

## 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:
  - Tell AHCCCS something
  - Ask AHCCCS questions
  - Ask AHCCCS for more information

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

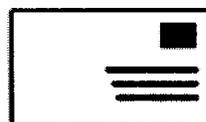
1. Think about where you **LIVE**.
2. Tell us what it is like living in your **HOME**.
3. Tell us about the **CHOICES** you get to make.

How to do the survey:

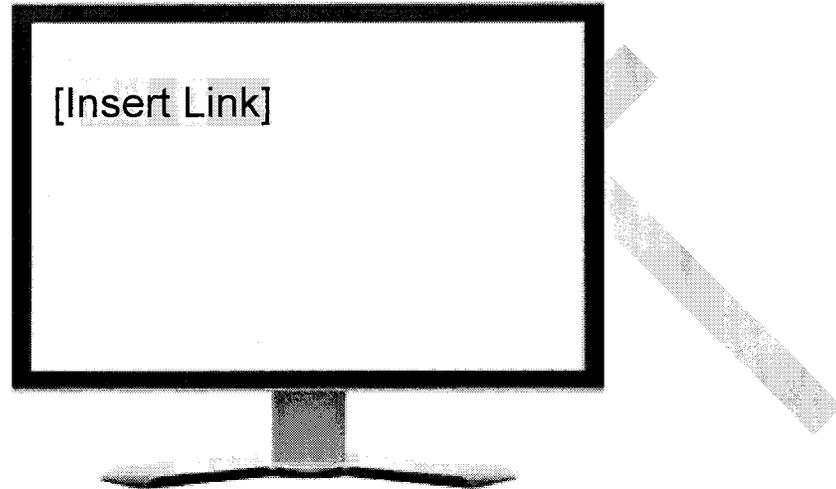
You can pick to fill out the paper survey or you can do the survey on the computer. Please do not do both a paper survey and a survey on the computer. Only pick one way to do the survey.

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

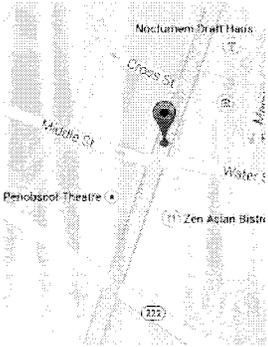
When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS. You do not need to put any stamps on the envelope.

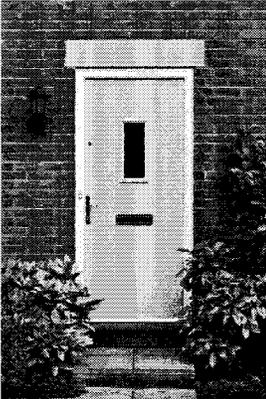
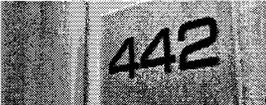
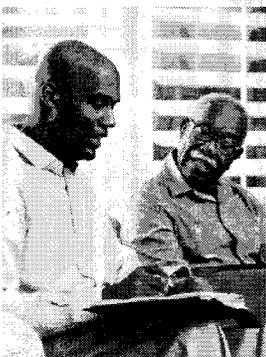


