

HCBS PARTICIPANT SURVEY

We need your help.

The Center for Medicare and Medicaid Services, known as CMS, has published a rule changing the requirements that make up a Home and Community-based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community. Your answers to these questions will help the Division of DD determine if your services are part of the community.

**This survey asks for your name. However it is not necessary.*

If there are questions you do not wish to answer, or questions that do not have to do with the services you receive you may skip those.

You will have an opportunity at the end of this survey to check a box to ask for someone from the Division to come talk with you.

Who Am I?

Participant

Family Guardian

This survey asks for your name. However, it is not necessary.

First Name:

Last Name:

Please check the box(es) for the services you receive and then answer the questions for those services?

Residential (sections A,B,D,E,F,G,H, and I)

Employment , Job Preparation, Job Discovery (sections C and G)

Day services, Home Skills Development, Community Integration (sections B, D, and G)

A. The following questions relate to the Service setting where you live: (If no, please explain)

Do you like where you live?

Yes

No

If no, please explain:

Did you pick where you live?

Yes

No

If no, please explain:

Did you get to look at other places to live?

Yes

No

If no, please explain:

Do you have a roommate?

Yes

No

If no, please explain:

If so, did you choose him or her?

Yes

No

If no, please explain:

Do you like your roommate?

Yes

No

If no, please explain:

Do you want to stay with your current roommate?

Yes

No

If no, please explain:

If you'd like a different roommate, do you know how to ask for one?

Yes No If no, please explain:

B. The following questions relate to Access to the community: (If no, please explain)

Do you go out in the community for fun?

Yes No If yes, who helps you:

Do you know about activities in your community?

Yes No
If not, do you know how to find out?

Do you shop where you want?

Yes No If no, please explain:

Do you go to a church (religious services) where you want?

Yes No

Do you go out with family members when you want?

Yes No If no, please explain:

Do you go out with friends when you want?

Yes No If no, please explain:

Do you come and go when you want?

Yes No If no, please explain:

Do you know how to use the bus or taxi if you have one?

Yes No If no, please explain:

C. The following questions relate to Employment: (If no, please explain)

Do you have a job?

Yes No If no, please explain:

If not, do you want a job?

Yes No If no, please explain:

If you do not have a job, is someone helping you to get a job?

Yes No If no, please explain:

Do you work at a job with people who do not have disabilities?

Yes No If no, please explain:

D. The following questions relate to Activities in your home: (If no, please explain)

Do you watch TV, listen to the radio, or do other things you like in your home?

Yes No If no, please explain:

Do you schedule these activities when you want?

Yes No If no, please explain:

Does everyone in your home have to do things together?
 Yes No If no, please explain:

Do you get to take a bath/shower when you want?
 Yes No If no, please explain:

Do you get to exercise when you want?
 Yes No If no, please explain:

Do you get to do laundry when you want?
 Yes No If no, please explain:

Do you get up when you want?
 Yes No If no, please explain:

E. The following questions relate to Meal Choices: (If no, please explain)

Do you eat when and where you want?
 Yes No If no, please explain:

Do you have another choice if you do not like the meal?
 Yes No If no, please explain:

Do you have snacks when you want?
 Yes No If no, please explain:

Do you sit where you want while eating?
 Yes No If no, please explain:

Do you talk with others during meal times?
 Yes No If no, please explain:

Are you allowed to eat alone if you want to?
 Yes No If no, please explain:

F. The following questions relate to Personal resources: (If no, please explain)

Do you take care of your own money, such as a checking or savings account?
 Yes No If no, please explain:

Can you get to your personal spending money when you want?
 Yes No If no, please explain:

Do you have to sign your paycheck over to anyone? If yes, please explain.
 Yes No Explain:

Does someone else open your mail? If yes, please explain.
 Yes No Explain:

G. The following questions relate to Individual Choice of Services and Supports: (If no, please explain)

Did you get to choose your provider?

Yes No If no, please explain:

Do staff know what you like?

Yes No If no, please explain:

Do you know how to ask for something you need?

Yes No If no, please explain:

Do you like the services you receive?

Yes No If no, please explain:

Have you been told that you could not have something you asked for? If so, explain.

Yes No Explain:

Do you like the people that help you?

Yes No If no, please explain:

Do you know how to ask for new help?

Yes No If no, please explain:

Do you know what to do if you are unhappy?

Yes No If no, please explain:

H. The following questions relate to Use of telephone and computer: (If no, please explain)

Do you have a cell phone and/or home phone?

Yes No If no, please explain:

Do you have a computer? If not, how do you communicate with others?

Yes No

Are you allowed to use your phone or computer in private?

Yes No If no, please explain:

I. The following questions relate to Visitors: (If no, please explain)

Do you have visitors?

Yes No If no, please explain:

Do your visitors come at any time?

Yes No If no, please explain:

General Comments:

I Request a visit. Name:

Phone #:

Completed surveys may be sent to Stephanie Moore, Department of Mental Health, 1706 E. Elm, Jefferson City, MO 65101 or you may e-mail it to Stephanie.moore@dmh.mo.gov

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