



The Hilltop Institute

analysis to advance the health of vulnerable populations



Participant/Caregiver Survey

The Centers for Medicare and Medicaid Services (CMS) is requiring states to review and evaluate current Home and Community-Based Settings (HCBS). There are new rules to make sure that individuals who get Medicaid waiver services and supports have full access to the benefits of community living.

More information about the rule may be found at:

<http://www.medicaid.gov/MedicaidCHIPProgramInformation/ByTopics/LongTermServicesandSupports/HomeandCommunityBasedServices/HomeandCommunityBasedServices.html>

This survey asks questions about the settings where you receive your services. Please choose the answer that best describes your experience overall.

You do not have to take this survey. Your decision to take or not take this survey will not affect your health insurance or your medical care. The answers you provide will not be shared with anyone.

The surveys will be used to assist the Maryland Department of Health and Mental Hygiene (DHMH) write its transition plan for CMS.

If you have questions about the plan you may contact DHMH by email at: dhmh.hcbssetting@maryland.gov.

You may also send questions to:

DHMH
201 W. Preston Street
Baltimore, MD 21201
Attn: Rebecca VanAmburg

If you have any questions about this survey, please contact MaryAnn Mood, Policy Analyst at The Hilltop Institute, 410-455-6395, mamood@hilltop.umbc.edu.

This survey should take you approximately 15-20 minutes to complete. There is space at the end of the survey for additional comments.

Please return the completed survey to:

UMBC
The Hilltop Institute, 3rd Floor Sondheim Hall
1000 Hilltop Circle
Baltimore, MD 21250
Attn: MaryAnn Mood

All surveys must be RECEIVED by October 31, 2014 to be included in the analysis.

Participant/Caregiver Survey

Consumer Service Preferences

The following questions ask about the services that you receive and who provides those services. Please pick one answer—by filling in the circle—based on the last time you wrote your service plan.

Your service plan may also be called your plan of service, your person-centered plan, or your individual plan.

1. Were you told about all the services you are eligible to receive?
 - Yes
 - No

2. Were you given different options for who provides those services?
 - Yes
 - No

3. Did you pick your service providers?
 - Yes, all of them
 - Some of them
 - No, none of them

4. Do you know how to request a new service provider?
 - Yes
 - No

Participant/Caregiver Survey

Community Involvement

Please pick the one choice—by filling in the circle—that best describes your day to day life.

5. Are you employed outside of your home?
 - Yes
 - No, please skip to question #10, bottom of this page

6. If you work outside of the home, please describe the type of people you work with:
 - Most of them have disabilities
 - Some of them have disabilities
 - No one else has disabilities except for me
 - Don't know

7. Did you receive help to get your job?
 - Yes
 - No

8. Do you get a paycheck from your employer?
 - Yes
 - No

9. Do you get paid the minimum wage (\$7.25/per hour) or higher?
 - Yes
 - No

10. Do you get information about community activities from your service provider(s)? (Festivals, religious activities, concerts, sporting events, movies, etc...)
 - Yes
 - No

Participant/Caregiver Survey

Community Involvement continued

Please pick the one choice—by filling in the circle—that best describes your day to day life.

11. How many days per week do you get to the community? (For example, to go shopping, attend religious services, eat at restaurants, etc...)

- 0 days
- 1 – 2 days
- 3 – 4 days
- 5 – 7 days

12. Do you have access to public transportation? (A bus for example.)

- Yes
- No

13. Are there staff available to take you to non-health related activities? (Shopping, etc...)

- Yes
- No

Participant/Caregiver Survey

Rights and Control

Please pick the one choice—by filling in the circle—that best describes your day to day life.

14. Are you able to get help from staff in private? (For example, if you need help going to the bathroom.)
- Yes
 - No
15. Is information about making a complaint posted in an easy-to-find location?
- Yes
 - No
16. Are you able to make a complaint without providing your name?
- Yes
 - No
17. Do staff speak to you in a respectful manner? (For example, they use your name and they do not shout at you?)
- Yes
 - No
18. Are you in charge of your banking? (For example, you manage your checking and/or savings account.)
- Yes
 - No
 - Does not apply. I do not have a bank account.

Participant/Caregiver Survey

Residential Settings

The following questions are about where you live.

A unit is a person's living space – which could be an apartment, a house, or a room or apartment in an assisted living facility.