2. If you want to do the survey on the computer, use this link to find the survey.

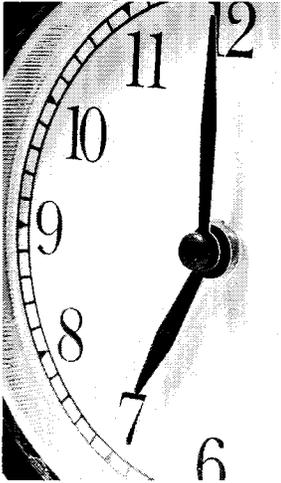


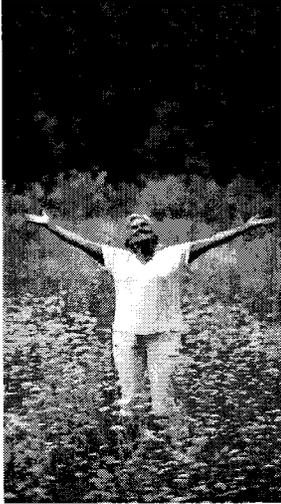
DRAFT

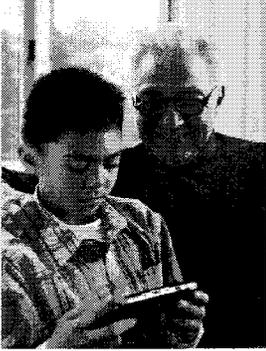
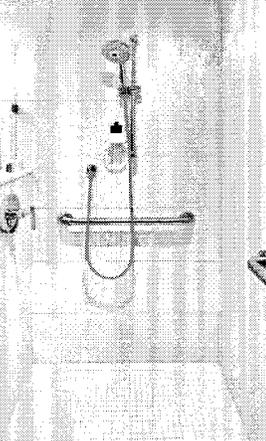
		YES 	NO 
<b>Integration</b>			
<b>1. Local Area</b> 	<ul style="list-style-type: none"> <li>Is your home within walking distance to other houses?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is your home within walking distance to stores?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is your home within walking distance to businesses?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you get to meet or visit with people who don't live in your home (family, friends, neighbors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you get to meet or visit with people who don't work in your home (family, friends, neighbors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. Employment</b> 	<ul style="list-style-type: none"> <li>Do you have a job and get a paycheck?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If you don't have a job and want one, are you getting help to find a job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you have a volunteer job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If you don't have a volunteer job and want one, are you getting help to find a volunteer job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you work with people who do not have a disability?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b. Your Community</b> 	<ul style="list-style-type: none"> <li>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.?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you pick what you do when you go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you pick who goes with you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If you don't go out, is it because you choose not to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Did you need help with transportation to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Did you need help with personal care assistance to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Did you get the help that you needed to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>1c. Money</b> 	<ul style="list-style-type: none"> <li>▪ Do you take care of your own money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does someone else help you take care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Did you get to choose the person to help you with taking care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Do you know how much money you have to spend in your bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you get money when you need or want it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1d. Other People</b> 	<ul style="list-style-type: none"> <li>▪ Are there services you <u>can't</u> have, but other people living in your home have?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are there activities you <u>can't</u> do, but other people living in your home can do?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Your Home</b> 	<ul style="list-style-type: none"> <li>▪ Did someone ask you if you wanted to visit other places to live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you visit other places before you picked where you live now?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If you did not visit other places before you picked where you live now, was that your choice?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• 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?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you pick where you live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b. Your Room</b> 	<ul style="list-style-type: none"> <li>▪ Were you given a choice for your own room if you could pay for it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have your own room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Your Plan</b> 	<ul style="list-style-type: none"> <li>▪ Do you meet with your case manager/support coordinator to talk about your needs?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you meet with your case manager/support coordinator to talk about your service plan?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel that people listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to make decisions?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do other people you want to be there participate in the meeting?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<p><b>4. Your Rights</b></p> <p><b>KNOW YOUR RIGHTS</b></p> 	<ul style="list-style-type: none"> <li>▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help with bathing in private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help with dressing in private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel that the staff keeps your personal and health information private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about you in front of other people?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about other people in front of you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you use a phone or computer to talk with people that you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you make or get calls at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to talk in private if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get mail?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Do you open your own mail?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know that you can make a complaint in secret?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever made a complaint?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Did the person you made the complaint to listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel safe in your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, TV, visitors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff tell you about the medications you are taking?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Are you allowed to refuse medication if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
<b>5. Your Independence</b> 	<ul style="list-style-type: none"> <li>▪ Do you decide everyday what you want to do?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• When you want to get up and go to bed?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• When you want to eat, bathe, watch TV, talk on the phone, go on the computer?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have transportation to go to places where you want to go?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to change your mind and do something that was not planned?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to change your plans or schedule when you want or need to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Your Staff</b> 	<ul style="list-style-type: none"> <li>▪ Does staff ask you about what you need and what you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff ask you about what you like and dislike?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick who helps you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know <u>how</u> to ask for a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know <u>who</u> to ask if you want a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever asked for a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you asked for a different staff member to assist you, did you get the new staff member?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a. Your Paperwork</b> 	<ul style="list-style-type: none"> <li>▪ Do you have something in writing, like a lease or agreement, for where you live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Does the lease or agreement have your name on it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Do you know what the agreement says about your rights?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how much time you have if you are asked to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how to ask for a different place to live if you wanted to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how much time you have to give the home if you want to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>7b. Your Privacy and Room</b> 	<ul style="list-style-type: none"> <li>▪ Do you have a key to your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a key to your bedroom/unit?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you close and lock the bedroom/unit door?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you close and lock the bathroom door?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do staff and other people knock and ask your permission to enter your bedroom/unit or bathroom?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you share a room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If you share a room, did you choose a roommate?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If you share a room, do you know how to ask to change your roommate if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to decorate your room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Are you allowed to rearrange the furniture?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Are you allowed hang or put up pictures?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7c. Your Freedom</b> 	<ul style="list-style-type: none"> <li>▪ Are you allowed to leave your home at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to stay out for as long as you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have to be back home at a certain time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to eat when you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to choose what you want to eat?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to choose who you eat with?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to eat alone?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have access to food/snacks/drinks at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to buy your own food/snacks/drinks?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>7d. Visitors</b> 	<ul style="list-style-type: none"> <li>Are there visiting hours when family and friends are allowed to come over?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are you allowed to invite family and friends over when you want to and at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are you allowed to spend time alone with family and friends without staff?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is there a place for you to meet in private with your family and friends?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7e. Accessibility</b> 	<ul style="list-style-type: none"> <li>Can you safely and freely move around your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are the stove, microwave, refrigerator and toaster in places that you can reach to use them?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is the furniture (tables, chairs, etc.) comfortable to get into and use?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you have or can you ask for equipment to assist you in moving around your home, bedroom and bathroom (i.e. grab bars, shower chair)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Tell AHCCCS something
- Ask AHCCCS questions
- 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!***



## Member Survey

You have been identified by the Case Manager/Support Coordinator as someone who represents or can speak on behalf of the AHCCCS/ALTCS Member that was randomly selected to participate in the survey.

The survey will help us understand what it is like for the Member to live in their home. We want to hear about their services and how they help the Member 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 where the AHCCCS Member **LIVES** and what you have observed or know.
2. Tell us about what it is like for the Member to live in their **HOME**.
3. Tell us about the **RIGHTS** they have and the **CHOICES** they get to make.

How to do the survey:

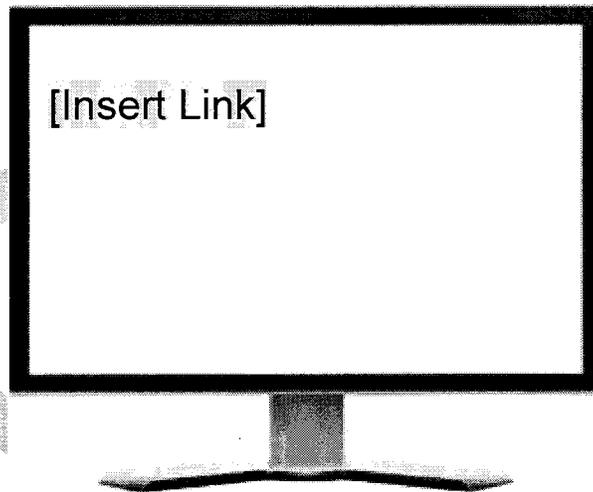
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1. If you want to fill out the paper survey, check the box to answer **YES**  or **NO**  to the questions.

