

2024 Annual Report:

Consumer Assessment of Healthcare Providers
and Systems Home and Community-Based
Services (HCBS CAHPS[®]) Survey Results:
Connecticut Community First Choice

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Table of Contents

I.	Introduction	1
II.	Methods	1
	A. HCBS CAHPS® Survey	1
	B. Survey Administration	2
	C. Sampling Methodology	2
	C. Measures	3
III.	Results	4
	A. Respondent Sample	4
	B. Consumer Demographics	5
	C. Program Service Use	7
	D. Key Results	7
	E. Additional Findings	15
IV.	Conclusions	20
	A. Respondent Sample	20
	B. Key Results	20
	C. Additional Findings	21
	D. Looking Forward	22
V.	Appendices	22
	A. Composite Measures Items	23
	B. HCBS CAHPS® Survey – Connecticut version 2019 (DSS waivers and CFC)	25

I. Introduction

Connecticut has seen a growth in the use of Medicaid funded home and community-based services (HCBS) over the past 15 years. According to data provided by the Connecticut Office of Policy and Management, in 2009 53% of Connecticut residents using Medicaid long-term services and supports (LTSS) received these services in the community, and 47% received them in a facility. By 2023, 69% of residents using LTSS received them in the community ([Connecticut Money Follows the Person Report: Quarter 3: July 1 - September 30, 2024](#). (2024). UConn Center on Aging, prepared for the Connecticut Department of Social Services). HCBS are provided through various state plan programs and Medicaid waivers. The Department of Social Services (DSS) operates six waivers including the Connecticut Home Care Program, Personal Care Assistance, Acquired Brain Injury 1 and 2, Katie Beckett, and Autism waivers. Additional waivers are operated by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS). Connecticut state plan HCBS include Community First Choice (CFC), a self-directed 1915k program begun in 2015.

Historically, most of Connecticut's various HCBS programs used diverse program and agency-specific instruments to obtain the participant experience data required for quality assurance by the Centers for Medicare and Medicaid Services (CMS) and DSS. To improve the quality of the data and inform program comparison, Connecticut first implemented the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) survey in 2017 in the CHCP, PCA, and ABI waivers. The HCBS CAHPS survey is a standardized, cross-disability instrument used to assess and improve HCBS program quality. Using the HCBS CAHPS survey allows for the comparison of various HCBS programs, as individuals with different disabilities and services respond to the same questions. Connecticut now uses the HCBS CAHPS survey in eight of its Medicaid programs: Connecticut Home Care Program (CHCP) Categories 3 and 5, CFC, and the Personal Care Assistant (PCA), Acquired Brain Injury 1 and 2 (ABI), Autism, and Katie Beckett waivers. Connecticut also uses the survey for program evaluation and quality for additional HCBS programs such as Money Follows the Person. In 2022, DMHAS began using a modified version of the HCBS CAHPS survey in its Mental Health Waiver participant survey. The HCBS CAHPS survey provides Connecticut with one consistent approach to assess quality and facilitate reporting across HCBS programs. For more information about the HCBS CAHPS survey and its implementation with the waiver programs, please see the [Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services \(HCBS CAHPS\) Survey Results: Connecticut HCBS Programs Report, 2024](#).

II. Methods

A. HCBS CAHPS Survey

The HCBS CAHPS survey is composed of eleven sections: cognitive screen, identification of paid services, personal assistance and/or behavioral health staff services, homemaker services, case manager services, choosing your services, transportation, personal safety, community inclusion and empowerment, demographics, and an employment module. A participant's waiver or HCBS program determines which staff services to ask about and what terms to use to refer to these services (see Table 1). The HCBS CAHPS survey is attached in Appendix B.

