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March 16, 2015

**Draft and Confidential – Not for Public Distribution**

**Subject: Acquired Brain Injury (ABI) Waiver Provider and Participant Survey Results**

Dear Ms. Bruni,

The State of Connecticut (Connecticut) Department of Social Services (DSS) contracted with Mercer Government Human Services Consulting, a division of Mercer Health & Benefits LLC (Mercer), to provide assistance in developing, administering, and analyzing responses to surveys designed to help DSS assess compliance with the home and community-based (HCB) settings requirements in the Centers for Medicare & Medicaid Service's (CMS) Final Rule related to home and community-based services issued March 17, 2014. Mercer worked with DSS to develop, administer, and analyze responses to two surveys focused on collecting feedback ABI waiver providers (providers) and ABI waiver participants (participants) regarding the homes where ABI waiver participants are served. Although there were two distinct surveys, one for providers and one for participants, survey questions were kept consistent to allow for comparison of responses between providers and participants in aggregate and by each ABI home. This report provides a summary of the survey structure, rating methodology, and findings.

**Survey Structure**

In addition to the Final Rule, CMS issued exploratory questions and other guidance to assist states in measuring the compliance of residential settings with the HCB settings requirements. The development of these surveys was informed by the Final Rule as well as by adapting relevant CMS guidance for use in a survey format.

The surveys were structured into the following five categories, where providers and participants, independently of one another, assessed ABI homes:

1. **Choice of Residence** – autonomy in selecting his/her setting.
2. **Community Access and Integration** – access and use of community services and integration into the community.

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3. **Living Space** – living space in the home.
4. **Staff Interactions and Privacy** – experiences with staff members of the home and privacy issues.
5. **Services** – experience with services, including services provided by the provider-owned home and outside ABI waiver services.

### **Survey Administration**

DSS developed the list of providers to include in the survey. Mercer developed survey instructions and an electronic survey in Survey Monkey®. DSS distributed the provider survey instructions and a link to the online survey to the identified providers. Providers completed the survey directly in Survey Monkey®.

For the participant survey, Mercer also developed survey instructions and an electronic survey in Survey Monkey®. The survey instructions and link were distributed to the DSS Social Work unit, and social workers were asked to assist participants in completing the survey at any appointment already scheduled with the participant (e.g., at the six-month reassessment). It was anticipated that social workers would not have access to the online survey during the participant appointment. Social workers were asked to print a copy of the survey tool and ask the questions from the tool to the participant. The social workers were asked to record the responses on the paper survey and enter the responses into the online Survey Monkey® tool within three business days.

### **Rating Methodology**

Providers were asked to assess 58 statements, and participants were asked to assess 74 statements. Certain statements required the respondent to choose from three possible response options:

1. Yes.
2. No.
3. N/A.

Certain other statements required respondents to choose from five possible response options:

1. Never.
2. Sometimes.
3. Usually.
4. Always.
5. N/A.

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In addition, providers were given the opportunity to provide comments at the end of the survey regarding how the home meets the needs of ABI participants or any additional information relevant to the provider's home. Participants were also given the opportunity to provide comments at the end of the survey regarding how the home meets their needs or any additional, relevant information.

For each survey, each response option was assigned a score based on the number of response options.

### **Yes/No Questions**

For Yes/No questions, a positive response (i.e., one that demonstrates consistency with the HCB settings requirements), was scored as a 3, while a negative response (i.e., one that demonstrates inconsistency with the HCB settings requirements) was scored as a 0. Please note that for some questions, a "Yes" response is considered positive, while for other questions a "No" response is considered positive. Responses of "N/A" were not scored.

### **Always/Usually/Sometimes/Never Questions**

For Always/Usually/Sometimes/Never questions, the most positive response (i.e., one that demonstrates the most consistency with the HCB settings requirements), was scored as a 3. The next most positive response was scored as a 2, and so on. The least positive response (i.e., one that demonstrates the least consistency with the HCB settings requirements) was scored as a 0. Please note that for some questions, an "Always" response is considered most positive, while for other questions a "Never" response is considered most positive. Responses of "N/A" were not scored.

### **Average Scores**

For each question, an average score between 0.00 and 3.00 was calculated based on the scoring methodology described above. A score of 3.00 on a question indicates that all providers or all participants (depending on the survey) responding to the question responded with the most positive response. A score of 0.00 on a question indicates that all providers or all participants (depending on the survey) responding to the question responded with the least positive response.

## **Responses**

### **ABI Provider Survey**

The provider survey was active from October 3, 2014 through December 31, 2014. In total, 30 surveys were completed by providers for 30 ABI provider-owned/leased homes. Each provider completed one survey for his/her home, which yielded a 100% response rate for the survey.

The survey was originally distributed to an additional five ABI provider homes. These providers indicated they currently do not have ABI participants with Medicaid coverage and were removed from the list of surveyed providers. In addition, all surveys that were completed with an incorrect ABI code and surveys that were not substantially complete (70% or more of questions answered) were excluded from the analysis. A list of the providers that participated in the survey can be found in Appendix A.

### **ABI Participant Survey**

The participant survey was active from September 10, 2014 through February 27, 2015. In total, 30 surveys were completed by participants for 22 ABI provider-owned/leased homes. There were multiple participant responses received for five ABI homes, one participant response received for 17 ABI homes, and eight homes had no participant responses, which yielded a 73% response rate for the survey. A count of participant survey responses by ABI home can be found in Appendix A. Note that for the eight homes which had no participant responses, a comparison of responses between the provider and participants in the home was not conducted.

### **Overall Findings**

Overall, providers responding to the survey reported that their homes operate in a manner consistent with the HCB settings requirements measured in this survey, as demonstrated by the overall provider scores ranging from 2.55 to 2.91, with an overall average score of 2.78. In general, participants, responded less favorably as compared to providers with regard to the home in which they reside operating in a manner consistent with the HCB settings, as demonstrated by the overall participant scores ranging from 1.56 to 2.74, with an overall average score of 2.23. There were five homes where the overall average participant score was less than 2.00 and of these five homes, two homes had a discrepancy of greater than 1.00 as compared to the overall provider score for that home. Refer to Appendix E, for a summary of the overall average provider and participant scores by ABI home.

There were several **topics with large discrepancies between provider and participant responses**. For each topic where this occurred, providers responded in a manner that indicated compliance with the HCB settings requirements, and participants responded in a manner that indicated non-compliance with the HCB settings requirements. The topics with the largest discrepancy between provider and participant responses (defined by a difference in overall score by more than 1.0) include:

- Most questions within the Choice of Residence category (provider scores of 3.00 for all questions and participant scores ranging from 1.39 to 1.78).

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- Paid work, working in an integrated setting, participating in scheduled community events, and participating in meaningful non-work activities within the community in the Community Access category (provider scores ranging from 2.83 to 3.00 and participant scores ranging from 1.38 to 1.83).
- Whether only a limited number of staff have keys to participants' bedrooms and whether staff members using a key to enter the participants' bedroom do so under limited circumstances with participant agreement in the Staff Interactions and Privacy category (provider score of 2.87 and participant score of 1.42).
- Participants having the option to choose providers who deliver HCB services and supports in the Services category (provider score of 2.22 and participant score of 0.84).

The one exception where there was a large discrepancy between provider and participant responses where participants indicated compliance with the HCB setting requirements and providers indicated non-compliance with the HCB setting requirements was for instances where respondents did indicate there was public transportation available; participants responded favorably about knowing how to use it (score of 2.63), whereas providers responded less favorably to whether the participants actually use it (score of 1.00).

There were numerous **topics with consistently favorable responses from both providers and participants** (defined as topics with scores above 2.50 for both groups), including:

- Community Access category:
  - Whether home is on the grounds of or adjacent to a nursing home.
  - Whether the home is near private residences.
  - Whether there is a curfew for participants to return to the home.
- Living Space category:
  - Barriers preventing exit/entrance to/from certain areas of the home.
  - Whether the home has supports for participants who need them.
  - Ability of participants to move about the house as they desire.
  - Access to phones at the participant's convenience.
  - Participation in leisurely activities at the participant's convenience.
  - Choice of roommate and how to request a change in roommate.
  - Ability to lock the bathroom door.
  - Participants' ability to furnish and decorate room to their interest.
  - Access to comfortable seating in shared areas of the home.
  - Access to kitchen and dining spaces.
  - Who to eat with and where to sit in the dining area.
  - Availability of snacks.

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- Staff Interactions and Privacy category:
  - Staff members providing assistance to participants in private, as needed.
  - Staff members being friendly and attentive to participants' needs and requests.
  - The confidentiality of participants' health information.
  - Non-restricted access to community activities or activities within the home.
  - No surveillance cameras present at the home.
- Services category:
  - Being dressed in the participant's own clothes at the appropriate time of day, for participants who need dressing assistance.

The **topics with consistently unfavorable responses from both providers and participants** (defined as topics with scores less than 2.00 for both groups) include:

- Community Access category:
  - Whether the home is located near retail businesses and availability of public transportation.
- Living Space category:
  - Whether participants have access to a computer, iPad, or similar device.

Refer to Appendix D for a summary of average provider and participant scores by category and question.

### **Choice of Residence**

Providers and participants were asked to assess statements that addressed ABI participants' autonomy in selecting their home setting. As noted above, there were large discrepancies between provider and participant responses for all four questions in this category. All providers responded that participants were given a choice of available options regarding housing and know how to request new housing if they want to move. Comparatively, approximately half of 30 participants who responded they were given a choice of where to live, chose to live in the house they currently reside, or know how to request new housing (average scores ranging from 1.39 to 1.61).

In addition, providers responded favorably that most participants currently have a lease or similar agreement in place with the provider (average score of 2.60), whereas 16 of the 30 participants responded he/she has a lease or similar agreement at his/her residence (average score of 1.78).

### **Community Access and Integration**

Providers and participants were asked to assess statements that addressed ABI participants' access to, and use of, community services and integration into the community. All providers, and the majority of participants, responded that their homes are not located on the grounds of, or adjacent to, a nursing home and that they are located near private residences.

As noted above, there were large discrepancies between provider and participant responses (defined by a difference in overall score by more than 1.0) when asked about:

- Paid work in the community (average provider score of 3.00 and average participant score of 1.40), where 16 participants responded they do not have paid work. Of these 16 participants, eight responded they want to work, but only five responded they have been given the option to work (refer to participant questions 15 through 18 in Appendices C, D, and F).
- Working in an integrated setting (average provider score of 3.00 and average participant score of 1.38), where six of the 14 participants who responded they do have paid work in the community indicated they work in an integrated setting.
- Participating in scheduled community events (average provider score of 2.87 and average participant score of 1.83), where five participants responded they never participate in scheduled community activities.
- Participating in meaningful non-work activities within the community (average provider score of 2.83 and average participant score of 1.77), where four participants responded they never participate in meaningful non-work activities within the community.

Both providers and participants had unfavorable responses when asked:

- Whether the home is located near retail businesses (average provider score of 1.40 and average participant score of 0.80), where 16 providers and 22 participants responded the home is not located near retail business.
- About availability of public transportation (average provider score of 1.29 and average participant score of 0.96), where 16 providers and 19 participants indicated that public transportation is not available in their community. Of the 12 providers who responded public transportation is available near the home, eight responded that participants do not use it. Of the nine participants who responded public transportation is available near the home, only one responded he/she does not have access, nor knows how to use public transportation.

Providers generally responded favorably regarding restrictions on visitors. Most providers responded they neither restrict visiting hours (average score of 2.90) nor specify meeting areas for

visitors (average score of 2.83). Participants responded slightly less favorably when asked similar questions (average scores of 2.19 and 2.48, respectively).

Providers responded favorably regarding participants' ability to participate in unscheduled community events and whether an accessible van is available to transport participants (average scores of 2.80 and 2.73, respectively), while fewer providers indicated participants are free to come and go from the home as they please (average score of 2.69). Comparatively, participants responded less favorably for all three topics (average scores of 2.11, 2.11, and 2.00, respectively). Four participants responded they are never (and five participants responded they are sometimes) free to come and go from the home as they please.

When asked if participants have access to their funds, there was a noticeable discrepancy between responses from providers as compared to participants. Of those who responded, the average provider score was 2.32 compared to an average participant score of 1.47. Ten participants responded they never (and six participants responded they sometimes) have access to their funds.

### **Living Space**

Providers and participants were asked to assess statements that addressed ABI participants' living space. In general, provider and participant responses were more aligned for this category as compared to other categories, and for the majority of topics, both groups responded favorably.

Providers and participants generally responded favorably regarding access to the homes (e.g., gates and locked doors), working support structures (e.g., ramps, lifts, elevators), and participants' ability to move inside and outside of the home. The largest difference in responses between providers and participants was with regards to whether the home is easily accessible with working supports structures, where the provider average score was 2.78, and the participant average score was 2.19. Otherwise, average scores ranged from 2.54 to 2.97 for providers, and from 2.50 to 2.60 for participants.

