

BEFORE YOU START THIS SURVEY – Please make sure you checked “I agree to participate” on the 1st page!

HCBS Consumer Survey

The purpose of this survey is to gather information about your experience with Home and Community Based Services (HCBS) as a consumer. We ask you to keep in mind that we’re asking for feedback ONLY about your experiences with the services you receive through HCBS for the following waivers: Technology assisted, Traumatic Brain Injury (TBI), Intellectual/Developmental Disability (I/DD), Physical Disability, Frail Elderly, Autism, and Severe Emotional Disturbance (SED). A couple of other things to keep in mind are:

- This survey is completely anonymous so your answers cannot be connected back to you.
- Taking this survey is voluntary and you may skip any questions or stop at any time.
- Your answers to these questions and your decision whether to take the survey will not affect your benefits from or relationship with your service provider(s), KanCare, the Kansas Department for Aging and Disability Services, or your HCBS services in any way. So please feel free to give your honest feedback.

Please check only one of the options below:

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	I receive HCBS and am completing the survey myself
<input type="checkbox"/>	I receive HCBS and a GUARDIAN/CAREGIVER is assisting me in taking this survey
<input type="checkbox"/>	I receive HCBS and a SERVICE PROVIDER is assisting me in taking this survey
<input type="checkbox"/>	I receive HCBS and a CASE MANAGER is assisting me in taking this survey
<input type="checkbox"/>	I am a GUARDIAN/CAREGIVER taking the survey on behalf of the person with HCBS.

Under what waiver do you receive HCBS?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Technology Assisted
<input type="checkbox"/>	Traumatic Brain Injury (TBI)
<input type="checkbox"/>	Intellectual/Developmental Disability (I/DD)
<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Frail Elderly
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Severe Emotional Disturbance (SED)

FOR GUARDIANS/CAREGIVERS/PROVIDERS: The questions below ask for information about the person receiving home and community based services. The questions typically say “you” or “your.” Please answer the questions below for the person for whom you’re a guardian/caregiver/provider – not about yourself.

1. What is your age in years? _____

2. What city or town do you use for your address?

3. Please pick (check) which option below best describes your living situation

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	I live alone
<input type="checkbox"/>	I live with one or two other people WHO <u>ARE NOT</u> MY FAMILY
<input type="checkbox"/>	I live with three or more other people WHO <u>ARE NOT</u> MY FAMILY
<input type="checkbox"/>	I live with family

4. Where are your receive HCBS services provided?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	At my own personal home
<input type="checkbox"/>	At a group home
<input type="checkbox"/>	At an adult day center
<input type="checkbox"/>	At an adult family care center
<input type="checkbox"/>	At a residential care home
<input type="checkbox"/>	At a nursing home
<input type="checkbox"/>	At an assisted living facility
<input type="checkbox"/>	I don't know
<input type="checkbox"/>	At a sheltered workshop

5. Did you have a choice between sharing housing with roommates OR having your own private housing?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know

6. If you share a housing unit with others, were you allowed to choose your roommates?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know
<input type="checkbox"/>	I don't share my housing

7. If you receive residential services, are they from a licensed provider?

✓	
	Yes
	No
	I don't know
	I don't receive residential services

7b. If yes, what best describes the amount of residential supports you receive?

✓	
	a staff person is always there
	a staff person is there most of the time
	a staff person is there some of the time
	a staff person comes if I ask them to

8. If you receive day services, are they received from a licensed provider?

✓	
	Yes
	No
	I don't know
	I don't receive day supports

9. Do you receive supportive home care or personal assistance services?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know

10. Do you have a care plan?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know

11. If you know you have a care plan, were you involved in creating the care plan?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know
<input type="checkbox"/>	I don't have a care plan

12. If you know you have a care plan, do you have a clear understanding of your care plan?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes

	No
	I don't know
	I don't have a care plan

13. If you have a care plan, does your care plan provide you with interventions or services that are helpful and do not harm you in any way?

✓	
	Yes
	No
	I don't know
	I don't have a care plan

14. If you have staff at your home, do the staff provide transportation?

✓	
	Yes
	No
	I don't know
	I don't have staff at my home

15. If the staff does not provide transportation, do they provide information to help you receive transportation?

✓	
	Yes
	No
	I don't know
	Staff already provides

	transportation
<input checked="" type="checkbox"/>	I don't have staff at my home

16. Do you receive day services in the same place that you live?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I don't know
<input type="checkbox"/>	I don't use day services

17. If you receive day services somewhere else, where do you go for day services?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	In a building that provides disability specific services.
<input type="checkbox"/>	Where the provider office is located.
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	I don't know.
<input type="checkbox"/>	I don't use day services

18. Thinking about all of the services you currently receive through HCBS, please tell us (CIRCLE) how strongly you agree or disagree with the following sentences:

	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
I'm satisfied that I'm getting the right services for my needs.	1	2	3	4	5

The services I receive help me.	1	2	3	4	5
I'm satisfied with my experience with HCBS.	1	2	3	4	5
I am able to seek employment and job opportunities like anyone else in my community.	1	2	3	4	5
I have personal control over my resources (i.e. money and personal belongings).	1	2	3	4	5
I am able to receive services and resources in the community like anyone else who does not receive HCBS.	1	2	3	4	5
I have a choice in where I want live.	1	2	3	4	5
I have privacy in my housing unit (including having the right to lock my room).	1	2	3	4	5
My home and environment are physically accessible for me.	1	2	3	4	5
I am able to decorate and furnish my home as I like.	1	2	3	4	5
I am in control of my own schedule.	1	2	3	4	5
I feel connected to my neighborhood or community.	1	2	3	4	5
	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
I am able to participate in any activity within my community or neighborhood as I like.	1	2	3	4	5
I am able to eat whenever and whatever I like.	1	2	3	4	5
I am able to have visitors whenever I like.	1	2	3	4	5
I am able to make my own	1	2	3	4	5

life choices.					
I feel respected and dignified in my experiences with HCBS.	1	2	3	4	5
I make my own choice on what services or providers to use.	1	2	3	4	5
The HCBS services I receive are respectful of my culture and heritage.	1	2	3	4	5
I have friends or relationships with people other than paid staff, family or other individuals receiving services.	1	2	3	4	5
I decide how to spend my money.	1	2	3	4	5
I generally go outside of my home whenever I feel like (such as going to lunch, going shopping, going to church, etc.).	1	2	3	4	5

Use this space for any other comments:
