

## Colorado Home and Community Based Settings Survey for Family Members and Friends

Medicaid is a government program that provides funding for services and supports that help low income older adults and people with disabilities across the country live in their communities. These services and supports can take place in the home, the workplace, or in day program settings.

The Centers for Medicare & Medicaid Services (CMS), the Federal funding and oversight agency for the Medicaid program, released a rule to make sure that these services and supports, and the places where they are provided, are truly part of the community.

See the table below for a summary of characteristics of homes and workplaces or day programs that follow the rule.

Characteristics of the home	Characteristics of the workplace or day program
<ul style="list-style-type: none"> <li>● It's part of the community.</li> <li>● You can be active in the community.</li> <li>● You can go into the community when you want to.</li> <li>● You can choose your roommates.</li> <li>● You can decorate how you choose.</li> <li>● You have legal protections relating to eviction.</li> <li>● You can access all shared living space in the home.</li> <li>● You have privacy and can lock your bedroom door.</li> <li>● You can have visitors when you want.</li> <li>● You decide your schedule.</li> <li>● You can eat when you want.</li> <li>● You can spend your money how you want.</li> <li>● You can interact with people with and without disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>● It's part of the community.</li> <li>● You can be active in the community.</li> <li>● You can go into the community when you want to.</li> <li>● You choose whether you want to work and where.</li> <li>● You have input on hours and schedules.</li> <li>● You can choose to volunteer.</li> <li>● You receive supports to work or volunteer.</li> <li>● You can interact with people with and without disabilities.</li> </ul>

Some Home and Community Based Services Settings already meet these standards, and others may need to make changes to follow the rule. This survey will help Colorado identify which homes and workplaces may need additional support. It will also help us identify patterns in the kinds of changes that need to be made.

You can take this survey as often as you want. Your answers will be kept private.

# Survey for family members and friends of persons receiving Medicaid services

## Settings Questions:

- 1) Does your family member or friend receive Medicaid-funded services in their home?
- Yes
  - No
- a) If yes → what best describes the home?
- Alternate care facility (ACF)
  - Group Residential Services and Supports (GRSS) group home
  - Individual Residential Services and Supports (IRSS) host home
  - Individual Residential Services and Supports (IRSS) other
  - Supported Living Program (SLP) facility under BI waiver
  - Transitional Living Program (TLP) facility under BI waiver
  - CHRP Foster Care Home, Specialized Group Facility or Residential Child Care Facility
  - A private home that they or a family member own or rent
- b) Please provide the Service Agency name and the home address where they live and receive Medicaid-funded services.

**Agency Name/Address:** \_\_\_\_\_

- 2) Does your family member or friend receive Medicaid-funded services where they work for pay?
- Yes
  - No
  - They do not work for pay
- a) If yes → what best describes the services they receive at work? Check all that apply.
- Supported Employment—Individual
  - Supported Employment—Group Supported Employment
- b) Please provide the Service Agency name and the address where they work and receive Medicaid-funded services.

**Agency Name/Address:** \_\_\_\_\_

- 3) Does your family member or friend receive Medicaid-funded services in a day program? If they volunteer (work without pay), treat that as a day program.
- Yes
  - No
- a) If yes → what best describes where they spend their day? Check all that apply.
- Adult Day Services Center (Not IDD-Specific)—Basic or Specialized
  - Day Habilitation for Individuals with IDD—Specialized Habilitation Center
  - Day Habilitation for Individuals with IDD—Supported Community Connections (SCC)
  - Day Habilitation for Individuals with IDD—Prevocational Services Center
  - Day Treatment Facility Under Brain Injury Waiver
  - Youth Day Service Settings Under the Children’s Extensive Support (CES) Waiver
  - Community Connector (for children)
- b) Please provide the Service Agency name and the address where they attend a day program and receive Medicaid-funded services.