Providers and participants generally responded favorably regarding participants' control of their schedules (e.g., eating, sleeping, exercising, and visitations) with an average score of 2.90 and 2.30, respectively.

Providers and participants also responded positively regarding access to personal communication devices, such as telephones and cell phones (average score of 2.96 and 2.70, respectively). However, as noted above, both providers and participants had unfavorable responses when asked about access to computers, iPads, or similar devices. Of those who responded, the



average provider score was 1.83 and the average participant score was 1.63. One provider responded participants never (and seven providers responded participants sometimes) have access to a computer, iPad, or similar device. Ten participants responded they never (and three participants responded they sometimes) have access to a computer, iPad, or similar device.

Regarding sleeping arrangements, all providers and all participants responded favorably that participants are given a choice of roommates and provided the necessary information to request a roommate change. Providers generally responded favorably that participants have adequate privacy within the home (locking bathroom and bedroom doors), are able to furnish and decorate bedrooms in a way that suits them, and have full access to comfortable seating and cooking facilities (average scores ranged from 2.70 to 3.00). Participants responded favorably to these topics as well (average scores ranged from 2.56 to 2.90) except when asked whether they are able to lock their bedroom door (average score of 1.85). Ten participants responded they are not able to lock their bedroom door.

In addition providers responded that participants are free to choose when, where, and with whom they will eat their meals, and are able to request alternative meals and access snacks if desired (average provider scores ranged from 2.87 to 3.00). Participants responded less favorably than providers on these questions (average scores ranged from 2.15 to 2.68).

### **Staff Interactions and Privacy**

Providers and participants were asked to assess statements that addressed ABI participants' experiences with staff members of the home and any concerns about privacy. Participants responded favorably when asked whether they feel forced to do things they don't want to do by staff members or other residents (average scores of 2.69 and 2.81, respectively).

Providers responded favorably regarding participants' interactions with staff and maintaining privacy within the home. According to almost all providers, participants know how to file complaints, the home has staff members who speak in a language participants understand, staff members are friendly and attentive to participants' needs, and staff members respect participants' privacy (average scores range from 2.87 to 3.00). In addition, all providers responded that participants' health information is kept private and confidential.

Participants responded less favorably regarding their interactions with staff and maintaining privacy within the home, with scores ranging from 2.20 to 2.66 for the majority of topics, with the exception of whether staff members only use a key to enter their bedroom under limited circumstances, agreed upon by the participant (score of 1.42). Five participants responded that

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staff members never (and one participant responded that staff members sometimes) use a key to enter their bedroom under limited circumstances, agreed upon by the participant.

Provider and participant responses were generally favorable when asked whether staff conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors (average score of 2.25 and 2.38, respectively) and when asked whether staff restrict participants' access to community activities or activities in the home (average score of 2.79 for both providers and participants).

### **Services**

Providers and participants were asked to assess statements that addressed ABI participants' experience with services, including services provided by the provider-owned/leased home and other ABI waiver services. Providers and participants generally responded favorably that staff members ensure participants have an active role in the development of their person-centered plans (average provider score of 3.00 and average participant score of 2.20) and that they perceive participants are generally satisfied with the services they receive in the home (average provider score of 2.50 and average participant score of 2.34).

As noted above, there was a notable discrepancy between provider and participant responses for whether participants have the option to choose the provider(s) who provide HCB services and supports. Provider responses resulted in an average score of 2.22 where every provider responded sometimes, usually, or always. Participant responses resulted in an average score of 0.84 where 13 participants responded they never (and six participants responded they sometimes) have the option to choose the provider(s) who provide HCB services and supports.

Providers and participants responded favorably that staff members accommodate participants' requests for services and supports (average score of 2.70 and 2.45, respectively), and assist them appropriately with dressing needs (average score of 3.00 on two related dressing questions from providers and participants). There was a noticeable discrepancy in responses from providers and participants regarding whether grooming assistance is as the participant desires (average provider score of 3.00, and average participant score of 2.08).

For more detailed information on the overall findings for each question and category and across ABI homes, refer to the following appendices:

- Appendix B: ABI Provider Survey Results.
- Appendix C: ABI Participant Survey Results.
- Appendix D: Comparison of ABI Provider and Participant Survey Results in Aggregate.

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- Appendix E: Comparison of Overall Score by ABI Home between Provider and Participants.
- Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question, and ABI Home.

### **Results by Home**

The results by home vary in terms of consistency between provider and participant responses within a given category. There are some homes where responses are generally consistent between provider and participant(s), with a few exceptions, and there are other homes where there are several instances where responses are inconsistent with provider responses. Refer to Appendix F for a detailed comparison of provider and participant responses by home.

### **Next Steps**

The survey results outlined above and shown in the included appendices will assist DSS in determining which homes may need additional review and assistance in developing a quality improvement plan regarding the HCB settings requirements.

Sincerely,

Anna Theisen-Olson  
Principal

## Appendix A

### ABI Waiver Home Providers Participating in the Survey and Count of Participant Responses by ABI Home

ABI Home Code	Name of ABI Provider- Owned Home	Address	Count of Participant Responses
331	Ability Beyond Disability	27 Crows Nest Lane, apt 3A, Danbury, CT 06810	1
371	Ability Beyond Disability	3 Seminole Dr., Danbury, CT 06811	3
378	Ability Beyond Disability	27 Crows Nest Lane, apt 13C, Danbury, CT 06810	2
307	Employment Options	84 Carmel Hill Rd., Woodbury, CT 06798	0
314	Employment Options	279 Sawpit Rd., Woodbury, CT 06798	2
321	Employment Options	25 Old Good Hill Rd., Oxford, CT 06478	2
322	Employment Options	305 Manor Rd., Southbury, CT 06488	0
325	Employment Options	1172 Southford Rd., Middlebury, CT 06762	1
328	Employment Options	63 Luna Trail, Southbury, CT 06488	1
337	Employment Options	562 Oxford Rd., Oxford, CT 06478	1
343	Employment Options	109 Rolling Hills Dr., Oxford, CT 06478	1
352	Employment Options	293 Bates Rock Rd., Southbury, CT 06488	4
354	Employment Options	1334 Southford Rd., Oxford, CT 06478	1
366	Employment Options	463 Judd Rd., Southbury, CT 06488	1
387	Employment Options	292 Bank St., Seymour, CT 06483	0
389	Employment Options	11 Shannon Court, Southbury, CT 06488	1
396	Futures	121 Lebanon Ave., Colchester, CT 06415	1
315	Goodwill Industries	130 Hope St., Bridgeport, CT 06605	1
341	Goodwill Industries	165 Ocean Terrace, Bridgeport, CT 06605	1
356	Goodwill Industries	128 Hope St., Bridgeport, CT 06605	0
365	Goodwill Industries	96 Hope St., Bridgeport, CT 06605	1
374	Goodwill Industries	164 Shell St., Bridgeport, CT 06605	0
353	Ind. Living Solutions	20 Academy Ave., Waterbury, CT 06705	1
372	Life Quest LLC	14 Dougherty Ave., Plainfield, CT 06374	1
380	Marrakech	118 Migeon Ave., Torrington, CT 06790	1
300	Mindscape	93 Kettle town Rd., Southbury, CT 06488	0

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<b>ABI Home Code</b>	<b>Name of ABI Provider-Owned Home</b>	<b>Address</b>	<b>Count of Participant Responses</b>
327	Mindscape	119 Plymouth Rd., Terryville, CT 06786	0
360	Supported Living Group	36 Nollet Rd., Chaplin, CT 06235	1
363	Supported Living Group	58 Edmond St., Putnam, CT 06260	0
383	Supported Living Group	217 Babbitt Hill Rd., Pomfret, CT 06295	1

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## **Appendix B: ABI Provider Survey Results**

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## Appendix B: ABI PROVIDER SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

HCBS Ruling Category	Survey Question		Percent of Providers Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A
			%(ii)	AVG	%	%	%	%	%	%	%	%
Choice of Residence	Q2	Were participants given a choice of available options regarding where to	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q3	Do participants know how to request new housing if they want to move?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q4	Do participants currently have a lease or similar agreement?	100%	2.60	13%	87%	0%	N/A	N/A	N/A	N/A	N/A
	Q5	Is the home on the grounds of, or adjacent to, a nursing home?	100%	3.00	100%	0%	0%	N/A	N/A	N/A	N/A	N/A
Community Access	Q6	Is the home near private residences?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q7	Is the home near retail businesses?	100%	1.40	53%	47%	0%	N/A	N/A	N/A	N/A	N/A
	Q8	Are visitors restricted to specified visiting hours?	100%	2.90	N/A	N/A	N/A	93%	3%	3%	0%	0%
	Q9	Are visitors restricted to a specific meeting area in the home?	100%	2.83	N/A	N/A	N/A	90%	7%	0%	3%	0%
	Q10	Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?	100%	2.80	N/A	N/A	N/A	0%	0%	20%	80%	0%
	Q11	Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?	100%	2.87	N/A	N/A	N/A	0%	0%	13%	87%	0%
	Q12	Are participants able to come and go from the home when they want to?	97%	2.69	N/A	N/A	N/A	0%	7%	17%	73%	3%
	Q13	Is there a curfew or other time requirement for participants to return to the home?	90%	2.89	N/A	N/A	N/A	83%	3%	3%	0%	10%
	Q14	If participants want to work, do they have paid work in the community?	87%	3.00	0%	87%	13%	N/A	N/A	N/A	N/A	N/A
	Q15	For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?	80%	3.00	0%	80%	20%	N/A	N/A	N/A	N/A	N/A
	Q16	Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?	100%	2.83	N/A	N/A	N/A	0%	3%	10%	87%	0%
	Q17	Is there public transportation available near the home?	93%	1.29	53%	40%	7%	N/A	N/A	N/A	N/A	N/A
	Q18	If there is public transportation available near the home, do participants use	40%	1.00	27%	13%	60%	N/A	N/A	N/A	N/A	N/A
	Q19	Is an accessible van available to transport participants to appointments, shopping, etc.?	73%	2.73	7%	67%	27%	N/A	N/A	N/A	N/A	N/A
	Q20	Do participants have access to their funds?	73%	2.32	N/A	N/A	N/A	0%	13%	23%	37%	27%

## Appendix B: ABI PROVIDER SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

HCBS Ruling Category	Survey Question		Percent of Providers Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A
			%(ii)	AVG	%	%	%	%	%	%	%	%
Living Space	Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?	100%	2.67	N/A	N/A	N/A	87%	3%	0%	10%	0%
	Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?	77%	2.78	N/A	N/A	N/A	3%	3%	0%	70%	23%
	Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?	87%	2.54	13%	73%	13%	N/A	N/A	N/A	N/A	N/A
	Q24	Are participants able to move about inside and outside of the home as they desire?	100%	2.97	N/A	N/A	N/A	0%	0%	3%	97%	0%
	Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?	100%	2.90	N/A	N/A	N/A	0%	0%	10%	90%	0%
	Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?	93%	2.96	N/A	N/A	N/A	0%	0%	3%	90%	7%
	Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?	60%	1.83	N/A	N/A	N/A	3%	23%	13%	20%	40%
	Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?	100%	3.00	N/A	N/A	N/A	0%	0%	0%	100%	0%
	Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?	17%	3.00	0%	17%	83%	N/A	N/A	N/A	N/A	N/A
	Q30	Are participants given information about how to change roommates, if they desire to do so?	43%	3.00	0%	43%	57%	N/A	N/A	N/A	N/A	N/A
	Q31	Can participants lock the bathroom door(s)?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q32	Can participants lock their bedroom door(s)?	100%	2.70	10%	90%	0%	N/A	N/A	N/A	N/A	N/A
	Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?	100%	2.90	N/A	N/A	N/A	0%	0%	10%	90%	0%
	Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?	93%	3.00	0%	93%	7%	N/A	N/A	N/A	N/A	N/A
	Q35	Do participants have access to a kitchen with cooking facilities?	100%	2.90	3%	97%	0%	N/A	N/A	N/A	N/A	N/A
	Q36	Do participants have access to a dining area to use at their convenience?	100%	2.90	N/A	N/A	N/A	3%	0%	0%	97%	0%
	Q37	Can participants choose when to have a meal?	100%	3.00	N/A	N/A	N/A	0%	0%	0%	100%	0%
	Q38	Can participants choose where to have a meal?	100%	2.87	N/A	N/A	N/A	0%	3%	7%	90%	0%
	Q39	Can participants request and receive alternative meals?	80%	2.96	N/A	N/A	N/A	0%	0%	3%	77%	20%
	Q40	Are snacks accessible and available?	77%	2.91	N/A	N/A	N/A	0%	0%	7%	70%	23%
Q41	Can participants choose with whom to eat or to eat alone?	100%	2.97	N/A	N/A	N/A	0%	0%	3%	97%	0%	
Q42	Are participants required to sit at an assigned seat or table in a dining area?	100%	3.00	N/A	N/A	N/A	100%	0%	0%	0%	0%	



