District of Columbia Personal Experience Assessment for Residential Services

Regarding Compliance with the CMS HCBS Settings Rules

1. **Introduction**

This is survey that people with intellectual disabilities who receive residential waiver supports, their families, and their advocates can use to help provide DDS with information about your experience with receiving 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.

1. **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.

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| **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 & Feedback: Please use this section to provide explanations, comments, feedback, etc. to help us to understand more about the person’s experience regarding each indicator.** |
| *Sample: The home is physically accessible to the person.* | *1* | *You have the supports to move around the home the way you want to.* | *5* | *5* | *My direct support person and others who work in my home always help me to get around if I need help.* |
| 1. The home ensures a person’s rights of privacy, dignity, respect and freedom from coercion and restraint. | 1 | People help you in private, when appropriate. |  |  |  |
| 2 | You know how to file an anonymous complaint (without telling your name). |  |  |  |
| 3 | Your health information or other personal information (mealtime protocols, therapy schedules) is kept private. |  |  |  |
| 4 | Staff does not talk about your private information in front of other people. |  |  |  |
| 5 | Staff in your home calls you by your name or a nickname that you like. |  |  |  |
| 1. The home optimizes a person’s initiative, autonomy, and independence in making life choices. | 6 | You make your own schedule and can decide when to get up, take a bath or shower, and 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 home facilitates individual choice regarding services and supports, and who provides them. | 8 | Staff in your home 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 home provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. | 10 | You have the help you need to get a job, if you want one. |  |  |  |
| 11 | You know about and are able to participate in activities that are important to you and your community. |  |  |  |
| 1. The home is integrated and supports access to the greater community. | 12 | You receive the support you need to see your family and friends and spend time doing what you’d like to do in the community. |  |  |  |
| 13 | You can get training on how to use public transportation, if you would like it. |  |  |  |
| 1. The home provides opportunities to engage in community life. | 14 | You get to do things like go shopping, go to church or temple, or go out to lunch with friends and family. |  |  |  |
| 1. The home provides opportunities to control personal resources. | 15 | You are able to get your money whenever you want to and do not have to ask in advance when you need to get your money. |  |  |  |
| 1. The home 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 home is selected by the person from among options including non-disability specific homes and a private unit in a residential setting. | 17 | You get to choose where you live and know how to ask for a change in where you live if you want to. |  |  |  |
| 18 | You know how to request a private bedroom, if you want one. |  |  |  |
| 1. If provider-owned or controlled, the home provides a specific unit or dwelling that is owned, rented, or occupied under a legally enforceable agreement. | 19 | You have a lease or written agreement for your home that explains eviction and your appeal rights. |  |  |  |
| 1. If provider-owned or controlled, the home provides the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity. | 20 | You know your housing rights and when you might be required to move and what your rights are should you be asked to leave your home. |  |  |  |
| 1. If the home is provider-owned or controlled and the tenant laws do not apply, the state ensures that a lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law. | 21 | You know how to ask for a new place to live. |  |  |  |
| 1. If provider-owned or controlled, the home provides that each person has privacy in their sleeping or living space. | 22 | You can have private phone calls or send emails privately, if you want to. |  |  |  |
| 23 | People knock before coming into your room. |  |  |  |
| 1. If provider-owned or controlled, the home provides units with lockable entrance doors, with appropriate staff having keys to doors as needed. | 24 | You can close and lock your bedroom and bathroom doors. |  |  |  |
| 1. If provider-owned or controlled, the home provides people who are sharing a place to live with a choice of roommates. | 25 | You can choose a roommate and know how to ask for a new or different roommate if you want one. |  |  |  |
| 1. If provider-owned or controlled, the setting provides people with the freedom to furnish and decorate their sleeping or living space within the lease or other agreement. | 26 | You can decorate your room if you want and can change the decorations whenever you want. |  |  |  |
| 1. If provider-owned or controlled, the home provides people with the freedom and support to control their schedules and activities and have access to food any time. | 27 | You can eat what you want and decide when and where you would like to eat. |  |  |  |
| 28 | You are able to make your own schedule and can come and go as you want to. |  |  |  |
| 29 | You can ask for something else to eat, if you do not like what is served for lunch. |  |  |  |
| 30 | 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 home allows people to have visitors at any time. | 31 | You can have visitors whenever you would like them. |  |  |  |
| 1. If provider-owned or controlled, the home is physically accessible to the person. | 32 | You have full access to the kitchen, dining area, living room, laundry, and all other common areas of your home. |  |  |  |
| 33 | You are able to move around your home whenever you need to because you have all of the supports you need to do that, such as grab bars and ramps. |  |  |  |

END ###