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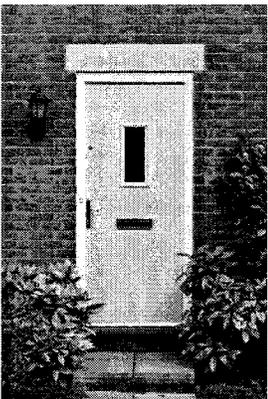
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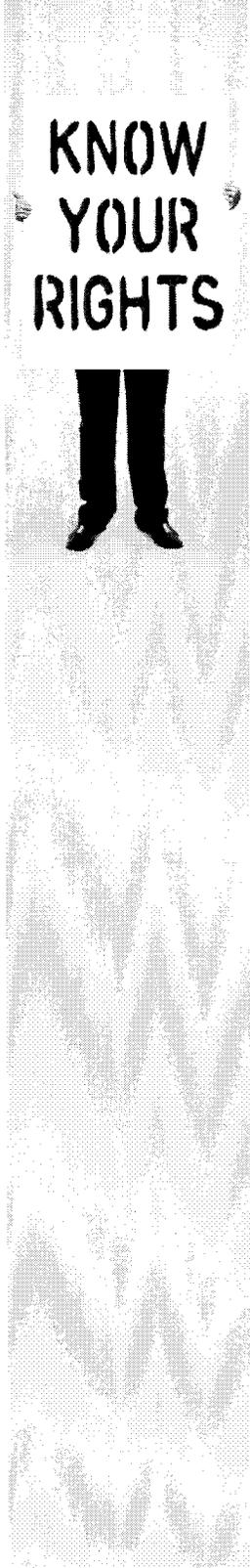


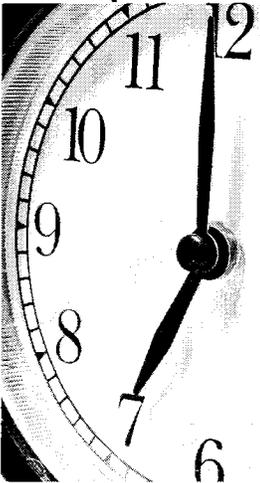
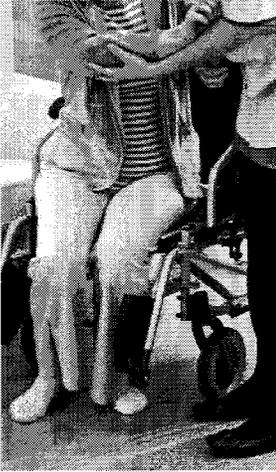
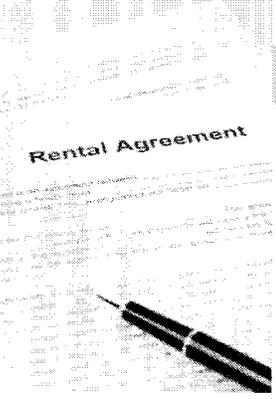
YES  NO 

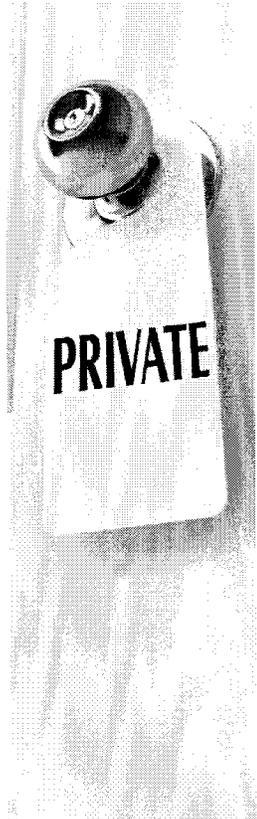
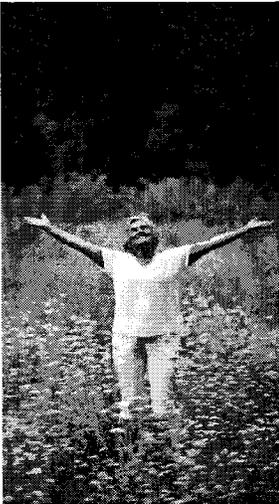
**Integration**