## Appendix B: ABI PROVIDER SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

HCBS Ruling Category	Survey Question		Percent of Providers Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A
			%(ii)	AVG	%	%	%	%	%	%	%	%
Staff Interactions and Privacy	Q43	Do participants know how to file a complaint?	97%	3.00	0%	97%	3%	N/A	N/A	N/A	N/A	N/A
	Q44	Do staff members speak to participants in a language the participants understand?	100%	2.90	N/A	N/A	N/A	3%	0%	0%	97%	0%
	Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?	100%	2.97	N/A	N/A	N/A	0%	0%	3%	97%	0%
	Q46	Are staff members friendly and attentive to participants' requests and	100%	2.97	N/A	N/A	N/A	0%	0%	3%	97%	0%
	Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?	97%	3.00	0%	97%	3%	N/A	N/A	N/A	N/A	N/A
	Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?	77%	2.87	N/A	N/A	N/A	0%	0%	10%	67%	23%
	Q50	Is participant health information kept private and confidential?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?	67%	2.25	50%	17%	33%	N/A	N/A	N/A	N/A	N/A
	Q52	Do staff members ever restrict participants' access to community activities or activities in the home?	97%	2.79	90%	7%	3%	N/A	N/A	N/A	N/A	N/A
Q53	Are there surveillance cameras present at the home?	100%	2.80	93%	7%	0%	N/A	N/A	N/A	N/A	N/A	
Services	Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?	97%	3.00	N/A	N/A	N/A	0%	0%	0%	97%	3%
	Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?	100%	2.50	N/A	N/A	N/A	0%	0%	50%	50%	0%
	Q56	When participants request services or support from staff members, do staff members accommodate those requests?	100%	2.70	N/A	N/A	N/A	0%	0%	30%	70%	0%
	Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?	90%	2.22	N/A	N/A	N/A	0%	23%	23%	43%	10%
	Q58	Are participants who need assistance with grooming, groomed as they	80%	3.00	0%	80%	20%	N/A	N/A	N/A	N/A	N/A
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?	83%	3.00	0%	83%	17%	N/A	N/A	N/A	N/A	N/A	

(i) Count of Medicaid participants current as of 9-25-14.

(ii) N = Count, % = Percentage, AVG = Average, N/A = Not applicable.

(iii) Average score is based on provider survey responses, where 3.0 is assigned to a response that demonstrates compliance and 0.0 is assigned to a response that demonstrates non-compliance.

For non-Y/N questions, incremental values between 0.0 and 3.0 were assigned to responses that demonstrated compliance a portion of the time (such as 2.0 "Usually" and 1.0 "Sometimes").

Maximum score is 3.0; N/A or blank responses were not scored.

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March 16, 2015  
Ms. Kathy Bruni  
Department of Social Services

## **Appendix C: ABI Participant Survey Results**

DRAFT

## Appendix C: ABI PARTICIPANT SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	Survey Question		Percent of Participants Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A
			% (ii)	AVG	%	%	%	%	%	%	%	%
Choice of Residence	Q2	Did you choose to live here?	93%	1.61	43%	50%	7%	N/A	N/A	N/A	N/A	N/A
	Q3	Were you given a choice of places to live?	93%	1.39	50%	43%	7%	N/A	N/A	N/A	N/A	N/A
	Q4	Do you know how to request new housing?	100%	1.40	53%	47%	0%	N/A	N/A	N/A	N/A	N/A
	Q5	Do you currently have a lease or similar agreement at your residence?	90%	1.78	37%	53%	10%	N/A	N/A	N/A	N/A	N/A
	Q6	Is your residence on the grounds of, or adjacent to, a nursing home?	97%	2.79	90%	7%	3%	N/A	N/A	N/A	N/A	N/A
Community Access	Q7	Is your residence near private residences?	97%	2.69	10%	87%	3%	N/A	N/A	N/A	N/A	N/A
	Q8	Is your residence near retail businesses?	100%	0.80	73%	27%	0%	N/A	N/A	N/A	N/A	N/A
	Q9	Are visitors restricted to specified visiting hours?	87%	2.19	63%	23%	13%	N/A	N/A	N/A	N/A	N/A
	Q10	Are visitors restricted to a specific meeting area in your residence?	97%	2.48	N/A	N/A	N/A	70%	13%	3%	10%	3%
	Q11	Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?	93%	2.11	N/A	N/A	N/A	10%	20%	13%	50%	7%
	Q12	Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?	100%	1.83	N/A	N/A	N/A	17%	27%	13%	43%	0%
	Q13	Are you free to come and go from your residence when you want to?	97%	2.00	N/A	N/A	N/A	13%	17%	23%	43%	3%
	Q14	Is there a curfew or other time requirement for a scheduled return to your residence?	93%	2.54	N/A	N/A	N/A	67%	17%	3%	7%	7%
	Q15	Do you have paid work in the community?	100%	1.40	53%	47%	0%	N/A	N/A	N/A	N/A	N/A
	Q16	If yes to #15; Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?	43%	1.38	50%	43%	7%	N/A	N/A	N/A	N/A	N/A
	Q17	If no to #15; Do you want to work?	40%	2.00	25%	50%	25%	N/A	N/A	N/A	N/A	N/A
	Q18	If yes to #17; Have you been given the option to work?	20%	2.50	13%	63%	25%	N/A	N/A	N/A	N/A	N/A
	Q19	Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?	100%	1.77	N/A	N/A	N/A	13%	33%	17%	37%	0%
	Q20	Is there public transportation available in your community?	93%	0.96	63%	30%	7%	N/A	N/A	N/A	N/A	N/A
	Q21	If yes to #20; do you have access to the public transportation?	27%	2.63	11%	78%	11%	N/A	N/A	N/A	N/A	N/A
	Q22	If yes to #20; do you know how to use public transportation?	27%	2.63	11%	78%	11%	N/A	N/A	N/A	N/A	N/A
	Q23	Is there an accessible van available to transport you to appointments, shopping, etc.?	90%	2.11	27%	63%	10%	N/A	N/A	N/A	N/A	N/A
	Q24	Do you have access to your funds?	100%	1.47	N/A	N/A	N/A	33%	20%	13%	33%	0%

## Appendix C: ABI PARTICIPANT SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	Survey Question	Percent of Participants Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A	
		% (ii)	AVG	%	%	%	%	%	%	%	%	
Living Space	Q25	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?	93%	2.50	N/A	N/A	N/A	70%	10%	3%	10%	7%
	Q26	Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?	87%	2.19	N/A	N/A	N/A	17%	3%	13%	53%	13%
	Q27	Do you need supports to move about your residence?	97%	N/A	73%	23%	3%	N/A	N/A	N/A	N/A	N/A
	Q28	If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?	23%	2.57	14%	86%	0%	N/A	N/A	N/A	N/A	N/A
	Q29	If no to #28; have you raised your need for supports with a social worker or staff member at the residence?	3%	0.00	100%	0%	0%	N/A	N/A	N/A	N/A	N/A
	Q30	Do you move about inside and outside your residence as you desire?	100%	2.60	N/A	N/A	N/A	3%	7%	17%	73%	0%
	Q31	Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?	100%	2.30	N/A	N/A	N/A	7%	7%	37%	50%	0%
	Q32	Do you have access to a telephone or cell phone for personal communication in private at your convenience?	100%	2.70	N/A	N/A	N/A	7%	0%	10%	83%	0%
	Q33	Do you have access to a computer, iPad or similar devices in private at your convenience?	90%	1.63	N/A	N/A	N/A	33%	10%	3%	43%	10%
	Q34	Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?	100%	2.77	N/A	N/A	N/A	3%	3%	7%	87%	0%
	Q35	Do you have your own bedroom?	100%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q36	Do you share your bedroom with a roommate?	90%	N/A	83%	7%	10%	N/A	N/A	N/A	N/A	N/A
	Q37	If yes to #36; did you choose your roommate?	7%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q38	If yes to #36; do you want to remain in a room with your roommate?	7%	3.00	0%	100%	0%	N/A	N/A	N/A	N/A	N/A
	Q39	If no to #38; do you know how to request a roommate change?	0%	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
	Q40	Can you lock the bathroom door?	90%	2.56	13%	77%	10%	N/A	N/A	N/A	N/A	N/A
	Q41	Can you lock your bedroom door?	87%	1.85	33%	53%	13%	N/A	N/A	N/A	N/A	N/A
	Q42	Is the furniture in your bedroom arranged the way you like it?	100%	2.60	13%	87%	0%	N/A	N/A	N/A	N/A	N/A
	Q43	Can you decorate your bedroom in the way that suits you?	100%	2.80	N/A	N/A	N/A	0%	3%	13%	83%	0%
	Q44	Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?	90%	2.89	3%	87%	10%	N/A	N/A	N/A	N/A	N/A
	Q45	Do you have access to a kitchen with cooking facilities?	100%	2.90	3%	97%	0%	N/A	N/A	N/A	N/A	N/A
	Q46	Do you have access to a dining area to use at your convenience?	100%	2.83	N/A	N/A	N/A	3%	0%	7%	90%	0%
	Q47	Do you choose when to have a meal?	100%	2.30	N/A	N/A	N/A	7%	13%	23%	57%	0%
	Q48	Do you choose where to have a meal?	100%	2.37	N/A	N/A	N/A	13%	10%	3%	73%	0%
	Q49	Can you request an alternative meal if desired?	90%	2.15	N/A	N/A	N/A	7%	23%	10%	50%	10%
	Q50	Are snacks accessible and available?	97%	2.66	N/A	N/A	N/A	0%	7%	20%	70%	3%
Q51	Can you choose with whom to eat?	93%	2.46	N/A	N/A	N/A	3%	10%	20%	60%	7%	
Q52	Are you required to sit at an assigned seat or table in a dining area?	93%	2.68	N/A	N/A	N/A	80%	3%	3%	7%	7%	
Q53	If you want to eat privately, can you do so?	87%	2.65	10%	77%	13%	N/A	N/A	N/A	N/A	N/A	

## Appendix C: ABI PARTICIPANT SURVEY RESULTS

MEDICAID IDENTIFIED(i): 51 Members

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	Survey Question		Percent of Participants Who Responded to Question	AVERAGE Score out of 3.0 (iii)	No	Yes	N/A	Never	Sometimes	Usually	Always	N/A
			% (ii)	AVG	%	%	%	%	%	%	%	%
Staff Interactions and Privacy	Q54	Do you feel forced to do things you don't want to do by staff members of your residence?	97%	2.69	N/A	N/A	N/A	73%	20%	0%	3%	3%
	Q55	Do you feel forced to do things you don't want to do by other residents?	87%	2.81	N/A	N/A	N/A	73%	10%	3%	0%	13%
	Q56	Do you know how to file a complaint?	100%	2.20	27%	73%	0%	N/A	N/A	N/A	N/A	N/A
	Q57	Do staff members speak a language that you understand?	100%	2.20	N/A	N/A	N/A	17%	10%	10%	63%	0%
	Q58	Is assistance provided to you in private, as appropriate, when needed?	97%	2.66	N/A	N/A	N/A	3%	3%	17%	73%	3%
	Q59	Are staff members friendly and attentive to your requests and needs?	97%	2.55	N/A	N/A	N/A	0%	10%	23%	63%	3%
	Q60	Do staff members always request and receive permission prior to entering your bedroom?	87%	2.31	20%	67%	13%	N/A	N/A	N/A	N/A	N/A
	Q61	Do staff members always request and receive permission prior to entering the bathroom?	73%	2.32	17%	57%	27%	N/A	N/A	N/A	N/A	N/A
	Q62	Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?	40%	1.42	N/A	N/A	N/A	17%	3%	7%	13%	60%
	Q63	Do you think your health information is kept private?	97%	2.69	10%	87%	3%	N/A	N/A	N/A	N/A	N/A
	Services	Q64	Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?	97%	2.38	77%	20%	3%	N/A	N/A	N/A	N/A
Q65		Do staff members ever restrict your access to community or residential activities?	97%	2.79	90%	7%	3%	N/A	N/A	N/A	N/A	N/A
Q66		Are there surveillance cameras present in your residence?	100%	2.70	90%	10%	0%	N/A	N/A	N/A	N/A	N/A
Q67		Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?	100%	2.20	N/A	N/A	N/A	17%	7%	17%	60%	0%
Q68		Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	97%	2.34	N/A	N/A	N/A	3%	17%	20%	57%	3%
Q69		When you request services or support from staff members, do you feel the requests are accommodated?	97%	2.45	N/A	N/A	N/A	7%	7%	20%	63%	3%
Q70		Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	83%	0.84	N/A	N/A	N/A	43%	20%	10%	10%	17%
Q71		Do you need assistance with grooming?	100%	N/A	60%	40%	0%	N/A	N/A	N/A	N/A	N/A
Q72		If yes to #71; is grooming assistance provided as you desire?	40%	2.08	N/A	N/A	N/A	8%	25%	17%	50%	0%
Q73		Do you need assistance to dress?	100%	N/A	77%	23%	0%	N/A	N/A	N/A	N/A	N/A
Q74		If yes to #73; are you dressed in your own clothes?	23%	3.00	N/A	N/A	N/A	0%	0%	0%	100%	0%
Q75		If yes to #73; are you dressed appropriate to the time of day?	23%	3.00	N/A	N/A	N/A	0%	0%	0%	100%	0%

(i) Count of Medicaid participants current as of 9-25-14.