Table 1. HCBS Program Staff Services

	CHCP	PCA	ABI	Autism	Katie Beckett	CFC Only
Personal care assistance/attendant	X	X	X	X		X
Behavioral health			X*	X**		
Homemaking services***	X	X	X	X		X
Case manager	X	X	X	X	X	
Support and planning coach						X
Job coach services			X	X		

*Independent Living Skills Training (ILST)

**Life skills coach or community mentor

***Homemaking services include household tasks complete by any type of HCBS staff, including PCAs.

B. Survey Administration

Quality assurance staff from CHCP, PCA, and ABI care management Access Agencies complete HCBS CAHPS by interviewing a representative sample of their CHCP, PCA, and ABI clients. DSS has administered HCBS CAHPS surveys to a sample of Autism and Katie Beckett waiver participants, and UConn will conduct these surveys in the next survey cycle. Beginning in 2019, the UConn Center on Aging (UConn) annually conducts surveys with CFC program participants who are not on a waiver (CFC Only participants). DMHAS quality assurance staff administer the Mental Health waiver (MHW) participant survey. However, because the MHW survey includes only a small subset of HCBS CAHPS survey items, MHW survey results were excluded in this analysis.

UConn provides ongoing training and technical assistance for the quality assurance staff and supervisors from all four Access Agencies, DSS, and DMHAS. UConn provides and supports a secure online HCBS CAHPS platform with program specific surveys. Computer assisted telephone and in-person interviewing programming is used to direct the interviewer to the correct question and accurately follow the skip patterns for each type of survey.

C. Sampling Methodology

CFC provides a broad range of services, including self-directed personal attendant services. If eligible, CFC participants can also receive Medicaid waiver services, providing there is no duplication of services. Eligible Medicaid waiver participants can access self-directed personal care assistance and other services by using CFC. This report uses HCBS CAHPS survey results to examine three groups of respondents:

- Participants who use only CFC services (CFC Only)
- Waiver participants who also use CFC services (CFC Plus Waiver)
- Participants in both groups combined (CFC All)

i. CFC participants not using waiver services

To obtain the sample of CFC participants not using waiver services, DSS provided the UConn research team with a list of CFC participants who had a CFC service claim from January 1, 2023 to August 1, 2023, but no waiver claims during this time. MFP participants were excluded, as were participants whose service plan was transmitted to the fiscal intermediary within less than three months in order to exclude participants who had not yet begun services. Due to limitations in obtaining claims information, the list included some CFC participants who were on a waiver. Using information from the Connecticut MyCommunityChoices website, UConn removed participants whose records indicated they were likely using waiver services and assigned the remaining participants into one of three target populations: Developmental Disability (DD), physical disability under 65 (PD), or older adult (OA). Each group was

independently randomized. The completed survey sample aims to include 25% DD, 50% PD, and 25% OA surveys.

UConn sent notification letters with information about the survey to potential participants. Within two weeks of sending the letter, UConn contacted participants and invited them to do the interview. If there were a conservator or legal guardian listed, UConn sent the notification letter to the conservator/legal guardian and contacted them first before contacting the participant. Surveys were conducted from October 4, 2023 to November 8, 2023. These CFC participants not receiving waiver services comprise the CFC Only group.

ii. CFC participants using waiver services

Data for CFC participants using waiver services was derived from the annual HCBS CAHPS surveys completed by Access Agencies and DSS. Using client enrollment numbers as of July 1, 2023, DSS determined the target number of surveys for each Access Agency and DSS to reach a representative sample of their clients in each of their programs. Using random sampling, Access Agency and DSS quality assurance staff contacted waiver participants from their client lists and invited them to do the survey. Surveys were completed between July 1, 2023 to June 30, 2024, following the state fiscal year. The waiver program random samples included both waiver participants who only use waiver services and waiver participants who use CFC services in addition to the waiver services. Of the 1365 HCBS CAHPS surveys completed from July 1, 2023 to June 30, 2024, 345 of these waiver participants were identified through administrative data as also on CFC. This group includes participants from CHCP Categories 3 and 5, PCA, ABI, Autism, and Katie Beckett waivers. Collectively, these participants are referred to as the CFC Plus Waiver group.

