities?

- Yes
- No
- I do not know the answer to this question.
- 
- 



Do you have employee benefits (vacation, medical benefits) similar to co-workers who do not have disabilities?

- Yes
- No
- I do not know the answer to this question.

Do you do work tasks similar to co-workers who do not have disabilities?

- Yes
- No
- I do not know the answer to this question.

If you need personal assistance at work do you receive it in a private, appropriate place?

- Yes
- No, I need it but I do not receive personal assistance in a private, appropriate place.
- I do not need personal assistance.
- I do not know the answer to this question.

Can you schedule your volunteer hours and days similar to other volunteers who do not have disabilities?

- Yes
- No
- I do not know the answer to this question.





Can you schedule your breaks and/or lunch times similar to other volunteers who do not have disabilities?

- Yes 
- No 
- I do not know the answer to this question. 

Do you do tasks similar to other volunteers who do not have disabilities?

- Yes 
- No 
- I do not know the answer to this question. 

If you need personal assistance while volunteering do you receive it in a private, appropriate place?

- Yes 
- No, I need it but I do not receive personal assistance in a private, appropriate place. 
- I do not need personal assistance. 
- I do not know the answer to this question. 

Can you schedule your hours and days at your day program?

- Yes 
- No 
- I do not know the answer to this question. 

Can you schedule your breaks and/or lunches at your day program?

- Yes
- No
- I do not know the answer to this question.



If you need personal assistance while at your day program do you receive it in a private, appropriate place?

- Yes
- No, I need it but I do not receive personal assistance in a private, appropriate place.
- I do not need personal assistance.
- I do not know the answer to this question.

Did **#{Im://Field/2}** give you information on your rights of services in a way you can understand and use?

- Yes
- No
- I do not know the answer to this question.

Did **#{Im://Field/2}** give you information on how to request a new provider for when you work or volunteer?

- Yes
- No
- I do not know the answer to this question.