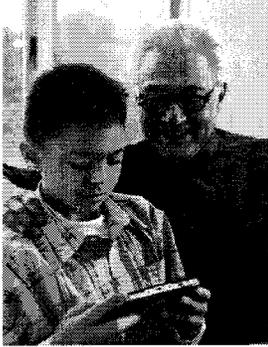
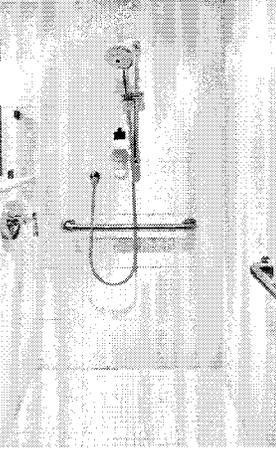
<p><b>1. Local Area</b></p> 	<p>▪ Is your home within walking distance to other houses?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▪ Is your home within walking distance to stores?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Is your home within walking distance to businesses?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you get to meet or visit with people who don't live in your home (family, friends, neighbors, etc.)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you get to meet or visit with people who don't work in your home (family, friends, neighbors, etc.)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>1a. Employment</b></p> 	<p>▪ Do you have a job and get a paycheck?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>• If you don't have a job and want one, are you getting help to find a job?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you have a volunteer job?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>• If you don't have a volunteer job and want one, are you getting help to find a volunteer job?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you work with people who do not have a disability?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>1b. Your Community</b></p> 	<p>▪ 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.?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▪ Do you pick what you do when you go out?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you pick who goes with you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>• If you don't go out, is it because you choose not to?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Did you need help with transportation to go out?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Did you need help with personal care assistance to go out?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>• Did you get the help that you needed to go out?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 	
<b>1c. Money</b> 	<ul style="list-style-type: none"> <li>Do you take care of your own money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Does someone else help you take care of your money?                             <ul style="list-style-type: none"> <li>Did you get to choose the person to help you with taking care of your money?</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Do you have a bank account?                             <ul style="list-style-type: none"> <li>Do you know how much money you have to spend in your bank account?</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Can you get money when you need or want it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>1d. Other People</b> 	<ul style="list-style-type: none"> <li>Are there services you <u>can't</u> have, but other people living in your home have?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Are there activities you <u>can't</u> do, but other people living in your home can do?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Your Home</b> 	<ul style="list-style-type: none"> <li>Did someone ask you if you wanted to visit other places to live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Did you visit other places before you picked where you live now?                             <ul style="list-style-type: none"> <li>If you did not visit other places before you picked where you live now, was that your choice?</li> <li>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?</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Did you pick where you live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>2b. Your Room</b> 	<ul style="list-style-type: none"> <li>Were you given a choice for your own room if you could pay for it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Do you have your own room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Your Plan</b> 	<ul style="list-style-type: none"> <li>Do you meet with your case manager/support coordinator to talk about your needs?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Do you meet with your case manager/support coordinator to talk about your service plan?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Do you feel that people listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Do you get to make decisions?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Do other people that you want to be there participate in the meeting?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
<p><b>4. Your Rights</b></p> 	<ul style="list-style-type: none"> <li>▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help with bathing in private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help with dressing in private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel that the staff keeps your personal and health information private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about you in front of other people?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about other people in front of you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you use a phone or computer to talk with people that you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you make or get calls at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to talk in private if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get mail?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Do you open your own mail?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know that you can make a complaint in secret?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever made a complaint?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Did the person you made the complaint to listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel safe in your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, TV, visitors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff tell you about the medications you are taking?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Are you allowed to refuse medication if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
<b>5. Your Independence</b> 	<ul style="list-style-type: none"> <li>▪ Do you decide everyday what you want to do?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• When you want to get up and go to bed?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• When you want to eat, bathe, watch TV, talk on the phone, go on the computer?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have transportation to go to places where you want to go?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to change your mind and do something that was not planned?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to change your plans or schedule when you want or need to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Your Staff</b> 	<ul style="list-style-type: none"> <li>▪ Does staff ask you about what you need and what you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff ask you about what you like and dislike?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick who helps you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know <u>how</u> to ask for a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know <u>who</u> to ask if you want a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever asked for a new or different staff member to help you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you asked for a different staff member to assist you, did you get the new staff member?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a. Your Paperwork</b> 	<ul style="list-style-type: none"> <li>▪ Do you have something in writing, like a lease or agreement, for where you live?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Does the lease or agreement have your name on it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Do you know what the agreement says about your rights?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how much time you have if you are asked to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how to ask for a different place to live if you wanted to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know how much time you have to give the home if you want to move?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>7b. Your Privacy and Room</b> 	<ul style="list-style-type: none"> <li>▪ Do you have a key to your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a key to your bedroom/unit?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you close and lock the bedroom/unit door?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you close and lock the bathroom door?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do staff and other people knock and ask your permission to enter your bedroom/unit or bathroom?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you share a room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If you share a room, did you choose a roommate?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• If you share a room, do you know how to ask to change your roommate if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to decorate your room?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Are you allowed to rearrange the furniture?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Are you allowed hang or put up pictures?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7c. Your Freedom</b> 	<ul style="list-style-type: none"> <li>▪ Are you allowed to leave your home at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to stay out for as long as you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have to be back home at a certain time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to eat when you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to choose what you want to eat?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to choose who you eat with?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to eat alone?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have access to food/snacks/drinks at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to buy your own food/snacks/drinks?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>7d. Visitors</b> 	<ul style="list-style-type: none"> <li>Are there visiting hours when family and friends are allowed to come over?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are you allowed to invite family and friends over when you want to and at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are you allowed to spend time alone with family and friends without staff?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is there a place for you to meet in private with your family and friends?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7e. Accessibility</b> 	<ul style="list-style-type: none"> <li>Can you safely and freely move around your home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Are the stove, microwave, refrigerator and toaster in places that you can reach to use them?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Is the furniture (tables, chairs, etc.) comfortable to get into and use?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Do you have or can you ask for equipment to assist you in moving around your home, bedroom and bathroom (i.e. grab bars, shower chair)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Tell AHCCCS something
- Ask AHCCCS questions
- 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!***



## 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.

AHCCCS is currently conducting an assessment of Arizona's HCBS settings to determine its level of compliance with the rules, provide recommendations for identified variances, and outline a process for continuous monitoring. Based upon the assessment, AHCCCS will also develop a transition plan to ensure compliance with the new standards. AHCCCS will publish an initial assessment of Arizona's HCBS settings and the draft transition plan and will seek public comment in the summer of 2015. After consideration of public comment, AHCCCS will submit the final assessment and transition plan to CMS for approval.

### **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.

**INSTRUCTIONS**

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*(You may choose more than one answer)*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

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

[Insert survey links]

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

**1. Local Area**

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	<input type="radio"/>				
The vehicles in the setting/home are labeled or identified in a way that sets it apart from the surrounding vehicles (e.g. vans, cars, etc.).	<input type="radio"/>				
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.).	<input type="radio"/>				
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.).	<input type="radio"/>				

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**1a. Employment**

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

	All	More than half	About half	Less than half	None
How many individuals have paid jobs in the community?	<input type="radio"/>				
How many individuals have volunteer jobs in the community?	<input type="radio"/>				
Do individuals have access to transportation to and from work?	<input type="radio"/>				

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals have support to prepare for and obtain employment.	<input type="radio"/>				
Individuals have support to prepare for and obtain volunteer opportunities.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

### 1b. Community Life

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

### 1c. Personal Resources

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**1d. Payer Source**

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
All individuals living in the setting have the same services regardless of who pays for the service.	<input type="radio"/>				
All individuals living in the setting have the same amenities regardless of who pays for the service.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & Procedures	Staff Information	Not Addressed

**2. Home Selection**

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

| <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| All of the Time       | Most of the Time      | Sometimes             | Rarely                | Never                 |

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & 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.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have their own bedroom.	<input type="radio"/>				
Individuals have an option for a private room if they are able to afford it.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & 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.

