DDA Residential Survey Questions

- Is the site located in one of the following?
 - A nursing facility
 - o An institution for mental diseases
 - o An intermediate care facility for individuals with intellectual disabilities
 - o A hospital
 - o None of the above
- Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
- Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (for any service) for people receiving home and community-based (HCB) waiver services?
- Is the site located in a gated/secured community for people with disabilities?
- Is the site near (i.e., within ½ mile of) other private residences or retail businesses? (Industrial parks are not considered retail businesses.)
- Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
- During a one-month time frame, on average, how frequently do friends or family members of the participants visit the site?
- Does the site have physically accessible bathrooms for participants to use?
- Does the site have physically accessible furniture (e.g., tables and desks that allow room for wheelchairs) for participants to use?
- In general, how often are modifications provided as needed so that participants have full access to the site? (e.g., widened doorways or ramps for wheelchairs.)
- Does the site have physically accessible laundry facilities (e.g., clothes washer or dryer) for participants to use?
- Does the site have a physically accessible kitchen for the participants to use?
- On average, how often are participants asked if they want to engage in community activities located off-site?
- Do participants access the greater community? (i.e., go to places not located at the site)
- When participants engage in activities in the greater community (i.e., not at the site), on average, what is the level of interaction with community members who are not receiving HCBS services?
- In a one-month time frame, on average, how frequently do participants receive services (not including medical services) in non-disability specific settings (based on availability in the community)? (e.g., are participants employed, or are participants offered the chance to participate in activities at a local YMCA, or volunteer in the community at a local animal shelter?)
- Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site?
- Are participants and/or their legal representatives given information regarding how to make changes to their services?
- Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene.)

- Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet, password protected device, or locked car.)
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
- Do staff communicate with participants in a manner easily understood by them? (i.e., in the participants' native language or using adaptive equipment.)
- Are restraints and/or restrictive interventions (e.g., physical restraints, or the removal of a participant from the environment, or the removal of a participant's belongs from them) used during the delivery of this service?
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
- Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?
- Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
- Are participants able to choose when they eat?
- Are participants able to choose where they eat?
- Are participants able to choose what they eat?
- Were participants and/or their legal representatives given the option of a private bedroom? (This would take into account the participant's resources for room and board. "Private bedroom" means that the participant does not have roommates.)
- Do participants and/or their legal representatives have a signed lease or other legally enforceable document that describes their rights?
- If participants are sharing bedrooms, were they and/or their legal representatives given a choice of their roommate(s)?
- Do the entrance doors (i.e., the front door) lock?
- What staff have keys to the participant's entrance doors? (i.e., the front doors)
- Do participants have keys to their entrance door (i.e., the front door)?
- Do participants have lockable bedroom doors?
- What staff have keys to the bedroom doors?
- Do participants have keys to their bedroom doors?
- Do staff knock and ask for permission to enter before entering a participant's bedroom?
- Do participants have lockable bathroom doors?
- Do staff knock and ask for permission to enter before entering the bathroom when a participant is using it?
- Do participants have a private space to meet with their visitors?
- Do participants have a private space to have phone and/or electronic communication (i.e., a computer or an iPad/tablet)?
- Are participants able to access the phone and/or electronic communication devices at any time?
- Do participants have the freedom to decorate their own space (within limits, as agreed upon with the provider) with items of their choosing? (e.g., they can hang their own pictures or pick their own curtains or other furnishings.)

- Do participants have the freedom to come and go as they wish?
- Are participants able to have visitors at any time of the day? (i.e., 24 hours a day)
- Do participants receive support to control their own funds? (i.e., participants have their own checking or savings account that they manage.)