D. Measures

Key results are presented using established HCBS CAHPS® composite and other key measures (see Table 2). Each composite scale comprises three to twelve individual questions (see Appendix A). Additional key results include staff global rating, staff recommendation, unmet need for services, and physical safety. This report also presents results from individual items not covered by these measures.

Following CAHPS protocol, this report presents the composites, global ratings, and recommendations in two ways: the mean or average score, and the percentage with the highest score. The latter is especially helpful when comparing services or providers, as it often highlights which programs are delivering the highest quality service. For more information about the HCBS CAHPS key results including their scoring, please see the [Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services \(HCBS CAHPS\) Survey Results: Connecticut HCBS Programs Report, 2024.](#)

Table 2. Key Measures

Composites	Staff are reliable and helpful
	Staff listen and communicate well
	Case manager is helpful
	Choosing services that matter to you
	Transportation to medical appointments
	Personal safety and respect
	Community inclusion and empowerment*
Global ratings	Personal care/Recovery assistance/Behavioral health staff
	Homemaking services
	Case manager
Recommendations	Personal care/Recovery assistance/Behavioral health staff
	Homemaking services
	Case manager
Unmet need	Personal care
	Meals
	Medications
	Toileting
	Household tasks
Physical safety	Did any staff hit or hurt you

*Formerly known as “Planning your time and activities.” Composite items and scoring did not change.

III. Results

A. Respondent Sample

Data in figures and tables is presented as CFC Only (non-waiver participants only using CFC services), CFC Plus Waiver (waiver participants who also use CFC services), and CFC All (participants in both groups combined) to easily highlight differences between the CFC Only and CFC Plus Waiver groups. Table 3 shows the total sample size for each of the three groups analyzed in this report. See Table 4 for the waiver composition of the CFC Plus Waiver participants.

Table 3. CFC 2024 Annual Report Sample

Participant program	Surveys completed (N)
CFC Only	103
CFC Plus Waiver	345
Total CFC participants	448

Table 4. Waiver composition of CFC Plus Waiver sample

Waiver Program	Surveys completed (N)
CHCPE	16
PCA	287
ABI	21
Autism	3
Katie Beckett	18
Total CFC plus waiver	345

Overall, 72% of both CFC Only and CFC Plus Waiver surveys were completed by the consumer. CFC Only participants were more likely to complete interviews by proxy (Table 5). For assisted interviews, the person assisting most often helped by answering some of the questions for the consumer or prompting the consumer.

Table 5. Survey Respondents

	CFC Only n (%)	CFC Plus Waiver n (%)	CFC All n (%)
By self	68 (66.0)	253 (73.3)	321 (71.7)
With assistance	5 (4.9)	16 (4.6)	21 (4.7)
By proxy	30 (29.1)	76 (22.0)	106 (23.7)

B. Consumer Demographics

Consumer demographics by program are presented in Table 6. There are noticeable differences between the CFC Only participants and the CFC Plus Waiver participants in every type of demographic data collected. For example, compared to the CFC Plus Waiver group, the CFC Only group has both a larger cohort under age 25 (17% CFC Only vs. 6% CFC Plus Waiver) and a larger percentage of consumers 65 and older (28% CFC Only vs. 7% CFC Plus Waiver). More than double the number of CFC Only participants identify as Latino (45% vs. 19%), and a larger portion of CFC Only participants speak primarily Spanish (9% vs. 1%). On the other hand, CFC Plus waiver participants are more likely to identify as White race and have at least some college education.