**Agency Name/Address:** \_\_\_\_\_

# Survey for family members and friends of persons receiving Medicaid services

## Questions about the Home

*If your family member/friend does not receive Medicaid-funded services at home, please skip to page 5.*

#	Question	Answer
<p><b>Integration:</b> The regulation requires that they have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out if their home is in line with the requirement.</p>		
1.	Is their home in the community among other homes and apartments or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	They interact with people in their neighborhood, outside of their home ...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> They don't have neighbors
3.	Do they have friends that are not paid staff, family, or other people receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	How often, when they want to, can they get together with their friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
3b.	Do they have family members that live nearby? Do not include family members that they live with.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	How often, when they want to, can they get together with family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply
5.	Do they know about activities that happen outside of their home (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	If they know about activities outside of the home, do they participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b.	What is an example of an activity that they participated in outside of the home?  _____	
6.	Do the staff at their home provide information about and assistance with accessing public transportation such as buses or taxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do they need more help than they get from staff at the home to do things in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If they have plans in the community, such as seeing a doctor, meeting friends, or going to the library, how often did they have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always

## Survey for family members and friends of persons receiving Medicaid services

#	Question	Answer
9.	Do they or their guardian, decide how to spend their money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

#	Question	Answer
<b>Choice:</b> The regulation requires that they have a choice of where to live. The following questions are designed to find out if their home is in line with the requirement.		
10.	Did they have a say in where they were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did they choose to live in a home where housemates were already living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do they have a roommate who shares a bedroom with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a.	If yes, how did they choose them, or were they chosen for them?	
	<hr/>	
	Other comments:	

#	Question	Answer
<b>Independence:</b> The regulation requires that they can make their own choices. The following questions are designed to find out whether their home is in line with the requirement.		
13.	Can they generally go where they want outside of the home, such as out to lunch or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are they generally able to attend a church or other place of worship of their choice to practice their faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
15.	Are they generally able to schedule their appointments/outings at their convenience as opposed to the convenience of the paid staff at the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are they able to participate in community activities that are not a part of the home's planned schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do they have access to the common areas in the home, including the kitchen and laundry room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Can they eat when and what they want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Can they talk on the phone when they want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Can they have visitors when they want to, including overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Survey for family members and friends of persons receiving Medicaid services

#	Question	Answer
21.	Can they leave the home when they want to, either on their own or with staff support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

#	Question	Answer
<b>Rights:</b> The regulation requires that they are treated well, and feel safe and comfortable in their home. The following questions are designed to find out if the home is in line with the requirement.		
22.	Do the staff in their home treat them with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Does the staff in their home respect their choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do the staff in their home respect their privacy, including in their bedroom and bathroom? For example, do staff knock before coming into the bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do they have a lock on the bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Can they lock the bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are their things safe in their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Do they have a lease or residency agreement that gives them protections against eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do the staff in their home use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Comments:	

### Questions about the Workplace

*If your family member and/or friend does not receive Medicaid-funded services in the workplace, please skip to page 7.*

#	Question	Answer
<b>Integration:</b> The regulation requires that they have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether their workplace is in line with the requirement.		
1.	Do they earn at least minimum wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	At work, how often do they interact with people without disabilities, such as non-disabled coworkers or customers?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always

## Survey for family members and friends of persons receiving Medicaid services

3.	Help getting a job can include help finding a place to work or help getting the skills that they need to work. Was someone paid to help them get a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Sometimes people need help from other people to work at their jobs. For example, they may need help getting to or getting around at work, help getting their work done, or help getting along with other workers. Was someone paid to help them with the job they have now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is their job in the community with other homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are they active in the community as a part of their work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments:		

#	Question	Answer
<b>Choice:</b> The regulation requires that they have a choice of where they work. The following questions are designed to find out whether their workplace is in line with the requirement.		
7.	Do they have the support to participate in the paid job of their choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
8.	In general, do you feel they have the supports they need to be successful in their paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
9.	Do you feel like they work enough hours during the week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
9a.	If not, do you feel that they have the supports to talk about and make changes to their work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other comments:		

#	Question	Answer
<b>Independence:</b> The regulation requires that they can make their own choices. The following question is designed to find out whether their workplace is in line with the requirement.		
10.	Do they have the support to give input on their work schedule, break/lunch times, and benefits at their job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
Other comments:		

