District of Columbia Personal Experience Assessment for Day and Vocational Services

Regarding Compliance with the CMS HCBS Settings Rules

1. **Introduction**

This is survey that people with intellectual disabilities who receive waiver supports, their families, and their advocates can use to help provide DDS with information about your experience with receiving day and vocational/ employment services and supports. DDS will also be asking people these questions through our Service Coordination monitoring. However, people and their families may also want to fill these out on their own. You may give a completed copy of the survey to your service coordinator.

1. **Preliminary Information**
2. Person’s Name:
3. Person’s Contact Information:
4. Service Types: (e.g. Residential Habilitation, Supported Living)
5. Service Coordinator:

e. Please provide a list of people who participated in the assessment process.

**III, Questions About the Person’s Experience.**

For each question, ask the person to rank how important this is to him or her, with 1 being not important and 5 being very important.

For each question, also ask the person to rank how often he or she gets to experience this, with 1 being never or rarely, and 5 being whenever he or she would like.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Category** | **#** | **Indicator** | **How**  **Important is this to the Person?**  **(1-5 or N/A)** | **How Often does the Person Get to Experience This?**  **(1-5 or N/A)** | **Comments** |
| *Sample: People are free from coercion.* | *1* | *You are comfortable discussing your concerns with staff at your day or vocational program.* | *5* | *5* | *I feel comfortable talking to the staff at my day program about my concerns because they listen to me and will help me when I need help.* |
| 1. The program ensures a person’s rights of privacy, dignity, respect and freedom from coercion and restraint. | 1 | People help you with your personal needs in private. |  |  |  |
| 2 | You know how to file an anonymous complaint (without telling your name). |  |  |  |
| 3 | Your health information and other personal information (mealtime protocols, therapy schedules) are kept private. |  |  |  |
| 4 | Staff do not talk about your private information in front of other people. |  |  |  |
| 5 | Staff at the day program or vocational program calls you by your name or a nickname that you like. |  |  |  |
| 1. The program optimizes a person’s initiative, autonomy, and independence in making life choices. | 6 | You make your own schedule and can decide what activities you want to participate in. |  |  |  |
| 7 | You have opportunities to learn about and participate in self-advocacy groups (such as Project Action!) |  |  |  |
| 1. The program facilitates individual choice regarding services and supports, and who provides them. | 8 | Staff knows what is important to you and what is important for you so that they can help you get what you need and want. |  |  |  |
| 9 | You have the information you need to choose your own providers, including your doctors. |  |  |  |
| 1. The program provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. | 10 | Your program helps you to look for a job in the community, if you want one. |  |  |  |
| 11 | You know about and are able to participate in activities that are important to you in the community. |  |  |  |
| 1. The program is integrated and supports access to the greater community. | 12 | Your program is located among local shops, businesses and recreational areas. |  |  |  |
| 13 | You can get training on how to use public transportation, if you would like it. |  |  |  |
| 1. The program provides opportunities to engage in community life. | 14 | You do volunteer work, go to classes, have lunch with friends and family schedule appointments, etc. in the community as you choose. |  |  |  |
| 1. The program provides opportunities to control personal resources. | 15 | If you are working, you can take your paycheck to the bank to be cashed or deposited, if you want. |  |  |  |
| 1. The program provides opportunities to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. | 16 | You have the help you need to go and do activities that you would like to do in the community such as going to parks, recreation centers, etc. |  |  |  |
| 1. The program is selected by the person from among options including non-disability specific programs. | 17 | You know how to choose what kind of day or vocational supports you receive and change them if you want to. |  |  |  |
| *Note: CMS questions (j) to (l) are not applicable to day or vocational settings.*   1. If provider-owned or controlled, the program provides that each person has privacy to attend to personal needs. | 18 | You can use the phone or computer privately, with or without support, if you want to during breaks or lunch time. |  |  |  |
| 19 | Staff always knocks before entering if you are in a bathroom or a room where you are changing your clothes. |  |  |  |
| 1. If provider-owned or controlled, the program provides units with lockable entrance doors, with appropriate staff having keys to doors as needed. | 20 | You have a secure place to lock your personal belongings during the day. |  |  |  |
| *Note: CMS questions (o) to (p) are not applicable to day or vocational settings.*   1. If provider-owned or controlled, the program provides people with the freedom and support to control their schedules and activities and have access to food any time. | 21 | You are able to have a meal at the time and place of your choosing. |  |  |  |
| 22 | You are able to make your own schedule that focuses on what you need and what you want to accomplish in your life. |  |  |  |
| 23 | You are able to choose to participate in activities that you like doing. |  |  |  |
| 24 | You can have a snack if you want, unless you have a medical condition that may require restrictions. |  |  |  |
| 1. If provider-owned or controlled, the program allows people to have visitors at any time. | 25 | Your day program or vocational program allows visitors. |  |  |  |
| 1. If provider-owned or controlled, the program is physically accessible to the person. | 26 | You have full access to all common areas of the day or vocational program. |  |  |  |
| 27 | The program location is fully accessible to you (bathrooms, break rooms) and meets your needs including having supports as needed, such as grab bars and ramps. |  |  |  |

END