Table 6. Consumer Demographics*

		CFC Only %	CFC Plus Waiver %	CFC All %
Age		N=103	N=345	N=448
	<18	8.7	4.1	5.1
	18-24	8.7	1.7	3.4
	25-34	4.9	8.1	7.4
	35-44	8.7	14.2	13.0
	45-54	14.6	21.5	19.9
	55-64	26.2	43.2	39.3
	65-74	24.3	5.5	9.8
	75+	3.9	1.7	2.2
Language		N=103	N=343	N=446
	English Only	54.4	83.3	76.7
	Spanish Only	8.7	1.2	2.9
	Multilingual/ Other	36.9	15.5	20.4
Race		N=98	N=336	N=434
	White	44.9	65.8	61.1
	Black	34.7	27.1	28.8
	Other	20.4	7.1	10.1
Ethnicity		N=103	N=321	N=424
	Non-Hispanic	55.3	80.7	74.5
	Hispanic	44.7	19.3	25.5
Education Level		N=102	N=337	N=439
	< 8th Grade	21.6	6.5	10.0
	Some high school	30.4	10.1	14.8
	High school degree	29.4	43.0	39.9
	Some college	16.7	30.6	27.3
	4-year college	2.0	7.4	6.2
	More than 4 year degree	0.0	2.4	1.8
Gender		N=103	N=345	N=448
	Male	30.1	53.0	47.8
	Female	69.9	47.0	52.2

*The percentages listed for each item are based on the total number of valid responses to that question (N). Missing data not reported.

C. Program Service Use

Participants reported using a variety of program services to accommodate their needs in the three months prior to completing the survey (see Table 7). Although overall one-third of CFC Plus Waiver and 91% of CFC Only consumers reported having homemaking services, the great majority of all CFC participants reported using the same person for personal care and homemaking. Only 5 CFC Plus Waiver and 8 CFC Only consumers had a staff person they used exclusively for homemaking activities. Despite these small numbers, the experiences of CFC participants with their homemaking staff are reported to show trends.

CFC Only consumers do not get case management, but they do have the option of hiring a support and planning coach. The case management questions were used to ask CFC Only consumers about their experiences with this type of staff. Support and planning coaches can assist the consumer in many ways, including budgeting for services, implementing the service plan, and hiring, training, and managing staff.

When asked if they used support and planning coach services “to help you make sure that you had all the services that you need,” 24% (n=25) of CFC Only consumers said they did. This is in contrast to 2023, when only 10% of CFC Only participants said they knew their support and planning coach. Participants then identified various staff who helped them this way. However, based on how these participants often identified their support and planning coaches, for example as a case manager, social worker, or by name, it is difficult to know if that person was hired by the consumer as a support and planning coach. Despite these limitations, this report presents what CFC Only consumers reported regarding their experience with any provider they identified as their support and planning coach.

Table 7. Program Service Use

	CFC Only %	CFC Plus Waiver %	CFC All %
	N=103	N=345	N=448
Personal care assistant/attendant	93.2	93.0	93.2
Behavioral health*	0	7.3	5.4
Homemaking services**	7.8	1.5	3.0
Case manager	0	72.8	56.0
Support and Planning Coach	24.3	0	5.6

*Independent Living Skills Training (ILST) services (ABI); Life skills coach or community mentor services (Autism)

