



1915 (i) SPA 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](#)

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: The only service provider who should assist you in completing this survey is your supports coordinator or case manager. Residential or Non-Residential 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



Are services and support you receive delivered in a setting that is separate from a hospital, nursing home, intermediate care facility, or institute for mental health treatment?

Definitions:

Nursing home: A facility that provides residents with skilled nursing care and related services who require medical or nursing care and rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

Intermediate care facility: An institution for individuals with intellectual or developmental disabilities that provides diagnosis, treatment, or rehabilitation in a protected residential setting through individualized evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services.

Institute for mental health treatment: A hospital, nursing facility, or other institution that provides diagnosis, treatment or care of persons with mental diseases, including medical or nursing care and related services.

Yes



No

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



Are the services and support you receive delivered in a setting that is separate from a residential school or child caring institution?

Definitions:

Residential School: The setting has both educational and residential programs in the same building or in buildings close to each other. So individuals do not travel into the community to live or to attend school.

Child-Care Institution: A non-profit or private child-care residential setting, or a public child-care residential setting for children that is licensed by the State.

Yes



No

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



SB

Do you receive **Skill Building** training and/or services?

Definition:

Skill Building: This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.

Yes



No



You will answer questions about:

One Skill Building service



Two Skill Building services



Three Skill Building services



Please answer questions about the skill building 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/Service1Name}`
- `#{e://Field/Service4Name}`
- `#{e://Field/Service7Name}`

Section 3: Skill Building

Skill Building

Definition:

This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.

Did you pick `#{Im://Field/2}`, the agency who provides you with skill building services and support?

Yes



No



Did you pick the direct support workers who provide you with skill building services and support at \${Im://Field/2}?

Yes



No



Do you receive skill building services and support where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

Yes



No



Do you receive all or most of your services and supports from \${Im://Field/2} at your home?

Yes



No



When receiving skill building services and supports, is accessible transportation available for you to make trips within your larger community?

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

Yes



No



Can you (with or without supports) control your personal schedule of daily appointments and activities related to your skill building services?

Yes



No



If you are receiving skill building training in personal care, do you receive the training in private?

Yes



No

 I do not receive training in personal care

Do you know who to call to file an anonymous complaint related to your skill building services from $\{\text{Im://Field/2}\}$?

Yes



No



Can you choose a different skill building service or support if you are not happy with the current one that you receive or if you want to learn a new skill?

Yes



No

**SE**

Do you receive **Supported Employment** training and/or services?

Definition:

Supported Employment: This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

Yes



No



You will answer questions about:

**One Supported
Employment service**



**Two Supported
Employment services**



**Three Supported
Employment services**



Please answer questions about the supported employment 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/Service5Name}**
- #{e://Field/Service8Name}**

Section 4: Supported Employment

Supported Employment

Definition:

This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

Where is the service from \${Im://Field/2} provided?

Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

In the community at a local business,
restaurant, or as a small business owner.

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)

Do you receive payment for your work at \${Im://Field/2}?

Yes



No



Did you pick the direct support workers who provide you with employment services
and support at \${Im://Field/2}?

Yes



No



Do you receive employment support and services where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

Yes



No



Can you choose your employment-related service provider?

Yes



No



Can you manage your work earnings?

Yes



No



Can you arrange your work schedule (hours/days worked) like your co-workers who do not receive Medicaid funded Home and Community Based Services?

Yes



No



Does not apply, I am self-employed or a small business owner

Can you negotiate or arrange your breaks similar to your co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, I am self-employed or a small business owner

Do you have employee benefits (paid time off, medical benefits) similar to your co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, I am self-employed or a small business owner

Do you perform tasks similar to your co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, I am self-employed or a small business owner

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

Yes



No



I don't need personal assistance at work.

Do you have access to transportation to get to work?

Yes



No



If public transit is limited or unavailable, do you have another way to get to work?

Yes



No



Do you know who to call to file an anonymous complaint related to your work at $\{\text{Im}://\text{Field}/2\}$?

Yes



No



Can you choose a different work setting if you are not happy with the current one or if you want to learn a new skill?

Yes



No



CLS

Do you receive **Community Living Supports** training and/or services?

Definition:

Community Living Supports: This service supports an individual's independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.

Yes



No



You will answer questions about:

**One Community Living
Support and Service**

**Two Community Living
Supports and Services**

**Three Community Living
Support Supports and
Services**

Please answer questions about the community living supports and 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/Service3Name}`
- `#{e://Field/Service6Name}`
- `#{e://Field/Service9Name}`

Section 5: Community Living Services

Community Living Supports

Definition:

This service supports an individual's independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.

Do you receive your community living supports from `#{Im://Field/2}` in any of the following settings: a specialized adult foster care home, a general adult foster care home, or a private residence that is owned by the Pre-Paid In-Patient Health Plan (PIHP), Community Mental Health (CMH) or a provider?

Yes



No



Did you pick \${Im://Field/2}, the agency that provides you with community living supports and services?

Yes



No



Did you pick the direct support workers who provide you with community living supports and services at \${Im://Field/2}?

Yes



No



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

Yes



No



Do you receive all or most of the services and supports from \${Im://Field/2} outside your home?

Yes



No



Where is the service from $\{Im://Field/2\}$ provided?

Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

In the community at a local business,
restaurant, or as a small business owner

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)

Is your home the only home within your neighborhood that offers services to people with disabilities?

Yes



No



Do you have choice of roommates?

Yes



No



I do not have roommates

Can friends and family visit you without rules on hours or times?

Yes



No



Do you have a place in your residence for private communication to use the telephone or internet?

Yes



No



Do you have a lease?

Note: If you live in an adult foster care home and have a signed “summary of resident rights”, you can mark “Yes” to this question.

Yes



No



I live with family members
or my spouse/partner

Can you close and lock your bedroom door?

Yes



No



Can you close and lock your bathroom door?

Yes



No



Do you have access to food at any time?

Yes



No



Do you have full access to all public areas of the home (kitchen, dining room, bathroom, laundry area) at any time you choose?

Yes 

No 

Do you pick what you eat?

Yes 

No 

Is your home physically accessible to you?

Yes 

No 


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 

Can you control your personal schedule of daily appointments and activities?

Yes 

No 

If you receive support in personal care, do you receive it in private?

Yes



No



I don't receive supports in personal care.

Can you move inside or outside of the setting when you want (with or without support)?

Yes



No



Can you come and go as you please (with or without support)?

Yes



No



Is accessible transportation available for you to make trips within your larger community?


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

Yes



No



Do you know who to call to file an anonymous complaint related to your community living supports services from ?

Yes



No



Can you choose a different community living skill if you are not happy with the current one or if you want to add a new skill?

Yes



No



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