Please pick the one choice—by filling in the circle—that best describes your day to day life in your unit.

19. What type of unit do you live in?

- An assisted living unit
- A group home/alternative living unit
- Don't know
- None of the above, please go to question #42 on page 10

20. Is this your preferred living situation?

- Yes
- No

21. Do the entrance doors to your unit lock?

- Yes
- No

22. If the doors to get into your unit lock, do only the necessary staff have keys? (For example, do only the staff who help you have keys?)

- Yes
- No
- Does not apply. The doors to my unit do not lock.

23. Are you able to lock your bedroom door?

- Yes
- No

24. Are you able to lock your bathroom door?

- Yes
- No

Participant/Caregiver Survey

Residential Settings continued

The following questions are about where you live.

A unit is a person's living space – which could be an apartment, a house, or a room or apartment in an assisted living facility.

Please pick the one choice—by filling in the circle—that best describes your day to day life in your unit.

25. Are you able to use a phone, computer, or other like items to have private conversations at any time?

Yes

No

26. Did you have the choice of a private unit? (So you do not have any roommates.)

Yes

No

27. If you are sharing a unit, did you get to choose your roommate(s)?

Yes

No

Does not apply. Not sharing a unit.

28. If you are sharing a unit and wanted to get a new roommate(s), would you know how to do that?

Yes

No

Does not apply. Not sharing a unit.

29. Did you sign a lease or other similar document that protects your rights in the event you are forced to move out?

Yes

No

30. If you wanted to change where you live, would you know how to do that?

Yes

No

Participant/Caregiver Survey

Residential Settings continued

The following questions are about where you live.

A unit is a person's living space – which could be an apartment, a house, or a room or apartment in an assisted living facility.

Please pick the one choice—by filling in the circle—that best describes your day to day life in your unit.

31. Is food available at any time in your unit? (For example, are you able to make food in the kitchen at any time?)
- Yes
- No
32. Do you get to pick where you eat food in your unit?
- Yes
- No
33. Do you choose your own clothing each day?
- Yes
- No
34. Do you choose how you groom yourself? (For example, how you cut your hair or if you shave?)
- Yes
- No
35. Are you able to decorate your own unit as you wish? (For example, can you hang your own pictures or curtains?)
- Yes
- No
36. Are you able to leave and come back to your unit at any time?
- Yes
- No

Participant/Caregiver Survey

Residential Settings continued

The following questions are about where you live.

A unit is a person's living space – which could be an apartment, a house, or a room or apartment in an assisted living facility.

Please pick the one choice—by filling in the circle—that best describes your day to day life in your unit.

37. Can you have visitors at any time?

- Yes
- No
- Does not apply. I don't get visitors.

38. When you have visitors, is there a private place for you to meet with them?

- Yes
- No
- Does not apply. I don't get visitors.

39. Are you able to use all the appliances in the unit? (For example, can you reach the microwave oven? Are you able to use the laundry machine?)

- Yes
- Some of them, but not all of them
- No

40. Have extra items been added so that you can live comfortably? (For example, grab bars, seats in the bathroom, ramps for wheelchairs, etc...)

- Yes
- No
- Does not apply. I don't need any extra items.

41. Are there barriers that would prevent you from getting to and from certain areas in the unit? (For example, Velcro strips, gates, or locked doors.)

- Yes
- No

Participant/Caregiver Survey

Optional Demographic Section

42. Do you wish to answer additional questions about your age, sex, race, and the county that you live in?
- Yes
 - No, please go to page 11 if you have any additional comments or questions. If you do not, thank you for completing this survey.
43. What is your age?
- Please indicate age: _____
 - Prefer not to answer
44. What is your sex?
- Female
 - Male
 - Prefer not to answer
45. What is your race/ethnicity? (You may choose more than one choice.)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - White
 - Prefer not to answer
 - Other: _____
46. What county in Maryland do you live in? _____

Participant/Caregiver Survey

Comments

47. Additional comments or questions?

Thank you for completing this survey!

Please return the completed survey to:
UMBC
The Hilltop Institute, 3rd Floor Sondheim Hall
1000 Hilltop Circle
Baltimore, MD 21250
Attn: MaryAnn Mood

All surveys must be RECEIVED by October 31, 2014 to be included in the analysis.