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand their plan of care/service plan.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

#### 4. Individual Rights

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

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

Please indicate how many individuals have the following items

	All	More than half	About half	Less than half	None
Personal cell phones.	<input type="radio"/>				
Personal computers	<input type="radio"/>				
Other devices (e.g. iPad)	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & Procedures	Staff Information	Not Addressed

**5. Independence**

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

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Individuals get to make decisions about what they want to do every day, including scheduling changes.	<input type="radio"/>				
Individuals receive support to make decisions about what they want to do every day, including scheduling changes.	<input type="radio"/>				
Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.	<input type="radio"/>				
Individuals receive transportation training if they are currently unable to use public transportation.	<input type="radio"/>				
Individuals have full access to the kitchen at any time.	<input type="radio"/>				
Individuals have full access to the dining areas at any time.	<input type="radio"/>				
Individuals have full access to the laundry areas at any time.	<input type="radio"/>				
Individuals have full access to shared living spaces at any time.	<input type="radio"/>				

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

*(You may choose more than one answer)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 6. Choice

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 7a. Setting - Lease Agreements

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

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals have a written agreement in place providing protections to address eviction/discharge and due process and appeals.	<input type="radio"/>				
Individuals get a copy of the agreement.	<input type="radio"/>				
Individuals get a copy of the agreement in plain language.	<input type="radio"/>				

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand the agreement.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**7b. Privacy**

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

	All	More than half	About half	Less than half	None
How many individuals have a key/code to the front door/entrance of their home/facility?	<input type="radio"/>				
How many individuals have a key to their bedroom/unit?	<input type="radio"/>				
How many individuals have lockable bedroom/unit doors?	<input type="radio"/>				
How many individuals have lockable bathroom doors?	<input type="radio"/>				

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

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting has a process to help individuals make choices for roommates.	<input type="radio"/>				
The setting has a process to assess roommate satisfaction	<input type="radio"/>				

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**7c. Schedules and Dining**

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

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

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

*(You may choose more than one answer)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**7d. Visitors**

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>All of the Time</b>	<b>Most of the Time</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>

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

<input type="radio"/>				
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**7e. Accessibility**

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**Thank you!**



## 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.

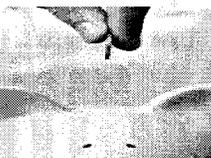
When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS. You do not need to put any stamps on the envelope.

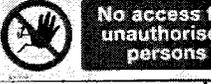
2. If you want to do the survey on the computer, use this link to find the survey.

[Insert Link]

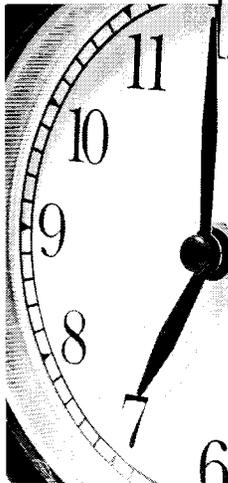
DRAFT

		YES 	NO 
<b>1. Local Area</b> 	<ul style="list-style-type: none"> <li>▪ Is your program close to stores?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is your program close to businesses?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you safely and freely move inside the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Can you safely and freely move around outside at the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is there a microwave to heat up your food and a refrigerator to keep your food cold?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Are the microwave and refrigerator in places that you can reach to use them?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or drink when you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is the furniture (tables, chairs, etc.) comfortable to get into and use?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does your program have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ 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.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do visitors come to see you at the program (family, friends, neighbors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Can visitors come at any time?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1a. Employment</b> 	<ul style="list-style-type: none"> <li>▪ If you don't have a job and want one, are you getting help to get ready to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a volunteer job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get to choose your work schedule?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you work with people who do not have a disability?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get to talk with them if you want to before and after work and during breaks and lunch?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get help to learn about how to be a better worker at your job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help to learn about new places to volunteer?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you don't have a volunteer job and want one, are you getting help to get ready to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you don't have a volunteer job and want one, are you getting help to find a volunteer job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>1b. Your Community</b> 	<ul style="list-style-type: none"> <li>▪ Does the program encourage you to learn new things?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to learn about new activities or things you can learn to do while at the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you want to learn how to do something new, do you get help to learn how to do it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have transportation to and from the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you drive yourself to the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you have family or friends who drive you to the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Does the staff at the program pick you up and drop you off at home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you take Dial-A-Ride, the bus, light rail or a taxi to and from the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ 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.?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick what you do when you go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you pick who you go out with?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ If you don't go out, is it because you choose not to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ When you go out, do you get to meet or visit with people who don't go to your program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you need help with transportation to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get information on how to learn to take Dial-A-Ride, the bus, light rail or a taxi?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Did you need help with personal care assistance to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>○ Did you get the help that you needed to go out?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1c. Money</b> 	<ul style="list-style-type: none"> <li>▪ Do you take care of your own money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does someone else help you take care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Did you get to choose the person to help you with taking care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you know how much money you have in your bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Can you get money from your bank account when you need to or want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you don't have a bank account, can you get money when you need or want it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to choose what you buy with your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Does the program teach you how to count and spend your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
<b>1d. Other People</b>	▪ Are there places inside and outside of your work area that you are not allowed to go but other people can go into?	<input type="checkbox"/>	<input type="checkbox"/>
	 ▪ Are there activities you are not allowed to do, but other people you see in the program can do?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Are there activities you see other people do in the program that you want to do?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Are there activities you see other people do who don't go to your program that you want to do?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Did someone ask you if you wanted to visit programs/work sites to go during the day?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Your Home</b> 	▪ Did you visit other programs before you picked where you go now?	<input type="checkbox"/>	<input type="checkbox"/>
	○ If you did not visit other programs/worksites before you picked where you go now, was that your choice?	<input type="checkbox"/>	<input type="checkbox"/>
	○ 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?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Did you pick your program?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Did you pick how many hours or days you go to the program?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ 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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. Activities</b>			
<b>3. Your Plan</b> 	▪ Do you meet with your case manager/support coordinator to talk about your needs?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you meet with your case manager/support coordinator to talk about your service plan?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you feel that people listen to you?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you get to make decisions?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do other people you want to be there go to the meeting?	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<p><b>4. Your Rights</b></p> <p><b>KNOW YOUR RIGHTS</b></p> 	<p>▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Do you get help with personal assistance in private?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Does staff listen to you?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Do you feel that the staff keeps your personal and health information private?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Does staff talk about you in front of other people?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Does staff talk about other people in front of you?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Do you know that you can make a complaint in secret?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Have you ever made a complaint?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>○ Did the person you made the complaint to listen to you?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, visitors, etc.)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Does staff tell you about the medications you are taking?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Are you allowed to refuse medication if you want to?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Do you have a safe place to put your personal items?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Did you get information about your rights?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Is information on your rights posted where you can see it?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>▪ Can you use a phone or computer to talk with people that you want to?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>○ Do you have a cell phone?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>○ Do you have a computer?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>○ Do you have an Ipad?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Can you make or get calls at any time?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you get to talk in private if you want to?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▪ Do you feel safe at the program?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