(ii) N = Count, % = Percentage, AVG = Average, N/A = Not applicable.

(iii) Average score is based on participant survey responses, where 3.0 is assigned to a response that demonstrates compliance and 0.0 is assigned to a response that demonstrates non-compliance.

For non-Y/N questions, incremental values between 0.0 and 3.0 were assigned to responses that demonstrated compliance a portion of the time (such as 2.0 "Usually" and 1.0 "Sometimes").

Maximum score is 3.0; N/A or blank responses were not scored.

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March 16, 2015  
Ms. Kathy Bruni  
Department of Social Services

## **Appendix D: Comparison of ABI Provider and Participant Survey Results in Aggregate**

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## Appendix D: Comparison of ABI Provider and Participant Survey Results in Aggregate

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	PARTICIPANT SURVEY QUESTION	COMPARABLE PROVIDER SURVEY QUESTION	Across ALL Homes AVERAGE Score out of 3.0 (ii)		
			Provider Survey	Participant Survey	Difference
Choice of Residence	Q2 Did you choose to live here?	Q2 Were participants given a choice of available options regarding where to live?	3.00	1.61	-1.39
	Q3 Were you given a choice of places to live?	Q2 Were participants given a choice of available options regarding where to live?	3.00	1.39	-1.61
	Q4 Do you know how to request new housing?	Q3 Do participants know how to request new housing if they want to move?	3.00	1.40	-1.60
	Q5 Do you currently have a lease or similar agreement at your residence?	Q4 Do participants currently have a lease or similar agreement?	2.60	1.78	-0.82
Community Access	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?	Q5 Is the home on the grounds of, or adjacent to, a nursing home?	3.00	2.79	-0.21
	Q7 Is your residence near private residences?	Q6 Is the home near private residences?	3.00	2.69	-0.31
	Q8 Is your residence near retail businesses?	Q7 Is the home near retail businesses?	1.40	0.80	-0.60
	Q9 Are visitors restricted to specified visiting hours?	Q8 Are visitors restricted to specified visiting hours?	2.90	2.19	-0.71
	Q10 Are visitors restricted to a specific meeting area in your residence?	Q9 Are visitors restricted to a specific meeting area in the home?	2.83	2.48	-0.35
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?	Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?	2.80	2.11	-0.69
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?	Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?	2.87	1.83	-1.03
	Q13 Are you free to come and go from your residence when you want to?	Q12 Are participants able to come and go from the home when they want to?	2.69	2.00	-0.69
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?	Q13 Is there a curfew or other time requirement for participants to return to the home?	2.89	2.54	-0.35
	Q15 Do you have paid work in the community?	Q14 If participants want to work, do they have paid work in the community?	3.00	1.40	-1.60
	Q16 If yes to #15; Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?	Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?	3.00	1.38	-1.62
	Q17 If no to #15; Do you want to work?		N/A	2.00	N/A
	Q18 If yes to #17; Have you been given the option to work?		N/A	2.50	N/A
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?	Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?	2.83	1.77	-1.07
	Q20 Is there public transportation available in your community?	Q17 Is there public transportation available near the home?	1.29	0.96	-0.32
	Q21 If yes to #20; do you have access to the public transportation?		N/A	2.63	N/A
	Q22 If yes to #20; do you know how to use public transportation?	Q18 If there is public transportation available near the home, do participants use it?	1.00	2.63	1.63
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?	Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?	2.73	2.11	-0.62
	Q24 Do you have access to your funds?	Q20 Do participants have access to their funds?	2.32	1.47	-0.85

## Appendix D: Comparison of ABI Provider and Participant Survey Results in Aggregate

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	PARTICIPANT SURVEY QUESTION	COMPARABLE PROVIDER SURVEY QUESTION	Across ALL Homes AVERAGE Score out of 3.0 (ii)		
			Provider Survey	Participant Survey	Difference
Living Space	Q25	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?	2.67	2.50	-0.17
	Q26	Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?	2.78	2.19	-0.59
	Q27	Do you need supports to move about your residence?	N/A	N/A	N/A
	Q28	If yes to #27; are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?	2.54	2.57	0.03
	Q29	If no to #28; have you raised your need for supports with a social worker or staff member at the residence?	N/A	0.00	N/A
	Q30	Do you move about inside and outside your residence as you desire?	2.97	2.60	-0.37
	Q31	Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?	2.90	2.30	-0.60
	Q32	Do you have access to a telephone or cell phone for personal communication in private at your convenience?	2.96	2.70	-0.26
	Q33	Do you have access to a computer, iPad or similar devices in private at your convenience?	1.83	1.63	-0.20
	Q34	Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?	3.00	2.77	-0.23
	Q35	Do you have your own bedroom?	N/A	3.00	N/A
	Q36	Do you share your bedroom with a roommate?	N/A	N/A	N/A
	Q37	If yes to #36; did you choose your roommate?	3.00	3.00	0.00
	Q38	If yes to #36; do you want to remain in a room with your roommate?	N/A	3.00	N/A
	Q39	If no to #38; do you know how to request a roommate change?	3.00	N/A	N/A
	Q40	Can you lock the bathroom door?	3.00	2.56	-0.44
	Q41	Can you lock your bedroom door?	2.70	1.85	-0.85
	Q42	Is the furniture in your bedroom arranged the way you like it?	2.90	2.60	-0.30
	Q43	Can you decorate your bedroom in the way that suits you?	2.90	2.80	-0.10
	Q44	Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?	3.00	2.89	-0.11
	Q45	Do you have access to a kitchen with cooking facilities?	2.90	2.90	0.00
	Q46	Do you have access to a dining area to use at your convenience?	2.90	2.83	-0.07
	Q47	Do you choose when to have a meal?	3.00	2.30	-0.70
	Q48	Do you choose where to have a meal?	2.87	2.37	-0.50
	Q49	Can you request an alternative meal if desired?	2.96	2.15	-0.81
	Q50	Are snacks accessible and available?	2.91	2.66	-0.26
	Q51	Can you choose with whom to eat?	2.97	2.46	-0.50
	Q53	If you want to eat privately, can you do so?	2.97	2.65	-0.31
	Q52	Are you required to sit at an assigned seat or table in a dining area?	3.00	2.68	-0.32



## Appendix D: Comparison of ABI Provider and Participant Survey Results in Aggregate

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling Category	PARTICIPANT SURVEY QUESTION	COMPARABLE PROVIDER SURVEY QUESTION	Across ALL Homes AVERAGE Score out of 3.0 (ii)		
			Provider Survey	Participant Survey	Difference
Staff Interactions and Privacy	Q54	Do you feel forced to do things you don't want to do by staff members of your residence?	N/A	2.69	N/A
	Q55	Do you feel forced to do things you don't want to do by other residents?	N/A	2.81	N/A
	Q56	Do you know how to file a complaint?	3.00	2.20	-0.80
	Q57	Do staff members speak a language that you understand?	2.90	2.20	-0.70
	Q58	Is assistance provided to you in private, as appropriate, when needed?	2.97	2.66	-0.31
	Q59	Are staff members friendly and attentive to your requests and needs?	2.97	2.55	-0.41
	Q60	Do staff members always request and receive permission prior to entering your bedroom?	3.00	2.31	-0.69
	Q61	Do staff members always request and receive permission prior to entering the bathroom?	3.00	2.32	-0.68
	Q62	Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?	2.87	1.42	-1.45
	Q63	Do you think your health information is kept private?	3.00	2.69	-0.31
	Q64	Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?	2.25	2.38	0.13
	Q65	Do staff members ever restrict your access to community or residential activities?	2.79	2.79	0.00
	Q66	Are there surveillance cameras present in your residence?	2.80	2.70	-0.10
	Services	Q67	Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?	3.00	2.20
Q68		Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	2.50	2.34	-0.16
Q69		When you request services or support from staff members, do you feel the requests are accommodated?	2.70	2.45	-0.25
Q70		Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	2.22	0.84	-1.38
Q71		Do you need assistance with grooming?	N/A	N/A	N/A
Q72		If yes to #71; is grooming assistance provided as you desire?	3.00	2.08	-0.92
Q73		Do you need assistance to dress?	N/A	N/A	N/A
Q74		If yes to #73; are you dressed in your own clothes?	3.00	3.00	0.00
Q75		If yes to #73; are you dressed appropriate to the time of day?	3.00	3.00	0.00
		Q43	Do participants know how to file a complaint?		
		Q44	Do staff members speak to participants in a language the participants understand?		
		Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?		
		Q46	Are staff members friendly and attentive to participants' requests and needs?		
		Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?		
		Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?		
		Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?		
		Q50	Is participant health information kept private and confidential?		
		Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?		
		Q52	Do staff members ever restrict participants' access to community activities or activities in the home?		
		Q53	Are there surveillance cameras present at the home?		
		Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?		
		Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?		
		Q56	When participants request services or support from staff members, do staff members accommodate those requests?		
		Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?		
		Q58	Are participants who need assistance with grooming, groomed as they desire?		
		Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?		
		Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?		

(i) Count of Medicaid participants current as of 9-25-14.

(ii) Average score is based on provider and participant survey responses, where 3.0 is assigned to a response that demonstrates compliance and 0.0 is assigned to a response that demonstrates non-compliance.

For non-Y/N questions, incremental values between 0.0 and 3.0 were assigned to responses that demonstrated compliance a portion of the time (such as 2.0 "Usually" and 1.0 "Sometimes").

Maximum score is 3.0; N/A or blank responses were not scored.

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## **Appendix E: Comparison of Overall Score by ABI Home between Provider and Participants**

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## Appendix E: Comparison of Overall Score by ABI Home between Provider and Participants

ABI Code	ABI Name	(A)				(B)			(B) - (A)	
		Provider Response Count	Participant Response Count	Provider Score	Participant Score	Participant Score	Participant Score	Participant Score	Average Participant Score	Difference
331	Ability Beyond Disability	1	1	2.62	1.87	N/A	N/A	N/A	1.87	-0.75
371	Ability Beyond Disability	1	3	2.64	2.47	2.00	1.73	N/A	2.07	-0.58
378	Ability Beyond Disability	1	2	2.61	2.35	1.94	N/A	N/A	2.14	-0.47
307	Employment Options	1	0	2.87	N/A	N/A	N/A	N/A	N/A	N/A
314	Employment Options	1	2	2.89	1.60	2.13	N/A	N/A	1.87	-1.02
321	Employment Options	1	2	2.73	2.38	2.22	N/A	N/A	2.30	-0.43
322	Employment Options	1	0	2.87	N/A	N/A	N/A	N/A	N/A	N/A
325	Employment Options	1	1	2.89	2.04	N/A	N/A	N/A	2.04	-0.84
328	Employment Options	1	1	2.89	1.56	N/A	N/A	N/A	1.56	-1.33
337	Employment Options	1	1	2.78	1.76	N/A	N/A	N/A	1.76	-1.02
343	Employment Options	1	1	2.81	1.82	N/A	N/A	N/A	1.82	-0.99
352	Employment Options	1	4	2.79	2.17	2.80	2.88	2.62	2.62	-0.17
354	Employment Options	1	1	2.88	2.33	N/A	N/A	N/A	2.33	-0.56
366	Employment Options	1	1	2.85	2.74	N/A	N/A	N/A	2.74	-0.10
387	Employment Options	1	0	2.91	N/A	N/A	N/A	N/A	N/A	N/A
389	Employment Options	1	1	2.87	2.74	N/A	N/A	N/A	2.74	-0.13
396	Futures	1	1	2.77	2.09	N/A	N/A	N/A	2.09	-0.67
315	Goodwill Industries	1	1	2.83	2.52	N/A	N/A	N/A	2.52	-0.30
341	Goodwill Industries	1	1	2.81	2.53	N/A	N/A	N/A	2.53	-0.28
356	Goodwill Industries	1	0	2.85	N/A	N/A	N/A	N/A	N/A	N/A
365	Goodwill Industries	1	1	2.82	2.60	N/A	N/A	N/A	2.60	-0.22
374	Goodwill Industries	1	0	2.88	N/A	N/A	N/A	N/A	N/A	N/A
353	Ind. Living Solutions	1	1	2.73	2.08	N/A	N/A	N/A	2.08	-0.65
372	Life Quest LLC	1	1	2.73	2.39	N/A	N/A	N/A	2.39	-0.34
380	Marrakech	1	1	2.55	2.06	N/A	N/A	N/A	2.06	-0.50
300	Mindscape	1	0	2.73	N/A	N/A	N/A	N/A	N/A	N/A
327	Mindscape	1	0	2.61	N/A	N/A	N/A	N/A	N/A	N/A
360	Supported Living Group	1	1	2.67	2.52	N/A	N/A	N/A	2.52	-0.15
363	Supported Living Group	1	0	2.73	N/A	N/A	N/A	N/A	N/A	N/A
383	Supported Living Group	1	1	2.74	2.42	N/A	N/A	N/A	2.42	-0.32
<b>Overall Scores</b>				<b>2.78</b>					<b>2.23</b>	<b>-0.55</b>

(ii) Average score is based on provider and participant survey responses, where 3.0 is assigned to a response that demonstrates compliance and 0.0 is assigned to a response that demonstrates non-compliance. For non-Y/N questions, incremental values between 0.0 and 3.0 were assigned to responses that demonstrated compliance a portion of the time (such as 2.0 "Usually" and 1.0 "Sometimes"). Maximum score is 3.0; N/A or blank responses were not scored.

