**Integration Mandate Survey for Iowa Olmstead Consumer Taskforce**

Thank you for taking the time to complete the survey below about changes that may be happening with your services. This data will provide the Iowa Olmstead Consumer Taskforce with information to further inform conversation and advocacy regarding the status of Iowans with disabilities living and participating in the community.

*If you prefer to mail your response, please send to:*

*Center for Disabilities and Development*

*S277 Attn. Anne Crotty*

*100 Hawkins Dr.*

*Iowa City, IA 52242*

You may also complete this survey online at:

<https://uiowa.qualtrics.com/jfe/form/SV_00vuXK1i4ObZ29n>

Please complete the survey only once – if you complete a paper survey, do not complete it online.

1. Do you receive a Medicaid Waiver or Habilitation services in the community?

* + Yes
  + No

If no, you do not need to go further. Thank you for your time.

2. Which program funds your services?

* + Intellectual Disability Waiver
  + Brain Injury Waiver
  + Health and Disability Waiver
  + Physical Disability Waiver
  + Children’s Mental Health Waiver
  + HIV Waiver
  + Elderly Waiver
  + Habilitation
  + Not applicable

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3. Between April 1, 2016 to now, have you experienced any changes in your services that changed your home environment or kept you from participating in your community? Please choose all options that apply.

* + No
  + Required to move into a home with more roommates
  + Loss of home or community unsupervised time
  + Loss of staff supervision replaced by electronic supervision
  + Loss of transportation to pre- employment activities
  + Loss of transportation to supported - employment activities
  + Loss of transportation to employment activities
  + Loss of transportation to adult day care
  + Loss of transportation to day habilitation services
  + Loss of choice in activity participation
  + OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If you are receiving Home and Community Based Services (HCBS), please choose which environment you currently live/receive services:

* + Intermittent services (in own home or family home)
  + 24 hour/ daily services in supervised setting (with no roommates)
  + 24 hour/ daily services in supervised setting (with 1 roommate)
  + 24 hour/ daily services in supervised setting (with 2 roommates)
  + 24 hour/ daily services in supervised setting (with 3 roommates)
  + 24 hour/ daily services in supervised setting (with 4 roommates)
  + 24 hour/ daily services in supervised setting (with 5 roommates)
  + 24 hour/ daily services in supervised setting (with more than 5 roommates)

5. If living with roommates, did you choose your roommates?

* + Yes
  + No

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6. If living with roommates, what is your satisfaction of your relationships with your roommates?

* + Very satisfied
  + Satisfied
  + Neutral
  + Not Satisfied
  + Very Unsatisfied

7. Between April 1, 2016 to now, have you been required to move to a higher level of care because of funding or rate changes?

* + No
  + Yes - HCBS to Residential Care Facility (home licensed by the State to provide personal assistance with daily activities)
  + Yes -HCBS Intermediate Care Facility-Intellectual Disability (group home or larger residential facility licensed by the state)
  + Yes - HCBS to Skilled Nursing (rehabilitation facility)
  + Yes - HCBS to Nursing Facility (nursing home)

8. If yes, please explain the reason for your move.

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9. If yes, please rate your satisfaction with your move.

* + Very satisfied
  + Satisfied
  + Neutral
  + Not Satisfied
  + Very Unsatisfied

10. Does your level of care limit your freedom of choice?

* + Yes
  + No
  + Not sure

11. If yes, how?

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12. Do you feel that the other people limit your freedom of choice?

* + Yes
  + No
  + Not sure

1. Did someone help you complete this survey?

* Yes
* No

1. If yes, who helped you complete this survey?
   * Family member
   * Friend
   * Personal care staff
   * Other

13. If you are willing, please include your contact information.

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Phone Number |  |
| Mailing address |  |
| City, State, Zip |  |
| Email address |  |

Thank you for completing this survey.