		YES 	NO 
<b>5. Your Independence</b> 	<input type="checkbox"/> Do you decide everyday what you want to do?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Does the program plan activities and outings that you like to do?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> When you stay at the program, do you get to choose what activities you do and for how long?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick your program activities?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick what time you do them?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Can you choose who you want to do the activity with?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Can you choose to do activities in a group or alone?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Are there activities that keep you involved and active?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Are there activities that help you relax and slow down?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you have transportation to go to places where you want to go?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Are you allowed to change your mind and do something that was not planned?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Are you allowed to change your plans or schedule when you want or need to?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick what you want to eat?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick the time you want to eat?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do you get to pick who you eat with?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Do you get to pick where to eat?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Can you get a snack or something to eat anytime you want to?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Your Staff</b> 	<input type="checkbox"/> Does staff ask you about what you need and what you want?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Does staff ask you about what you like and dislike?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you pick who helps you?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you know how to ask for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you know who to ask if you want a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Have you ever asked for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> If you asked for a different staff member to assist you, did you get the new staff member?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do you have to wait a short time to get help when you need it?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do you have to wait a long time to get help when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	

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

- Tell AHCCCS something
- Ask AHCCCS questions
- Ask AHCCCS for more information

**Comments:**

DRAFT

**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 at your day program!***

## Day Program Provider Survey

### **BACKGROUND**

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

AHCCCS is currently conducting an assessment of Arizona's HCBS settings to determine its level of compliance with the rules, provide recommendations for identified variances, and outline a process for continuous monitoring. Based upon the assessment, AHCCCS will also develop a transition plan to ensure compliance with the new standards. AHCCCS will publish an initial assessment of Arizona's HCBS settings and the draft transition plan and will seek public comment in the summer of 2015. After consideration of public comment, AHCCCS will submit the final assessment and transition plan to CMS for approval.

### **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.

## INSTRUCTIONS

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*(You may choose more than one answer)*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

- 5) Decide whether or not to complete the survey online or via fax.
  - If the survey will be completed online, please choose the appropriate survey link below representing the type of setting or residential services provided by your organization and complete the survey.  
  
[Insert survey links]
  - If the survey will be completed in hard copy, please complete the survey and return the fax to 602-256-6421 Attention: HCBS Survey.

## 1. Local Area

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting is labeled or identified in a way that sets it apart from the surrounding buildings and businesses.	<input type="radio"/>				
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.	<input type="radio"/>				
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.	<input type="radio"/>				
The setting is accessible for people to safely and freely move around the building(s).	<input type="radio"/>				
The setting is free from barriers preventing individuals from entering or exiting certain areas.	<input type="radio"/>				
All individuals have physical accessibility to appliances and furniture.	<input type="radio"/>				
The setting has resources for assessing and providing individualized modifications (i.e. grab bars, raised toilet, etc.).	<input type="radio"/>				

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

*(You may choose more than one answer)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 1a. Employment

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

	All	More than half	About half	Less than half	None
How many individuals have paid jobs in the community?	<input type="radio"/>				
How many individuals have volunteer jobs in the community?	<input type="radio"/>				
Do individuals have access to transportation to and from work?	<input type="radio"/>				

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 1b. Community Life

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

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

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

*(You may choose more than one answer)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**1c. Personal Resources**

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & Procedures	Staff Information	Not Addressed

**1d. Payer Source**

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

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & Procedures	Staff Information	Not Addressed

## 2. Home Selection

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

### 2a. Activities

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

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals are engaging with non-disabled peers or peers their own age at a worksite that are not specifically designed for Medicaid members.	<input type="radio"/>				
The program actively identifies and creates new opportunities for individuals to interact with non-disabled peers or peers at the worksite.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

### 3. Person-Centered Service Plan

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

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand their plan of care/service plan.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 4. Individual Rights

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals receive information about their rights.	<input type="radio"/>				
Individuals receive information about their rights in plain language.	<input type="radio"/>				
Individuals understand their rights.	<input type="radio"/>				
Individuals know who to contact if they have concerns or complaints.	<input type="radio"/>				
Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.	<input type="radio"/>				
Individuals receive personal care in private.	<input type="radio"/>				
Individuals have a secure place to store personal belongings.	<input type="radio"/>				
Individuals have access to a telephone for personal use in a location that has space around it for privacy.	<input type="radio"/>				

Please indicate how many individuals have the following items

	All	More than half	About half	Less than half	None
Personal cell phones	<input type="radio"/>				
Personal computers	<input type="radio"/>				
Other devices (e.g. iPad)	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 5. Independence

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 6. Choice

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**Thank you!**



## Member Survey

The survey will help us understand what it is like at your day program and your job. 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 and your job.
2. Tell us what it is like at your **day program** and your **job**.
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.