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question, and ABI Home**

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 331		ABI Home 371			
Ability Beyond Disability		Ability Beyond Disability			
Provider	Participant	Provider	Participant	Participant	Participant
Yes	Yes	Yes	Yes	Yes	No
Yes	No	Yes	No	Yes	No
Yes	No	Yes	No	Yes	No
No	Yes	No	N/A	No	N/A
No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	No	Yes	No	No
Never	No	Never	No	No	N/A
Never	Never	Never	Never	Never	Sometimes
Usually	Usually	Always	Sometimes	Never	Sometimes
Usually	Always	Always	Never	Sometimes	Sometimes
Usually	Always	Usually	Usually	Usually	Never
Usually	Never	Never	Never	Never	N/A
Yes	No	Yes	Yes	No	Yes
N/A	No Response	Yes	Yes	No Response	Yes
N/A	No	Yes	No Response	Yes	No Response
N/A	No Response	Yes	No Response	N/A	No Response
Sometimes	Sometimes	Usually	Never	Never	Usually
Yes	N/A	No	Yes	No	No
Yes	No Response	No	Yes	No Response	No Response
Yes	No Response	N/A	Yes	No Response	No Response
Yes	No	Yes	Yes	Yes	Yes
Sometimes	Never	Usually	Sometimes	Never	Sometimes

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 331		ABI Home 371			
Ability Beyond Disability		Ability Beyond Disability			
Provider	Participant	Provider	Participant	Participant	Participant
Always	Always	Always	Never	Never	Always
Always	Always	Always	Always	Always	Always
N/A	No	N/A	Yes	No	Yes
Yes	No Response	Yes	Yes	No Response	Yes
N/A	No Response	N/A	No Response	No Response	No Response
Always	Usually	Always	Always	Always	Always
Always	Never	Always	Usually	Usually	Always
Always	Always	Always	Always	Always	Always
Always	Never	Usually	Always	Always	Always
Always	Always	Always	Usually	Always	Always
N/A	Yes	N/A	Yes	Yes	Yes
N/A	N/A	N/A	No	No	No
N/A	No Response	N/A	No Response	No Response	No Response
N/A	No Response	N/A	No Response	No Response	No Response
Yes	No Response	Yes	No Response	No Response	No Response
Yes	No	Yes	Yes	Yes	Yes
Yes	No	Yes	No	No	No
Always	Yes	Always	Yes	Yes	No
Always	Always	Always	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Usually	Always
Always	Always	Always	Always	Never	Never
Always	Always	Always	Always	Never	Never
Usually	Sometimes	Always	Sometimes	Never	Never
Always	Sometimes	Always	Always	Always	Usually
Always	Always	Usually	Usually	Never	Sometimes
Always	Never	Usually	Never	Never	Always
Never	Yes	Never	Yes	No	N/A

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
	Services
Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	
Q69 When you request services or support from staff members, do you feel the requests are accommodated?	
Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	
Q71 Do you need assistance with grooming?	
Q72 If yes to #71: is grooming assistance provided as you desire?	
Q73 Do you need assistance to dress?	
Q74 If yes to #73: are you dressed in your own clothes?	
Q75 If yes to #73: are you dressed appropriate to the time of day?	

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 331		ABI Home 371			
Ability Beyond Disability		Ability Beyond Disability			
Provider	Participant	Provider	Participant	Participant	Participant
N/A	Never	N/A	Never	Never	Sometimes
N/A	Sometimes	N/A	Never	Never	Sometimes
Yes	No	Yes	Yes	No	No
Always	Never	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Usually	Always	Usually	Always	Usually
Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	No
N/A	N/A	N/A	N/A	Never	N/A
Yes	Yes	Yes	Yes	Yes	No
N/A	No	N/A	No	No	N/A
No	No	No	No	No	No
No	No	No	No	Yes	No
Always	Always	Always	Usually	Always	Sometimes
Always	Always	Usually	Usually	Always	Sometimes
Usually	Always	Usually	Usually	Always	Never
Always	Never	Always	Usually	Never	Never
Yes	No	Yes	Yes	Yes	Yes
Yes	No Response	Yes	Always	Sometimes	Usually
N/A	No	N/A	Yes	Yes	Yes
N/A	No Response	N/A	Always	Always	Always
N/A	No Response	N/A	Always	Always	Always

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 378			ABI Home 314		
Ability Beyond Disability			Employment Options		
Provider	Participant	Participant	Provider	Participant	Participant
Yes	No	No	Yes	Yes	No
Yes	Yes	No	Yes	No	No
Yes	No	No	Yes	No	Yes
No	Yes	No	Yes	No	No
No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	No
No	No	No	No	No	No
Never	No	No	Never	Yes	No
Never	Never	Never	Never	Never	Never
Usually	Usually	Always	Always	Never	Always
Always	Always	Sometimes	Always	Sometimes	Always
Sometimes	Always	Never	Always	Never	Always
Never	Never	Never	Never	Always	Never
Yes	No	Yes	Yes	No	Yes
Yes	No Response	No	Yes	No Response	No
Yes	Yes	No Response	Yes	N/A	No Response
Yes	N/A	No Response	Yes	No Response	No Response
Usually	Always	Usually	Always	Sometimes	Always
Yes	Yes	No	No	No	No
Yes	Yes	No Response	No	No Response	No Response
No	Yes	No Response	N/A	No Response	No Response
Yes	No	No	Yes	Yes	No
Usually	Never	Never	N/A	Sometimes	Never

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 378			ABI Home 314		
Ability Beyond Disability			Employment Options		
Provider	Participant	Participant	Provider	Participant	Participant
Never	Never	Never	Never	Never	Never
N/A	Always	Never	Always	Never	N/A
N/A	No	No	N/A	No	No
Yes	No Response	No Response	Yes	No Response	No Response
N/A	No Response	No Response	N/A	No Response	No Response
Usually	Always	Usually	Always	Usually	Sometimes
Always	Usually	Usually	Always	Never	Sometimes
Always	Always	Usually	Always	Never	Always
N/A	Never	Never	N/A	Never	Usually
Always	Never	Always	Always	Always	Always
N/A	Yes	Yes	N/A	Yes	Yes
N/A	No	No	N/A	No	N/A
N/A	No Response	No Response	N/A	No Response	No Response
N/A	No Response	No Response	N/A	No Response	No Response
Yes	No Response	No Response	N/A	No Response	No Response
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	Yes
Always	Yes	Yes	Always	No	Yes
Always	Always	Always	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Sometimes	Sometimes
Always	Always	Always	Always	Never	Always
Always	Always	Sometimes	Always	Usually	Always
Always	Always	Always	Always	Usually	Always
Always	Always	Always	Always	Always	Always
Always	Never	Never	Always	Never	Never
Never	Yes	Yes	Never	N/A	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
Services	Q67 Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?
	Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?
	Q69 When you request services or support from staff members, do you feel the requests are accommodated?
	Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?
	Q71 Do you need assistance with grooming?
	Q72 If yes to #71: is grooming assistance provided as you desire?
	Q73 Do you need assistance to dress?
	Q74 If yes to #73: are you dressed in your own clothes?
	Q75 If yes to #73: are you dressed appropriate to the time of day?

COMPARABLE PROVIDER SURVEY QUESTION
Q43 Do participants know how to file a complaint?
Q44 Do staff members speak to participants in a language the participants understand?
Q45 Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46 Are staff members friendly and attentive to participants' requests and needs?
Q47 Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48 Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49 Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50 Is participant health information kept private and confidential?
Q51 Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52 Do staff members ever restrict participants' access to community activities or activities in the home?
Q53 Are there surveillance cameras present at the home?
Q54 Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55 Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56 When participants request services or support from staff members, do staff members accommodate those requests?
Q57 Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58 Are participants who need assistance with grooming, groomed as they desire?
Q59 Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59 Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 378			ABI Home 314		
Ability Beyond Disability			Employment Options		
Provider	Participant	Participant	Provider	Participant	Participant
N/A	Never	Sometimes	N/A	Never	Never
N/A	Never	Never	N/A	Never	Never
Yes	Yes	Yes	Yes	Yes	Yes
Always	Never	Never	Always	Always	Never
Always	Always	Usually	Always	Usually	Never
Always	Always	Usually	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	N/A	N/A
N/A	N/A	Never	Always	Never	N/A
Yes	Yes	Yes	Yes	Yes	Yes
N/A	No	No	No	No	No
Yes	No	No	No	No	No
No	No	No	No	No	No
Always	Always	Always	Always	Never	Always
Usually	Always	Usually	Always	Always	Always
Usually	Always	Usually	Always	Always	Always
Always	Never	Never	Always	N/A	Never
N/A	Yes	No	Yes	No	No
N/A	Always	No Response	Yes	No Response	No Response
N/A	No	No	Yes	No	No
N/A	No Response	No Response	Yes	No Response	No Response
N/A	No Response	No Response	Yes	No Response	No Response

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 321			ABI Home 325	
Employment Options			Employment Options	
Provider	Participant	Participant	Provider	Participant
Yes	No	No	Yes	No
Yes	No	No	Yes	No
Yes	No	No	Yes	Yes
Yes	No	No	Yes	No
No	No	No	No	No
Yes	No	Yes	Yes	No
No	No	No	No	No
Never	Yes	No	Never	Yes
Never	Never	Never	Never	Always
Always	Always	Sometimes	Always	Always
Always	Always	Usually	Always	Never
Usually	Always	Always	Always	Always
Never	Never	Never	Never	Never
Yes	Yes	No	Yes	No
Yes	Yes	No Response	Yes	No Response
Yes	No Response	N/A	Yes	Yes
Yes	No Response	No Response	Yes	Yes
Always	Always	Sometimes	Always	Always
No	No	No	No	No
No	No Response	No Response	No	No Response
No	No Response	No Response	N/A	No Response
Yes	No	Yes	Yes	Yes
Sometimes	Always	Never	N/A	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(1): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION	COMPARABLE PROVIDER SURVEY QUESTION	ABI Home 321			ABI Home 325		
			Employment Options			Employment Options		
			Provider	Participant	Participant	Provider	Participant	
Living Space	Q25	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?	Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?	Never	Never	Never	Never
	Q26	Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?	Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?	Always	Always	Usually	Always
	Q27	Do you need supports to move about your residence?			N/A	No	No	N/A
	Q28	If yes to #27: are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?	Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?	Yes	No Response	No Response	Yes
	Q29	If no to #28: have you raised your need for supports with a social worker or staff member at the residence?			N/A	No Response	No Response	N/A
	Q30	Do you move about inside and outside your residence as you desire?	Q24	Are participants able to move about inside and outside of the home as they desire?	Always	Always	Always	Always
	Q31	Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?	Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?	Always	Always	Usually	Always
	Q32	Do you have access to a telephone or cell phone for personal communication in private at your convenience?	Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?	Always	Always	Always	Always
	Q33	Do you have access to a computer, iPad or similar devices in private at your convenience?	Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?	N/A	Always	Always	N/A
	Q34	Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?	Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?	Always	Always	Always	Always
	Q35	Do you have your own bedroom?			N/A	Yes	Yes	N/A
	Q36	Do you share your bedroom with a roommate?			N/A	No	No	N/A
	Q37	If yes to #36: did you choose your roommate?	Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?	N/A	No Response	No Response	N/A
	Q38	If yes to #36: do you want to remain in a room with your roommate?			N/A	No Response	No Response	N/A
	Q39	If no to #36: do you know how to request a roommate change?	Q30	Are participants given information about how to change roommates, if they desire to do so?	N/A	No Response	No Response	N/A
	Q40	Can you lock the bathroom door?	Q31	Can participants lock the bathroom door(s)?	Yes	Yes	Yes	Yes
	Q41	Can you lock your bedroom door?	Q32	Can participants lock their bedroom door(s)?	Yes	Yes	No	Yes
	Q42	Is the furniture in your bedroom arranged the way you like it?	Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?	Usually	Yes	Yes	Always
	Q43	Can you decorate your bedroom in the way that suits you?	Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?	Usually	Always	Always	Always
	Q44	Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?	Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?	Yes	Yes	Yes	Yes
	Q45	Do you have access to a kitchen with cooking facilities?	Q35	Do participants have access to a kitchen with cooking facilities?	Yes	Yes	Yes	Yes
	Q46	Do you have access to a dining area to use at your convenience?	Q36	Do participants have access to a dining area to use at their convenience?	Always	Always	Always	Always
	Q47	Do you choose when to have a meal?	Q37	Can participants choose when to have a meal?	Always	Usually	Usually	Always
	Q48	Do you choose where to have a meal?	Q38	Can participants choose where to have a meal?	Always	Always	Always	Always
	Q49	Can you request an alternative meal if desired?	Q39	Can participants request and receive alternative meals?	Always	Always	Always	N/A
	Q50	Are snacks accessible and available?	Q40	Are snacks accessible and available?	Always	Always	Always	Usually
	Q51	Can you choose with whom to eat?	Q41	Can participants choose with whom to eat or to eat alone?	Always	Always	Always	Always
	Q53	If you want to eat privately, can you do so?	Q41	Can participants choose with whom to eat or to eat alone?	Always	Never	Never	Always
	Q52	Are you required to sit at an assigned seat or table in a dining area?	Q42	Are participants required to sit at an assigned seat or table in a dining area?	Never	Yes	Yes	Never