DDA Non-Residential Survey Questions

- Is the site located in one of the following?
 - o A nursing facility
 - o An institution for mental diseases
 - o An intermediate care facility for individuals with intellectual disabilities
 - A hospital
 - None of the above
- Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
- Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
- Is the site located in a gated/secured community?
- Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (providing ANY service) for people receiving home and community-based (HCB) waiver services?
- Is the site near (i.e., within ½ mile of) private residences or retail businesses? (Industrial parks are not considered retail businesses.)
- During a one-month time frame, on average, how frequently do members of the larger community (i.e., individuals who are not family members or friends of participants, or paid employees) visit and/or volunteer at the site?
- Does the site have physically accessible bathrooms for participants to use?
- Does the site have physically accessible furniture (e.g., tables and desks that allow room for wheelchairs) for participants to use?
- In general, are modifications provided as needed so that participants have full access to the site? (e.g., widened doorways or ramps for wheelchairs.)
- Are all participants encouraged to join and regularly attend community groups, associations, classes, leagues, and teams that are not disability-specific? (i.e., inclusive of any interested community member)
- On average, how often are participants asked if they want to engage in community activities located off-site?
- Do participants access the broader community? (i.e., go to places not located at the site.)
- Are participants supported in the use of public transportation when accessing the greater community?
- When participants engage in community activities (i.e., not at the site), on average, what is the level of interaction with community members who are not receiving HCB services?
- Do participants volunteer for organizations (other than the provider that operates the setting) doing activities that match their personal interests and goals?

- Are services that help participants learn about work/employment opportunities provided at this site?
- In a one-month time frame, on average, how frequently do participants receive services in non-disability specific settings (based on availability in the community)? (e.g., are participants employed, or are participants offered the chance to participate in activities at a local YMCA, or volunteer in the community at a local animal shelter?)
- Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site? (i.e., at a day habilitation site, are participants asked what activities they want to do?)
- Are participants and/or their legal representatives given information regarding how to make changes to their services? (i.e., HCBS non-residential or residential services.)
- Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene.)
- Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet, password protected device, or locked cars.)
- Are the participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
- Do staff communicate (i.e., in the participants' native language or using adaptive equipment) with participants in a manner easily understood by them?
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
- Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?
- Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
- Are participants permitted to make their own schedules? (i.e., determine their own lunch and break times throughout the day)
- Are participants able to choose who they interact with during group activities? (e.g., who they sit with or who they work together with)

Brain Injury Residential Survey Questions

- Is the site located in one of the following?
 - o A nursing facility
 - An institution for mental diseases
 - o An intermediate care facility for individuals with intellectual disabilities
 - o A hospital
 - None of the above
- Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
- Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (for any service) for people receiving home and community-based (HCB) waiver services?
- Is the site located in a gated/secured community for people with disabilities?

- Is the site near (i.e., within ½ mile of) other private residences or retail businesses? (Industrial parks are not considered retail businesses.)
- Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
- During a one-month time frame, on average, how frequently do friends or family members of the participants visit the site?
- Does the site have physically accessible bathrooms for participants to use?
- Does the site have physically accessible furniture (e.g., tables and desks that allow room for wheelchairs) for participants to use?
- In general, how often are modifications provided as needed so that participants have full access to the site? (e.g., widened doorways or ramps for wheelchairs.)
- Does the site have physically accessible laundry facilities (e.g., clothes washer or dryer) for participants to use?
- Does the site have a physically accessible kitchen for the participants to use?
- On average, how often are participants asked if they want to engage in community activities located off-site?
- Do participants access the greater community? (i.e., go to places not located at the site)
- When participants engage in activities in the greater community (i.e., not at the site), on average, what is the level of interaction with community members who are not receiving HCBS services?
- In a one-month time frame, on average, how frequently do participants receive services (not including medical services) in non-disability specific settings (based on availability in the community)? (e.g., are participants employed, or are participants offered the chance to participate in activities at a local YMCA, or volunteer in the community at a local animal shelter?)
- Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site?
- Are participants and/or their legal representatives given information regarding how to make changes to their services?
- Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene.)
- Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet, password protected device, or locked car.)
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
- Do staff communicate with participants in a manner easily understood by them? (i.e., in the participants' native language or using adaptive equipment.)
- Are restraints and/or restrictive interventions (e.g., physical restraints, or the removal of a participant from the environment, or the removal of a participant's belongs from them) used during the delivery of this service?
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
- Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?

- Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
- Are participants able to choose when they eat?
- Are participants able to choose where they eat?
- Are participants able to choose what they eat?
- Were participants and/or their legal representatives given the option of a private bedroom? (This would take into account the participant's resources for room and board. "Private bedroom" means that the participant does not have roommates.)
- Do participants and/or their legal representatives have a signed lease or other legally enforceable document that describes their rights?
- If participants are sharing bedrooms, were they and/or their legal representatives given a choice of their roommate(s)?
- Do the entrance doors (i.e., the front door) lock?
- What staff have keys to the participant's entrance doors? (i.e., the front doors)
- Do participants have keys to their entrance door (i.e., the front door)?
- Do participants have lockable bedroom doors?
- What staff have keys to the bedroom doors?
- Do participants have keys to their bedroom doors?
- Do staff knock and ask for permission to enter before entering a participant's bedroom?
- Do participants have lockable bathroom doors?
- Do staff knock and ask for permission to enter before entering the bathroom when a participant is using it?
- Do participants have a private space to meet with their visitors?
- Do participants have a private space to have phone and/or electronic communication (i.e., a computer or an iPad/tablet)?
- Are participants able to access the phone and/or electronic communication devices at any time?
- Do participants have the freedom to decorate their own space (within limits, as agreed upon with the provider) with items of their choosing? (e.g., they can hang their own pictures or pick their own curtains or other furnishings.)
- Do participants have the freedom to come and go as they wish?
- Are participants able to have visitors at any time of the day? (i.e., 24 hours a day)
- Do participants receive support to control their own funds? (i.e., participants have their own checking or savings account that they manage.)

Brain Injury Non-Residential Survey Questions

- Is the site located in one of the following?
 - A nursing facility
 - An institution for mental diseases
 - o An intermediate care facility for individuals with intellectual disabilities
 - o A hospital
 - None of the above

- Is the site located on the grounds of, adjacent to, or in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?
- Do HCBS waiver participants receive services in a separate area from others receiving the same service at the site?
- Is the site located in a gated/secured community?
- Is the site near (i.e., within ½ mile of) other sites that YOUR provider organization operates (providing ANY service) for people receiving home and community-based (HCB) waiver services?
- Is the site near (i.e., within ½ mile of) private residences or retail businesses? (Industrial parks are not considered retail businesses.)
- During a one-month time frame, on average, how frequently do members of the larger community (i.e., individuals who are not family members or friends of participants, or paid employees) visit and/or volunteer at the site?
- Does the site have physically accessible bathrooms for participants to use?
- Does the site have physically accessible furniture (e.g., tables and desks that allow room for wheelchairs) for participants to use?
- In general, are modifications provided as needed so that participants have full access to the site? (e.g., widened doorways or ramps for wheelchairs.)
- Are all participants encouraged to join and regularly attend community groups, associations, classes, leagues, and teams that are not disability-specific? (i.e., inclusive of any interested community member)
- On average, how often are participants asked if they want to engage in community activities located off-site?
- Do participants access the broader community? (i.e., go to places not located at the site.)
- Are participants supported in the use of public transportation when accessing the greater community?
- When participants engage in community activities (i.e., not at the site), on average, what is the level of interaction with community members who are not receiving HCB services?
- Do participants volunteer for organizations (other than the provider that operates the setting) doing activities that match their personal interests and goals?
- Are services that help participants learn about work/employment opportunities provided at this site?
- In a one-month time frame, on average, how frequently do participants receive services in non-disability specific settings (based on availability in the community)? (e.g., are participants employed, or are participants offered the chance to participate in
- Are participants and/or their legal representatives asked what their needs and preferences are regarding the types of activities at the site? (i.e., at a day habilitation site, are participants asked what activities they want to do?)
- Are participants and/or their legal representatives given information regarding how to make changes to their services? (i.e., HCBS non-residential or residential services.)
- Are staff available to assist participants privately? (e.g., if a participant needs help using the bathroom or help with personal hygiene.)

- Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet, password protected device, or locked cars.)
- Are the participants and/or their legal representatives asked to grant informed consent regarding the use of cameras to monitor participants?
- Do staff communicate (i.e., in the participants' native language or using adaptive equipment) with participants in a manner easily understood by them?
- Are restraints and/or restrictive interventions (e.g., physical restraints, the removal of a participant from the environment, or the removal of a participant's belongings from them) used during the delivery of this service?
- Are participants and/or their legal representatives asked to grant informed consent regarding the use of restraints and/or restrictive interventions?
- Are due process measures (as required per COMAR 10.22.10) followed regarding the use of restraints and/or restrictive interventions?
- Is the process for using restraints and/or restrictive interventions documented in the affected participants' individual plans (IPs) or behavioral plans?
- Are participants permitted to make their own schedules? (i.e., determine their own lunch and break times throughout the day)
- Are participants able to choose who they interact with during group activities? (e.g., who they sit with or who they work together with)