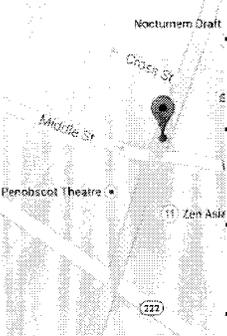
1. If you want to fill out the paper survey, check the box to answer

**YES**  or **NO**  to the questions.

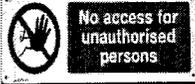
When you are done with the survey, fold it into the envelope provided and put in a mailbox to send it back to AHCCCS. You do not need to put any stamps on the envelope.

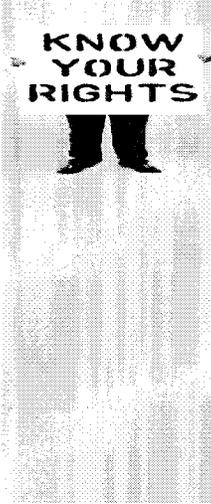
2. If you want to do the survey on the computer, use this link to find the survey. [\[Insert Link\]](#)

DRAFT

		YES 	NO 
<b>1. Local Area</b>  	<ul style="list-style-type: none"> <li>▪ Is your program close to stores?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is your program close to businesses?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you safely and freely move inside the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you safely and freely move around outside at the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is there a microwave to heat up your food and a refrigerator to keep your food cold?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Are the microwave and refrigerator in places that you can reach to use them?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or drink when you want?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is the furniture (tables, chairs, etc.) comfortable to get into and use?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does your program have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1a. Employment</b>  	<ul style="list-style-type: none"> <li>▪ Do you have a job and get a paycheck?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get paid \$8.05 (minimum wage) or more per hour?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get to choose your work schedule?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you work with people who do not have a disability who are not staff of the program you attend?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get to talk with them if you want to before and after work and during breaks and lunch?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get help to learn about how to be a better worker at your job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help to learn about new places to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you want a different job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Are you getting help to get ready to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Are you getting help to find a volunteer job to help you get ready for a paid job?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>1b. Your Community</b> 	<ul style="list-style-type: none"> <li>▪ Does the program encourage you to learn new things?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to learn about new activities or things you can learn to do while at the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you want to learn how to do something new, do you get help to learn how to do it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have transportation to and from the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you drive yourself to the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you have family or friends who drive you to the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Does the staff at the program pick you up and drop you off at home?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you take Dial-A-Ride, the bus, light rail or a taxi to and from the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get information on how to learn to take Dial-A-Ride, the bus, light rail or a taxi?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you need help with personal care assistance to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you need help from a job coach to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Did you get the help that you needed to work?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to learn about new jobs in the community?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you get to go visit places to work in the community and talk to people who work there?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1c. Money</b> 	<ul style="list-style-type: none"> <li>▪ Do you take care of your own money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does someone else help you take care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Did you get to choose the person to help you with taking care of your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Do you know how much money you have in your bank account?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ Can you get money from your bank account when you need or want it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ If you don't have a bank account, can you get money when you need or want it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to choose what you buy with your money?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>1d. Other People</b>  	<ul style="list-style-type: none"> <li>▪ Are there places inside and outside of your work area that you are not allowed to go but other people can go into?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to go to employee meetings, parties, and potlucks at your worksite with people that are not part of your program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are their jobs at your worksite that you are not allowed to do, but you see other people doing them?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Your Home</b>  	<ul style="list-style-type: none"> <li>▪ Did someone ask you if you wanted to visit programs/work sites to go during the day?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you visit other programs before you picked where you go now?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ If you did not visit other programs/worksites before you picked where you go now, was that your choice?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>○ 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?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you pick your program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you pick how many hours or days you go to the program?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Your Plan</b>  	<ul style="list-style-type: none"> <li>▪ Do you meet with your case manager/support coordinator to talk about your needs?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you meet with your case manager/support coordinator to talk about your service plan?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel that people listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to make decisions?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do other people you want to be there go to the meeting?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>4. Your Rights</b>  	<ul style="list-style-type: none"> <li>▪ Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get help with personal assistance in private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff listen to you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel that the staff keeps your personal and health information private?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about you in front of other people?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff talk about other people in front of you?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know who to talk to if you have something that upsets or worries you about a provider or service?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you know that you can make a complaint in secret?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever made a complaint?                             <ul style="list-style-type: none"> <li>○ Did the person you made the complaint to listen to you?</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever had anything taken away from you and you didn't understand why (i.e. food, visitors, etc.)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Does staff tell you about the medications you are taking?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Are you allowed to refuse medication if you want to?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you have a safe place to put your personal items?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Did you get information about your rights?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Is information on your rights posted where you can see it?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you feel safe at the worksite?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to make phone calls during breaks and lunch?                             <ul style="list-style-type: none"> <li>○ Do you get to talk in private if you want to?</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Your Independence</b>  	<ul style="list-style-type: none"> <li>▪ Do you get to pick who you eat lunch with or if you want to eat alone?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to pick where to eat your lunch?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Can you get a snack or something to eat during breaks and lunch?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to pick who you talk to during your breaks or if you want to be alone during breaks?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>▪ Do you get to pick where to go during your breaks?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

		YES 	NO 
<b>6. Your Staff</b>  	▪ Does staff ask you about what you need and what you want?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Does staff ask you about what you like and dislike?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ 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?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you pick who helps you?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you know how to ask for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you know who to ask if you want a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Have you ever asked for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ If you asked for a different staff member to assist you, did you get the new staff member?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you have to wait a short time to get help when you need it?	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Do you have to wait a long time to get help when you need it?	<input type="checkbox"/>	<input type="checkbox"/>

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

- Tell AHCCCS something
- Ask AHCCCS questions
- Ask AHCCCS for more information

**Comments:**

DRAFT

**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 at your day program!***

## Employment 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.

AHCCCS is currently conducting an assessment of Arizona's HCBS settings to determine its level of compliance with the rules, provide recommendations for identified variances, and outline a process for continuous monitoring. Based upon the assessment, AHCCCS will also develop a transition plan to ensure compliance with the new standards. AHCCCS will publish an initial assessment of Arizona's HCBS settings and the draft transition plan and will seek public comment in the summer of 2015. After consideration of public comment, AHCCCS will submit the final assessment and transition plan to CMS for approval.