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
Services	Q67 Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?
	Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?
	Q69 When you request services or support from staff members, do you feel the requests are accommodated?
	Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?
	Q71 Do you need assistance with grooming?
	Q72 If yes to #71: is grooming assistance provided as you desire?
	Q73 Do you need assistance to dress?
	Q74 If yes to #73: are you dressed in your own clothes?
	Q75 If yes to #73: are you dressed appropriate to the time of day?

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 321			ABI Home 325	
Employment Options			Employment Options	
Provider	Participant	Participant	Provider	Participant
N/A	Never	Never	N/A	Always
N/A	Never	Never	N/A	Never
Yes	Yes	Yes	Yes	Yes
Always	Usually	Always	Always	Always
Always	Always	Always	Always	Always
Always	Always	Usually	Always	Sometimes
Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	No
Always	Always	N/A	Always	Sometimes
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No
No	No	No	No	Yes
No	No	No	No	No
Always	Always	Always	Always	Always
Usually	Always	Always	Always	Always
Always	Always	Always	Always	Always
Usually	Never	Never	Always	Never
Yes	No	No	Yes	Yes
Yes	No Response	No Response	Yes	Never
Yes	No	No	Yes	No
Yes	No Response	No Response	Yes	No Response
Yes	No Response	No Response	Yes	No Response

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 328		ABI Home 337		ABI Home 343	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
Yes	No	Yes	No	Yes	No
Yes	Yes	Yes	No	Yes	Yes
Yes	No	Yes	No	Yes	No
Yes	Yes	Yes	No	Yes	Yes
No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No
Never	Yes	Never	N/A	Never	Yes
Never	Sometimes	Never	Always	Never	Always
Always	Sometimes	Always	Sometimes	Always	Always
Always	Sometimes	Always	Usually	Always	Always
Always	Sometimes	Always	Sometimes	Always	Always
Never	Sometimes	Never	Never	Never	Always
Yes	Yes	Yes	Yes	Yes	No
Yes	No	Yes	No	Yes	No Response
Yes	No Response	Yes	No Response	Yes	No
Yes	No Response	Yes	No Response	Yes	No Response
Always	Sometimes	Always	Always	Always	Sometimes
No	No	No	No	No	No
No	No Response	No	No Response	No	No Response
N/A	No Response	No	No Response	No	No Response
Yes	Yes	Yes	No	Yes	Yes
Always	Sometimes	N/A	Never	N/A	Never

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 328		ABI Home 337		ABI Home 343	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
Never	Sometimes	Never	Never	Never	Always
Always	Always	Always	Always	Always	Never
N/A	No	N/A	Yes	N/A	No
Yes	No Response	Yes	Yes	Yes	No Response
N/A	No Response	N/A	No Response	N/A	No Response
Always	Sometimes	Always	Never	Always	Always
Always	Sometimes	Always	Always	Always	Always
Always	Never	Always	Always	Always	Usually
N/A	Sometimes	N/A	Never	N/A	Never
Always	Sometimes	Always	Always	Always	Always
N/A	Yes	N/A	Yes	N/A	Yes
N/A	No	N/A	No	N/A	No
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No Response	Yes	No Response	N/A	No Response
Yes	No	Yes	N/A	Yes	N/A
Yes	Yes	Yes	N/A	Yes	N/A
Always	No	Always	Yes	Usually	Yes
Always	Usually	Always	Always	Usually	Always
Yes	N/A	Yes	No	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes
Always	Always	Always	Always	Always	Always
Always	Sometimes	Always	Always	Always	Usually
Always	Sometimes	Always	Always	Always	Never
Always	Sometimes	Always	Always	Always	Usually
Always	Sometimes	Always	Always	Always	Usually
Always	Sometimes	Always	Usually	Always	Never
Never	Yes	Never	N/A	Never	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
	Services
Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	
Q69 When you request services or support from staff members, do you feel the requests are accommodated?	
Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	
Q71 Do you need assistance with grooming?	
Q72 If yes to #71: is grooming assistance provided as you desire?	
Q73 Do you need assistance to dress?	
Q74 If yes to #73: are you dressed in your own clothes?	
Q75 If yes to #73: are you dressed appropriate to the time of day?	

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 328		ABI Home 337		ABI Home 343	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
N/A	Sometimes	N/A	Never	N/A	Never
N/A	N/A	N/A	Never	N/A	Never
Yes	Yes	N/A	No	Yes	No
Always	Sometimes	Always	Always	Always	Usually
Always	Usually	Always	N/A	Always	Always
Always	Usually	Always	N/A	Always	Always
Yes	Yes	Yes	N/A	Yes	Yes
Yes	Yes	Yes	N/A	Yes	Yes
Always	N/A	Always	N/A	Always	N/A
Yes	Yes	Yes	N/A	Yes	Yes
No	No	No	No	No	Yes
No	No	Yes	No	No	Yes
No	No	No	No	No	No
Always	Usually	Always	Sometimes	Always	Never
Always	Sometimes	Always	N/A	Always	Always
Always	Usually	Always	N/A	Always	Always
Always	N/A	Always	N/A	Always	Never
Yes	Yes	Yes	Yes	Yes	No
Yes	Sometimes	Yes	Always	Yes	No Response
Yes	Yes	Yes	Yes	Yes	No
Yes	Always	Yes	Always	Yes	No Response
Yes	Always	Yes	Always	Yes	No Response

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 352				
Employment Options				
Provider	Participant	Participant	Participant	Participant
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes
No	No	No	No	No
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No
Never	N/A	No	No	No
Sometimes	Never	Never	Never	Never
Always	Sometimes	Always	Always	Usually
Always	Never	Always	Always	Usually
Always	Usually	Always	Always	Usually
Never	Sometimes	Never	Never	Never
Yes	No	No	No	No
Yes	No Response	No Response	No Response	No Response
Yes	Yes	N/A	Yes	Yes
Yes	Yes	No Response	Yes	No
Always	Usually	Always	Always	Usually
Yes	No	No	Yes	Yes
Yes	No Response	No Response	N/A	Yes
No	No Response	No Response	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Sometimes	Usually	Always	Always	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION	COMPARABLE PROVIDER SURVEY QUESTION	ABI Home 352						
			Employment Options						
			Provider	Participant	Participant	Participant	Participant		
Living Space	Q25	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?	Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?	Sometimes	Never	Never	Never	Usually
	Q26	Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?	Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?	Always	Always	Always	Always	Usually
	Q27	Do you need supports to move about your residence?			N/A	No	No	No	Yes
	Q28	If yes to #27: are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?	Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?	Yes	No Response	No Response	No Response	Yes
	Q29	If no to #28: have you raised your need for supports with a social worker or staff member at the residence?			N/A	No Response	No Response	No Response	No Response
	Q30	Do you move about inside and outside your residence as you desire?	Q24	Are participants able to move about inside and outside of the home as they desire?	Always	Always	Always	Always	Always
	Q31	Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?	Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?	Always	Usually	Always	Always	Always
	Q32	Do you have access to a telephone or cell phone for personal communication in private at your convenience?	Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?	Always	Always	Always	Always	Always
	Q33	Do you have access to a computer, iPad or similar devices in private at your convenience?	Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?	Sometimes	Never	N/A	N/A	Always
	Q34	Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?	Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?	Always	Always	Always	Always	Always
	Q35	Do you have your own bedroom?			N/A	Yes	Yes	Yes	Yes
	Q36	Do you share your bedroom with a roommate?			N/A	No	No	Yes	No
	Q37	If yes to #36: did you choose your roommate?	Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?	N/A	No Response	No Response	Yes	No Response
	Q38	If yes to #36: do you want to remain in a room with your roommate?			N/A	No Response	No Response	Yes	No Response
	Q39	If no to #38: do you know how to request a roommate change?	Q30	Are participants given information about how to change roommates, if they desire to do so?	Yes	No Response	No Response	No Response	No Response
	Q40	Can you lock the bathroom door?	Q31	Can participants lock the bathroom door(s)?	Yes	Yes	Yes	Yes	Yes
	Q41	Can you lock your bedroom door?	Q32	Can participants lock their bedroom door(s)?	Yes	Yes	Yes	Yes	Yes
	Q42	Is the furniture in your bedroom arranged the way you like it?	Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?	Always	Yes	Yes	Yes	Yes
	Q43	Can you decorate your bedroom in the way that suits you?	Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?	Always	Always	Always	Always	Always
	Q44	Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?	Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?	Yes	Yes	Yes	Yes	N/A
	Q45	Do you have access to a kitchen with cooking facilities?	Q35	Do participants have access to a kitchen with cooking facilities?	Yes	Yes	Yes	Yes	Yes
	Q46	Do you have access to a dining area to use at your convenience?	Q36	Do participants have access to a dining area to use at their convenience?	Always	Always	Always	Always	Always
	Q47	Do you choose when to have a meal?	Q37	Can participants choose when to have a meal?	Always	Usually	Always	Always	Always
	Q48	Do you choose where to have a meal?	Q38	Can participants choose where to have a meal?	Always	Always	Always	Always	Always
	Q49	Can you request an alternative meal if desired?	Q39	Can participants request and receive alternative meals?	Always	Always	Always	Always	Always
	Q50	Are snacks accessible and available?	Q40	Are snacks accessible and available?	Always	Always	Always	Always	Always
	Q51	Can you choose with whom to eat?	Q41	Can participants choose with whom to eat or to eat alone?	Always	Always	Always	Always	Usually
	Q53	If you want to eat privately, can you do so?	Q41	Can participants choose with whom to eat or to eat alone?	Always	Always	Never	Never	Never
	Q52	Are you required to sit at an assigned seat or table in a dining area?	Q42	Are participants required to sit at an assigned seat or table in a dining area?	Never	Yes	Yes	Yes	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
	Services
Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	
Q69 When you request services or support from staff members, do you feel the requests are accommodated?	
Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	
Q71 Do you need assistance with grooming?	
Q72 If yes to #71: is grooming assistance provided as you desire?	
Q73 Do you need assistance to dress?	
Q74 If yes to #73: are you dressed in your own clothes?	
Q75 If yes to #73: are you dressed appropriate to the time of day?	