## Survey for family members and friends of persons receiving Medicaid services

#	Question	Answer
<p><b>Rights:</b> The regulation requires that they are treated well, and feel safe and comfortable in their work. The following questions are designed to find out whether their workplace is in line with the requirement.</p>		
11.	Do the staff in their workplace treat them with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do the staff in their workplace respect their choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do the staff in their workplace use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do the staff in their workplace respect their privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Can they lock the bathroom door at their workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do they have a secure place to store belongings at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments:		

### Questions about the Day Program

*If your family member and/or friend does not receive Medicaid-funded services in the day program, please skip to page 10.*

#	Question	Answer
<p><b>Integration:</b> The regulation requires that they have full access to the benefits of community living and are able to receive services in an integrated setting. The following questions are designed to find out whether their day program is in line with the requirement.</p>		
1.	Is their day program in the community with other homes or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are they active in the community as a part of their day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	They interact with people in their community, outside of their day program...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never
4.	Do they have friends that are not paid staff or other people receiving services at their day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Survey for family members and friends of persons receiving Medicaid services

#	Question	Answer
4a.	How often, when they want to, can they get together with their friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
5.	Do they have family members that live near to their day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a.	How often, when they want to, can they get together with their family that lives nearby?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> Does not apply
6.	Do they know about activities that happen outside of their day program (for example, a fair, movies, music event)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a.	If they do know about activities outside their day program, do they participate in those activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6b.	What is an example of an activity that they participate in outside of their day program?  _____	
7.	Do the staff at their day program provide information about and assistance with accessing public transportation such as buses or taxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do they need more help than they get from staff at their day program to do things in their community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If they have plans in the community, such as seeing a doctor, meeting friends, or going to the library, how often do they have a way to get there?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
10.	If they do not have a paying job, do they want to work for pay at a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply, they do work for pay
11.	Sometimes people feel that something is holding them back from working for pay when they want to. Is this true for them? If yes, please explain why:  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply, they work for pay
	Other Comments:	



Survey for family members and friends of persons receiving Medicaid services

#	Question	Answer
<b>Choice:</b> The regulation requires that they have a choice of where they spend their day. The following questions are designed to find out whether their day program is in line with the requirement.		
12.	Do they have a say in where they spend their days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	In general, do you feel that they have the supports they need to be successful in their volunteer position, schoolwork, and/or day program of their choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does their day program have activities that are appropriate for their age and interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	What kinds of things do they typically do during their day program? _____	
16.	Does their day program provide them the opportunity to meet and get to know people outside of the day program building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments:	

#	Question	Answer
<b>Independence:</b> The regulation requires that they can make their own choices. The following questions are designed to find out whether their day program is in line with the requirement.		
17.	How often does their day typically follow a strict schedule that everyone follows as a group?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
18.	If they want to do something different from what others are doing, how often are they able to?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
19.	Can they eat when and what they want to (barring any diet restrictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other comments:	

#	Question	Answer
<b>Rights:</b> The regulation requires that they are treated well, and feel safe and comfortable in their day program. The following questions are designed to find out whether their day program is in line with the requirement.		
20.	Do the staff in their day program treat them with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Survey for family members and friends of persons receiving Medicaid services

21.	Do the staff in their day program respect their choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Do the staff in their day program use restraints on people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do the staff in their day program respect their privacy, including in the bathroom and any changing areas? For example, do staff knock before coming into the bathroom or changing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Can they lock the bathroom door at their day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Do they have a secure place to store belongings at their day program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments:		

### Closing Questions

Do you have any additional comments about the services your family member or friend receives?

Your response is anonymous. If you would like us to know who you are, please add your contact information below.

Name:

E-mail:

Thank you for taking the time to complete this survey! Please watch for updates on Colorado's compliance with the rule by visiting the Health Care Policy and Financing website at:

[www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule](http://www.colorado.gov/hcpf/home-and-community-based-services-settings-final-rule).

Please return paper copy to:  
**Dept. of Health Care Policy & Financing**  
**Attn: Statewide Transition Plan Team**  
**1570 Grant Street**  
**Denver, CO 80203**