### 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.

## INSTRUCTIONS

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting/home is labeled or identified in a way that sets it apart from the surrounding residences.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*(You may choose more than one answer)*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

- 5) Decide whether or not to complete the survey online or via fax.
  - If the survey will be completed online, please choose the appropriate survey link below representing the type of setting or residential services provided by your organization and complete the survey.  
  
[Insert survey links]
  - If the survey will be completed in hard copy, please complete the survey and return the fax to 602-256-6421 Attention: HCBS Survey.

## 1. Local Area

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The setting is labeled or identified in a way that sets it apart from the surrounding buildings and businesses.	<input type="radio"/>				
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.	<input type="radio"/>				
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.	<input type="radio"/>				
The setting is accessible for people to safely and freely move around the building(s).	<input type="radio"/>				
The setting is free from barriers preventing individuals from entering or exiting certain areas.	<input type="radio"/>				
All individuals have physical accessibility to appliances and furniture.	<input type="radio"/>				
The setting has resources for assessing and providing individualized modifications (i.e. grab bars, raised toilet, etc.).	<input type="radio"/>				

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

*(You may choose more than one answer)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 1a. Employment

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

	All	More than half	About half	Less than half	None
How many individuals have paid jobs in the community?	<input type="radio"/>				
How many individuals have volunteer jobs in the community?	<input type="radio"/>				
Do individuals have access to transportation to and from work?	<input type="radio"/>				

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals have support to prepare for, obtain and maintain employment in the community.	<input type="radio"/>				
Individuals have jobs in the community.	<input type="radio"/>				
Individuals have access to transportation to and from work.	<input type="radio"/>				
Individuals are paid minimum wage.	<input type="radio"/>				
Individuals work with people without disabilities who are not paid staff.	<input type="radio"/>				
Individuals interact with non-disabled peers before/after work and during breaks and lunch.	<input type="radio"/>				
Individuals get vacation and medical benefits.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 1b. Community Life

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

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals learn about and are exposed to new things they could learn how to do.	<input type="radio"/>				
Individuals are encouraged to learn how to do new things or tasks.	<input type="radio"/>				
Individuals are supported to learn how to do new things or tasks.	<input type="radio"/>				
Individuals receive information about jobs in the community through a variety of methods. (For example, education, experiential learning, etc.)	<input type="radio"/>				
Individuals have staff support/informal supports to assist them in participating in working in the community (i.e. job coaching, personal care assistance).	<input type="radio"/>				
Individuals have access to transportation (provider related or otherwise) to participate in activities in the community.	<input type="radio"/>				
Individuals receive transportation training if they have the potential to use public transportation.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Information	Staff Information	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.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals get a paycheck/direct deposit or debit card in their name for the money they have earned.	<input type="radio"/>				
Individuals decide how to spend their money for lunch and snacks.	<input type="radio"/>				

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**1d. Payer Source**

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
All individuals in the setting have the same services regardless of who pays for the service.	<input type="radio"/>				
All individuals in the setting have the same amenities regardless of who pays for the service.	<input type="radio"/>				
Individuals are doing work that a non-disabled peer would not get paid to perform.	<input type="radio"/>				
Individuals are not getting the same pay as a non-disabled peer doing the same job.	<input type="radio"/>				
Individuals have opportunities to participate in company activities (potlucks, professional development training, staff meetings, etc.).	<input type="radio"/>				

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 2. Home Selection

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & 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.

	All of the time	Most of the time	Some of the time	Rarely	Never
Individuals are engaging with non-disabled peers or peers their own age at a worksite that are not specifically designed for Medicaid members.	<input type="radio"/>				
The program actively identifies and creates new opportunities for individuals to interact with non-disabled peers or peers at the worksite.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Member Information	Policy & Procedures	Staff Information	Not Addressed

### 3. Person-Centered Service Plan

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

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals understand their plan of care/service plan.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 4. Individual Rights

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals receive information about their rights.	<input type="radio"/>				
Individuals receive information about their rights in plain language.	<input type="radio"/>				
Individuals understand their rights.	<input type="radio"/>				
Individuals know who to contact if they have concerns or complaints.	<input type="radio"/>				
Individuals have protection against restrictive measures, including isolation and chemical and physical restraints.	<input type="radio"/>				
Individuals receive personal care in private.	<input type="radio"/>				
Individuals have a secure place to store personal belongings.	<input type="radio"/>				
Individuals are able to make phone calls during breaks/lunch.	<input type="radio"/>				

Please indicate how many individuals have the following items

	All	More than half	About half	Less than half	None
Personal cell phones	<input type="radio"/>				
Personal computers	<input type="radio"/>				
Other devices (e.g. iPad)	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 5. Independence

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Individuals have full access to the dining/break areas.	<input type="radio"/>				
Individuals have a choice with whom to spend break time and to eat lunch.	<input type="radio"/>				
Individuals have a choice to eat alone.	<input type="radio"/>				
Individuals have access to food/snacks/drinks during breaks/lunch.	<input type="radio"/>				
Individuals have an opportunity to buy their own food/snacks/drinks.	<input type="radio"/>				

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

## 6. Choice

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

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

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

(You may choose more than one answer)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Member Information</b>	<b>Policy &amp; Procedures</b>	<b>Staff Information</b>	<b>Not Addressed</b>

**Thank you!**

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