COMPARABLE PROVIDER SURVEY QUESTION
Q43 Do participants know how to file a complaint?
Q44 Do staff members speak to participants in a language the participants understand?
Q45 Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46 Are staff members friendly and attentive to participants' requests and needs?
Q47 Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48 Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49 Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50 Is participant health information kept private and confidential?
Q51 Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52 Do staff members ever restrict participants' access to community activities or activities in the home?
Q53 Are there surveillance cameras present at the home?
Q54 Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55 Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56 When participants request services or support from staff members, do staff members accommodate those requests?
Q57 Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58 Are participants who need assistance with grooming, groomed as they desire?
Q59 Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59 Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 352				
Employment Options				
Provider	Participant	Participant	Participant	Participant
N/A	Sometimes	Never	Never	Never
N/A	Sometimes	Never	Never	Never
Yes	No	Yes	Yes	Yes
Always	Sometimes	Always	Always	Usually
Always	Always	Always	Always	Always
Always	Always	Always	Always	Usually
Yes	Yes	Yes	Yes	No
Yes	N/A	Yes	Yes	Yes
Always	Usually	N/A	N/A	Always
Yes	Yes	Yes	Yes	No
No	No	No	No	No
No	No	No	No	No
Always	Usually	Always	Always	Always
Always	Usually	Always	Always	Usually
Always	Sometimes	Always	Always	Usually
Always	Sometimes	Always	Always	Sometimes
Yes	No	No	No	Yes
Yes	No Response	No Response	No Response	Sometimes
Yes	No	No	No	No
Yes	No Response	No Response	No Response	No Response
Yes	No Response	No Response	No Response	No Response

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 354		ABI Home 366		ABI Home 389	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
Yes	No	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes	No
No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No
Never	No	Never	No	Never	No
Never	Never	Never	Never	Never	Never
Always	N/A	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Usually	Always	Always	Always	Always
N/A	Never	Never	Never	Never	Sometimes
Yes	Yes	Yes	No	Yes	Yes
N/A	No	Yes	No Response	Yes	Yes
N/A	No Response	Yes	N/A	Yes	No Response
N/A	No Response	Yes	No Response	Yes	No Response
Always	Always	Always	Always	Always	Always
No	No	N/A	Yes	No	No
No	No Response	N/A	No	No	No Response
N/A	No Response	N/A	N/A	N/A	No Response
Yes	No	Yes	Yes	Yes	Yes
Always	Never	Sometimes	Always	N/A	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 354		ABI Home 366		ABI Home 389	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
Never	Never	Never	Never	Never	Sometimes
Always	Always	N/A	Always	Always	Always
N/A	No	N/A	No	N/A	Yes
Yes	No Response	Yes	No Response	Yes	Yes
N/A	No Response	N/A	No Response	N/A	No Response
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
N/A	Always	N/A	Always	N/A	Always
Always	Always	Always	Always	Always	Always
N/A	Yes	N/A	Yes	N/A	Yes
N/A	No	N/A	No	N/A	Yes
N/A	No Response	N/A	No Response	N/A	Yes
N/A	No Response	N/A	No Response	N/A	Yes
N/A	No Response	Yes	No Response	N/A	No Response
Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Yes	Always	Yes	Always	Yes
Always	Always	Always	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Never	Always	Never	Always	Never
Never	Yes	Never	No	Never	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
Services	Q67 Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?
	Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?
	Q69 When you request services or support from staff members, do you feel the requests are accommodated?
	Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?
	Q71 Do you need assistance with grooming?
	Q72 If yes to #71: is grooming assistance provided as you desire?
	Q73 Do you need assistance to dress?
	Q74 If yes to #73: are you dressed in your own clothes?
	Q75 If yes to #73: are you dressed appropriate to the time of day?

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 354		ABI Home 366		ABI Home 389	
Employment Options		Employment Options		Employment Options	
Provider	Participant	Provider	Participant	Provider	Participant
N/A	Never	N/A	Never	N/A	Never
N/A	Never	N/A	Never	N/A	Never
Yes	Yes	Yes	Yes	Yes	Yes
Always	Never	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Sometimes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	N/A	Always	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	Yes
No	No	Yes	No	No	No
No	No	No	No	No	No
No	No	No	No	No	No
Always	Always	Always	Always	Always	Always
Always	Sometimes	Always	Always	Always	Always
Always	Never	Always	Always	Always	Always
Always	Never	Always	Always	Usually	Never
Yes	No	Yes	Yes	Yes	Yes
Yes	No Response	Yes	Always	Yes	Always
Yes	No	Yes	No	Yes	Yes
Yes	No Response	Yes	No Response	Yes	Always
Yes	No Response	Yes	No Response	Yes	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 396		ABI Home 315		ABI Home 341	
Futures		Goodwill Industries		Goodwill Industries	
Provider	Participant	Provider	Participant	Provider	Participant
Yes	N/A	Yes	Yes	Yes	N/A
Yes	N/A	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Never	No	Never	No	Usually	N/A
Never	Never	Never	N/A	Never	Usually
Usually	Never	Always	Usually	Always	Always
Always	Never	Always	Usually	Always	Sometimes
Usually	Never	Always	Usually	Always	Sometimes
Sometimes	Usually	Never	Never	Never	Never
Yes	No	Yes	Yes	Yes	Yes
N/A	No Response	Yes	Yes	Yes	No
N/A	Yes	Yes	No Response	Yes	No Response
N/A	Yes	Yes	No Response	Yes	No Response
Always	Sometimes	Always	Usually	Always	Never
N/A	No	Yes	Yes	Yes	Yes
N/A	No Response	Yes	Yes	Yes	Yes
N/A	No Response	N/A	Yes	Yes	Yes
Yes	N/A	N/A	Yes	Yes	Yes
Usually	Never	Always	Usually	Always	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 396		ABI Home 315		ABI Home 341	
Futures		Goodwill Industries		Goodwill Industries	
Provider	Participant	Provider	Participant	Provider	Participant
Never	Never	Never	N/A	Never	Sometimes
Always	N/A	Always	Usually	Always	Usually
N/A	No	N/A	No	N/A	N/A
N/A	No Response	Yes	No Response	Yes	No Response
N/A	No Response	N/A	No Response	N/A	No Response
Always	Always	Always	Always	Always	Always
Usually	Usually	Always	Usually	Always	Always
Usually	Usually	N/A	Always	Always	Always
Always	Sometimes	Sometimes	N/A	Sometimes	Never
Always	Usually	Always	Always	Always	Always
N/A	Yes	N/A	Yes	N/A	Yes
N/A	No	N/A	No	Yes	No
N/A	No Response	N/A	No Response	Yes	No Response
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No Response	Yes	No Response	Yes	No Response
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	N/A	Yes	Yes
Always	Yes	Always	Yes	Always	Yes
Always	Usually	Always	Usually	Always	Usually
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Usually	Always	Always
Always	Usually	Always	Usually	Always	Always
Always	Always	Always	Usually	Always	Always
N/A	Sometimes	N/A	Sometimes	Always	Sometimes
Usually	Usually	N/A	Usually	Always	Always
Always	Usually	Always	Sometimes	Always	Always
Always	Never	Always	N/A	Always	Never
Never	No	Never	Yes	Never	Yes



**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
Services	Q67 Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?
	Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?
	Q69 When you request services or support from staff members, do you feel the requests are accommodated?
	Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?
	Q71 Do you need assistance with grooming?
	Q72 If yes to #71: is grooming assistance provided as you desire?
	Q73 Do you need assistance to dress?
	Q74 If yes to #73: are you dressed in your own clothes?
	Q75 If yes to #73: are you dressed appropriate to the time of day?

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 396		ABI Home 315		ABI Home 341	
Futures		Goodwill Industries		Goodwill Industries	
Provider	Participant	Provider	Participant	Provider	Participant
N/A	Sometimes	N/A	N/A	N/A	Never
N/A	N/A	N/A	N/A	N/A	Never
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Always	Sometimes
Always	Always	Always	Usually	Always	Always
Always	Sometimes	Always	Always	Always	Always
Yes	No	Yes	N/A	Yes	Yes
Yes	Yes	Yes	N/A	Yes	N/A
N/A	Never	Always	N/A	Always	Usually
Yes	No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	N/A	Yes
No	No	No	No	No	N/A
No	No	No	No	Yes	Yes
Always	Always	Always	Usually	Always	Always
Usually	Sometimes	Usually	Usually	Usually	Always
Always	Sometimes	Usually	Always	Usually	Always
N/A	N/A	Sometimes	Usually	Sometimes	Usually
N/A	No	Yes	Yes	Yes	No
N/A	No Response	Yes	Usually	Yes	No Response
N/A	No	Yes	No	Yes	No
N/A	No Response	Yes	No Response	Yes	No Response
N/A	No Response	Yes	No Response	Yes	No Response

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 365		ABI Home 353		ABI Home 372	
Goodwill Industries		Ind. Living Solutions		Life Quest LLC	
Provider	Participant	Provider	Participant	Provider	Participant
Yes	No	Yes	Yes	Yes	Yes
Yes	N/A	Yes	No	Yes	No
Yes	Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes	Yes
Never	No	Sometimes	Yes	Never	No
Never	Never	Sometimes	Never	Never	Never
Always	Always	Usually	Always	Always	Always
Always	Sometimes	Usually	Sometimes	Always	Always
Always	Always	Sometimes	Sometimes	Always	N/A
Never	Never	N/A	Sometimes	Never	N/A
Yes	Yes	Yes	No	N/A	No
Yes	Yes	N/A	No Response	N/A	No Response
Yes	No Response	N/A	No	N/A	No
Yes	No Response	N/A	No Response	N/A	No Response
Always	Sometimes	Always	Sometimes	Always	Always
Yes	Yes	Yes	Yes	No	No
Yes	Yes	Yes	Yes	No	No Response
N/A	No	No	Yes	N/A	No Response
N/A	Yes	Yes	Yes	No	N/A
N/A	Sometimes	Always	Sometimes	Always	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 365		ABI Home 353		ABI Home 372	
Goodwill Industries		Ind. Living Solutions		Life Quest LLC	
Provider	Participant	Provider	Participant	Provider	Participant
Never	Never	Never	Never	Never	N/A
Always	Always	N/A	Never	Always	Always
N/A	No	N/A	No	N/A	Yes
Yes	No Response	Yes	No Response	Yes	Yes
N/A	No Response	N/A	No Response	N/A	No Response
Always	Always	Always	Usually	Always	Usually
Always	Always	Always	Usually	Always	Always
Always	Always	Always	Always	Always	Always
Sometimes	Always	Always	Never	Usually	Sometimes
Always	Always	Always	Always	Always	Always
N/A	Yes	N/A	Yes	N/A	Yes
Yes	No	N/A	No	N/A	No
Yes	No Response	N/A	No Response	N/A	No Response
N/A	No Response	N/A	No Response	N/A	No Response
Yes	No Response	N/A	No Response	N/A	No Response
Yes	Yes	Yes	No	Yes	N/A
Yes	No	Yes	No	Yes	N/A
Always	Yes	Always	Yes	Always	Yes
Always	Always	Always	Sometimes	Always	Always
N/A	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Never	Always	Always	Always	Always	Always
Always	Always	Always	Usually	Always	Sometimes
Always	Always	Always	Sometimes	Usually	Sometimes
N/A	Always	Always	Always	Always	Always
N/A	Always	Always	Always	Always	Always
Always	Always	Always	Usually	Always	N/A
Always	Never	Always	Never	Always	Never
Never	Yes	Never	Yes	Never	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
	Services
Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	
Q69 When you request services or support from staff members, do you feel the requests are accommodated?	
Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	
Q71 Do you need assistance with grooming?	
Q72 If yes to #71: is grooming assistance provided as you desire?	
Q73 Do you need assistance to dress?	
Q74 If yes to #73: are you dressed in your own clothes?	
Q75 If yes to #73: are you dressed appropriate to the time of day?	

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 365		ABI Home 353		ABI Home 372	
Goodwill Industries		Ind. Living Solutions		Life Quest LLC	
Provider	Participant	Provider	Participant	Provider	Participant
N/A	Never	N/A	Never	N/A	Never
N/A	Never	N/A	Never	N/A	Never
Yes	Yes	Yes	Yes	Yes	No
Always	Always	Always	Always	Always	Always
Always	Usually	Usually	Always	Always	Always
Always	Always	Always	Always	Always	Always
Yes	Yes	Yes	Yes	Yes	N/A
Yes	N/A	Yes	Yes	Yes	N/A
Always	N/A	N/A	N/A	N/A	N/A
Yes	Yes	Yes	Yes	Yes	Yes
N/A	Yes	Yes	Yes	Yes	No
No	No	No	No	No	No
No	Yes	No	No	No	No
Always	Never	Always	Always	Always	Usually
Usually	Sometimes	Usually	Always	Usually	Always
Usually	Always	Always	Always	Usually	Always
Sometimes	Sometimes	Always	Sometimes	Usually	N/A
Yes	No	Yes	No	Yes	Yes
Yes	No Response	Yes	No Response	Yes	Always
Yes	No	Yes	No	Yes	Yes
Yes	No Response	Yes	No Response	Yes	Always
Yes	No Response	Yes	No Response	Yes	Always

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Choice of Residence	Q2 Did you choose to live here?
	Q3 Were you given a choice of places to live?
	Q4 Do you know how to request new housing?
	Q5 Do you currently have a lease or similar agreement at your residence?
	Q6 Is your residence on the grounds of, or adjacent to, a nursing home?
Community Access	Q7 Is your residence near private residences?
	Q8 Is your residence near retail businesses?
	Q9 Are visitors restricted to specified visiting hours?
	Q10 Are visitors restricted to a specific meeting area in your residence?
	Q11 Do you participate in unscheduled community activities (activities that occur outside of your residence such as shopping, lunch with family or friends) when you want to?
	Q12 Do you participate in scheduled community activities (planned activities that occur outside of your residence) when you want to?
	Q13 Are you free to come and go from your residence when you want to?
	Q14 Is there a curfew or other time requirement for a scheduled return to your residence?
	Q15 Do you have paid work in the community?
	Q16 If yes to #15: Do you work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
	Q17 If no to #15: Do you want to work?
	Q18 If yes to #17: Have you been given the option to work?
	Q19 Do you participate regularly in meaningful non-work activities in the community for the period of time that you desire?
	Q20 Is there public transportation available in your community?
	Q21 If yes to #20: do you have access to the public transportation?
	Q22 If yes to #20: do you know how to use public transportation?
	Q23 Is there an accessible van available to transport you to appointments, shopping, etc.?
	Q24 Do you have access to your funds?

COMPARABLE PROVIDER SURVEY QUESTION
Q2 Were participants given a choice of available options regarding where to live?
Q2 Were participants given a choice of available options regarding where to live?
Q3 Do participants know how to request new housing if they want to move?
Q4 Do participants currently have a lease or similar agreement?
Q5 Is the home on the grounds of, or adjacent to, a nursing home?
Q6 Is the home near private residences?
Q7 Is the home near retail businesses?
Q8 Are visitors restricted to specified visiting hours?
Q9 Are visitors restricted to a specific meeting area in the home?
Q10 Do participants participate in unscheduled community activities (activities that occur outside of the home, such as shopping, lunch with family or friends) when they want to?
Q11 Do participants participate in scheduled community activities (planned activities that occur outside of the home) when they want to?
Q12 Are participants able to come and go from the home when they want to?
Q13 Is there a curfew or other time requirement for participants to return to the home?
Q14 If participants want to work, do they have paid work in the community?
Q15 For participants who work, do they work in an integrated setting that includes individuals of different ages and individuals with and without disabilities?
Q16 Do participants participate regularly in meaningful non-work activities in the community for the period of time they desire?
Q17 Is there public transportation available near the home?
Q18 If there is public transportation available near the home, do participants use it?
Q19 Is an accessible van available to transport participants to appointments, shopping, etc.?
Q20 Do participants have access to their funds?

ABI Home 381		ABI Home 360		ABI Home 383	
Marrakech		Supported Living Group		Supported Living Group	
Provider	Participant	Provider	Participant	Provider	Participant
Yes	No	Yes	Yes	Yes	Yes
Yes	No	Yes	Yes	Yes	No
Yes	No	Yes	Yes	Yes	Yes
Yes	N/A	Yes	Yes	Yes	Yes
No	N/A	No	No	No	No
Yes	N/A	Yes	Yes	Yes	Yes
Yes	Yes	No	No	Yes	No
Never	No	Never	Yes	Never	No
Never	Never	Never	Sometimes	Never	Sometimes
Usually	N/A	Always	Always	Usually	Always
Usually	Never	Always	Always	Usually	Always
Always	Usually	Usually	Sometimes	Always	Always
Never	Never	Never	Sometimes	Never	Never
Yes	Yes	N/A	No	N/A	Yes
Yes	N/A	Yes	No Response	Yes	No
Yes	No Response	Yes	Yes	Yes	No Response
Yes	No Response	Yes	Yes	Yes	No Response
Always	Never	Always	Sometimes	Usually	Sometimes
No	N/A	No	No	No	No
No	No Response	No	No Response	No	No Response
N/A	No Response	N/A	No Response	N/A	No Response
N/A	Yes	N/A	N/A	N/A	No
Always	Always	Usually	Usually	Usually	Usually

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**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
	Q25 Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence?
	Q26 Is your residence easily accessible with appropriate, working support structures in place (e.g., ramps, lifts, elevators)?
	Q27 Do you need supports to move about your residence?
	Q28 If yes to #27, are supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) provided?
	Q29 If no to #28, have you raised your need for supports with a social worker or staff member at the residence?
	Q30 Do you move about inside and outside your residence as you desire?
	Q31 Do you choose and control your schedule (e.g., eating, sleeping, exercising, visitations) in your residence to meet your wishes?
	Q32 Do you have access to a telephone or cell phone for personal communication in private at your convenience?
	Q33 Do you have access to a computer, iPad or similar devices in private at your convenience?
	Q34 Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at your convenience?
	Q35 Do you have your own bedroom?
	Q36 Do you share your bedroom with a roommate?
	Q37 If yes to #36, did you choose your roommate?
	Q38 If yes to #36, do you want to remain in a room with your roommate?
	Q39 If no to #38, do you know how to request a roommate change?
	Q40 Can you lock the bathroom door?
	Q41 Can you lock your bedroom door?
	Q42 Is the furniture in your bedroom arranged the way you like it?
	Q43 Can you decorate your bedroom in the way that suits you?
	Q44 Do you have full access to comfortable seating (e.g., couch, seats) in the shared areas?
	Q45 Do you have access to a kitchen with cooking facilities?
	Q46 Do you have access to a dining area to use at your convenience?
	Q47 Do you choose when to have a meal?
	Q48 Do you choose where to have a meal?
	Q49 Can you request an alternative meal if desired?
	Q50 Are snacks accessible and available?
	Q51 Can you choose with whom to eat?
	Q53 If you want to eat privately, can you do so?
	Q52 Are you required to sit at an assigned seat or table in a dining area?

Living Space

COMPARABLE PROVIDER SURVEY QUESTION	
Q21	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the home?
Q22	Is the home easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators)?
Q23	Does the home have supports (e.g., grab bars, seats in the bathroom, and ramps for wheelchairs) for participants who need them?
Q24	Are participants able to move about inside and outside of the home as they desire?
Q25	Do participants choose and control their schedule (e.g., eating, sleeping, exercising, visitations) to meet their wishes?
Q26	Do participants have access to a telephone or cell phone for personal communication in private at their convenience?
Q27	Do participants have access to a computer, iPad, or similar devices in private at their convenience?
Q28	Are participants able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) at their convenience?
Q29	Regarding participants who share a bedroom, were participants given a choice of a roommate?
Q30	Are participants given information about how to change roommates, if they desire to do so?
Q31	Can participants lock the bathroom door(s)?
Q32	Can participants lock their bedroom door(s)?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q33	Are participants able to furnish and decorate their bedroom in a way that suits them?
Q34	Do participants have full access to comfortable seating (e.g., couch, seats) in shared areas of the home?
Q35	Do participants have access to a kitchen with cooking facilities?
Q36	Do participants have access to a dining area to use at their convenience?
Q37	Can participants choose when to have a meal?
Q38	Can participants choose where to have a meal?
Q39	Can participants request and receive alternative meals?
Q40	Are snacks accessible and available?
Q41	Can participants choose with whom to eat or to eat alone?
Q41	Can participants choose with whom to eat or to eat alone?
Q42	Are participants required to sit at an assigned seat or table in a dining area?

ABI Home 381		ABI Home 360		ABI Home 383	
Marrakech		Supported Living Group		Supported Living Group	
Provider	Participant	Provider	Participant	Provider	Participant
Always	Never	Never	Never	Never	Never
Sometimes	Sometimes	N/A	N/A	N/A	N/A
N/A	Yes	N/A	No	N/A	No
No	No	No	No Response	No	No Response
N/A	No	N/A	No Response	N/A	No Response
Always	Always	Always	Always	Always	Always
Always	Usually	Usually	Always	Always	Usually
Always	Always	Always	Always	Always	Always
Never	Never	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
N/A	Yes	N/A	Yes	N/A	Yes
N/A	No	N/A	No	N/A	N/A
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No Response	N/A	No Response	N/A	No Response
Yes	Yes	Yes	Yes	Yes	Yes
No	No	Yes	No	Yes	Yes
Always	Yes	Always	Yes	Always	Yes
Always	Always	Always	Always	Always	Always
Yes	N/A	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Always
Always	N/A	N/A	Always	Always	N/A
Always	N/A	N/A	Always	N/A	Always
Always	N/A	Always	Always	Always	Usually
Always	N/A	Always	Never	Always	Never
Never	N/A	Never	Yes	Never	Yes

**Appendix F: Summary of ABI Provider and Participant Survey Responses by Category, Question and ABI Home**

MEDICAID IDENTIFIED(i): 51 Members

ABI PROVIDERS COMPLETED SURVEY: 30 (100% response rate)

ABI PARTICIPANTS WHO COMPLETED SURVEY: 30 responses from 22 ABI homes

HCBS Ruling	PARTICIPANT SURVEY QUESTION
Staff Interactions and Privacy	Q54 Do you feel forced to do things you don't want to do by staff members of your residence?
	Q55 Do you feel forced to do things you don't want to do by other residents?
	Q56 Do you know how to file a complaint?
	Q57 Do staff members speak a language that you understand?
	Q58 Is assistance provided to you in private, as appropriate, when needed?
	Q59 Are staff members friendly and attentive to your requests and needs?
	Q60 Do staff members always request and receive permission prior to entering your bedroom?
	Q61 Do staff members always request and receive permission prior to entering the bathroom?
	Q62 Do staff members only use a key to enter your bedroom under limited circumstances agreed upon by you?
	Q63 Do you think your health information is kept private?
	Q64 Does staff expect you to behave in a particular way to receive special privileges (e.g., special trips, extra shopping trips)?
	Q65 Do staff members ever restrict your access to community or residential activities?
	Q66 Are there surveillance cameras present in your residence?
	Services
Q68 Are you satisfied with the services you receive from staff at your residence (e.g., personal care, independent living skills training)?	
Q69 When you request services or support from staff members, do you feel the requests are accommodated?	
Q70 Do you have the option to choose the provider(s) who provides your HCB services and supports (e.g., ABI group day)?	
Q71 Do you need assistance with grooming?	
Q72 If yes to #71: is grooming assistance provided as you desire?	
Q73 Do you need assistance to dress?	
Q74 If yes to #73: are you dressed in your own clothes?	
Q75 If yes to #73: are you dressed appropriate to the time of day?	

COMPARABLE PROVIDER SURVEY QUESTION	
Q43	Do participants know how to file a complaint?
Q44	Do staff members speak to participants in a language the participants understand?
Q45	Do staff members provide assistance to participants in private, as appropriate, when needed?
Q46	Are staff members friendly and attentive to participants' requests and needs?
Q47	Do staff members always request and receive permission prior to entering a participant's bedroom?
Q48	Do staff members always request and receive permission prior to entering a participant's bathroom?
Q49	Do only a limited number of staff have keys to participants' bedrooms and bathrooms?
Q50	Is participant health information kept private and confidential?
Q51	Does the home conduct behavioral incentive programs that reward participants with special privileges when they engage in certain behaviors?
Q52	Do staff members ever restrict participants' access to community activities or activities in the home?
Q53	Are there surveillance cameras present at the home?
Q54	Do participants, or a person chosen by a participant, have an active role in the development and update of their person-centered plan/plan of care?
Q55	Are participants generally satisfied with the services they receive from staff at the home (e.g., personal care, independent living skills training)?
Q56	When participants request services or support from staff members, do staff members accommodate those requests?
Q57	Do participants generally use the same providers for HCB services and supports (e.g., ABI group day)?
Q58	Are participants who need assistance with grooming, groomed as they desire?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?
Q59	Are participants who need assistance to dress dressed in their own clothes and dressed appropriate to the time of day?

ABI Home 381		ABI Home 360		ABI Home 383	
Marrakech		Supported Living Group		Supported Living Group	
Provider	Participant	Provider	Participant	Provider	Participant
N/A	Never	N/A	Never	N/A	Sometimes
N/A	N/A	N/A	Never	N/A	Usually
Yes	No	Yes	Yes	Yes	Yes
Always	Always	Always	Always	Always	Always
Always	Always	Always	Always	Always	Sometimes
Usually	Always	Always	Always	Always	Always
Yes	N/A	Yes	Yes	Yes	Yes
Yes	No	Yes	No	Yes	No
N/A	Never	Usually	N/A	Usually	N/A
Yes	Yes	Yes	Yes	Yes	Yes
N/A	No	No	No	No	Yes
No	No	No	No	No	No
No	No	No	No	No	No
Always	Never	Always	Always	Always	Never
Usually	Usually	Usually	Always	Usually	Never
Usually	Usually	Always	Always	Always	Usually
N/A	Never	Sometimes	Sometimes	Usually	Sometimes
N/A	No	N/A	No	N/A	No
N/A	No Response	N/A	No Response	N/A	No Response
N/A	No	Yes	No	Yes	No
N/A	No Response	Yes	No Response	Yes	No Response
N/A	No Response	Yes	No Response	Yes	No Response

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