**These numbers exclude homemaking staff who also provide PCA services.

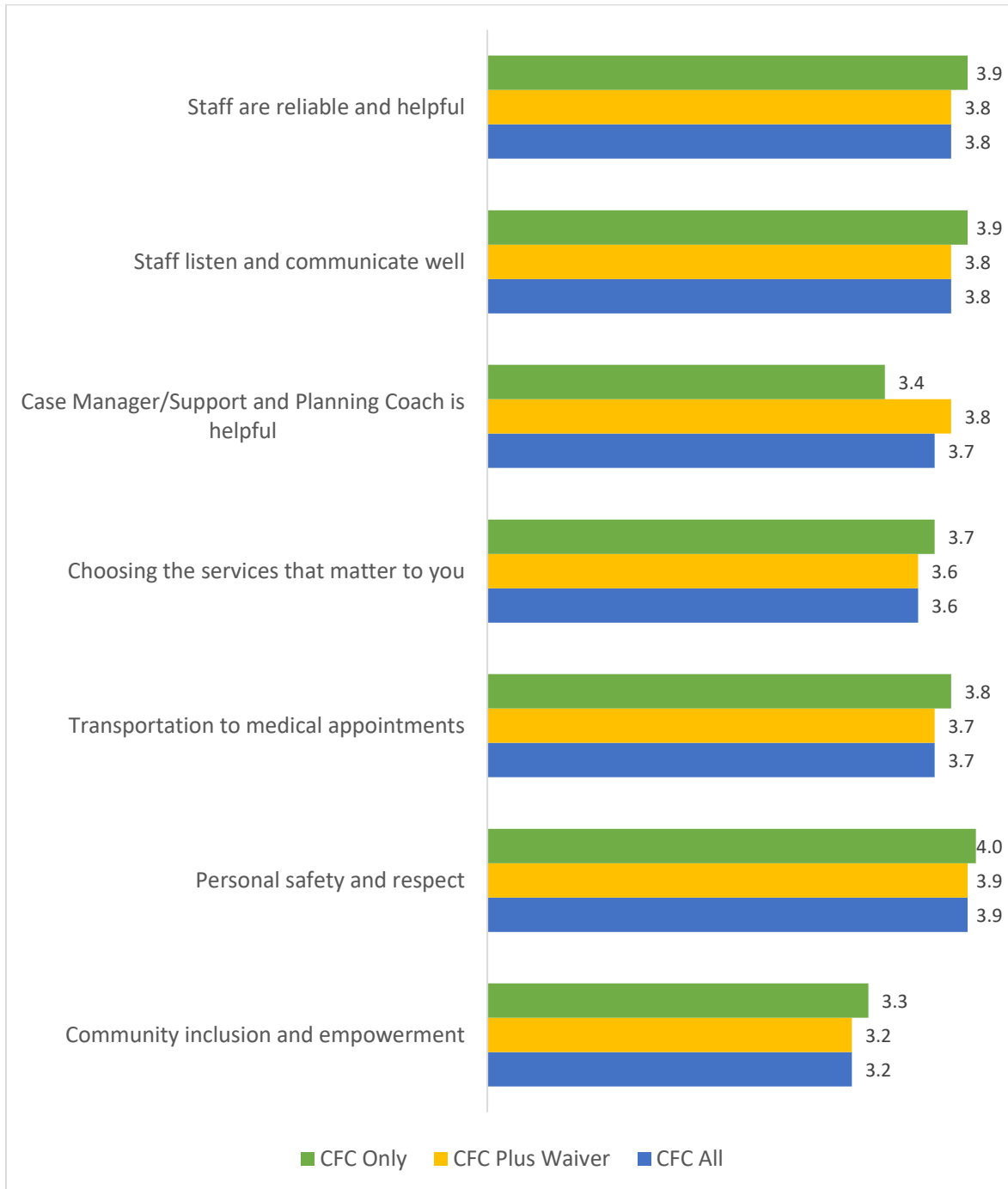
D. Key Results

All the key measures (composites and staff global ratings and recommendation) show results for the three groups separately. The composite measures, global ratings, and recommendations by program are displayed two ways: the mean score and the percentage reporting the highest score. As described above, it should be noted that in many instances, the number of CFC Only respondents is considerably smaller compared to the CFC Plus Waiver, which makes some comparisons difficult.

i. Composite measures by program

Overall, mean scores for most composite measures were high for both CFC Only and CFC Plus Waiver groups (Figure 1). Following the trends seen in previous HCBS CAHPS reports, participants in both groups reported highest scores for personal safety and respect and lowest scores for community inclusion and empowerment (formerly referred to as “planning your time and activities”). CFC Only consumers reported lower mean scores for the composite care manager/support and planning coach is helpful compared to CFC Plus Waiver participants.

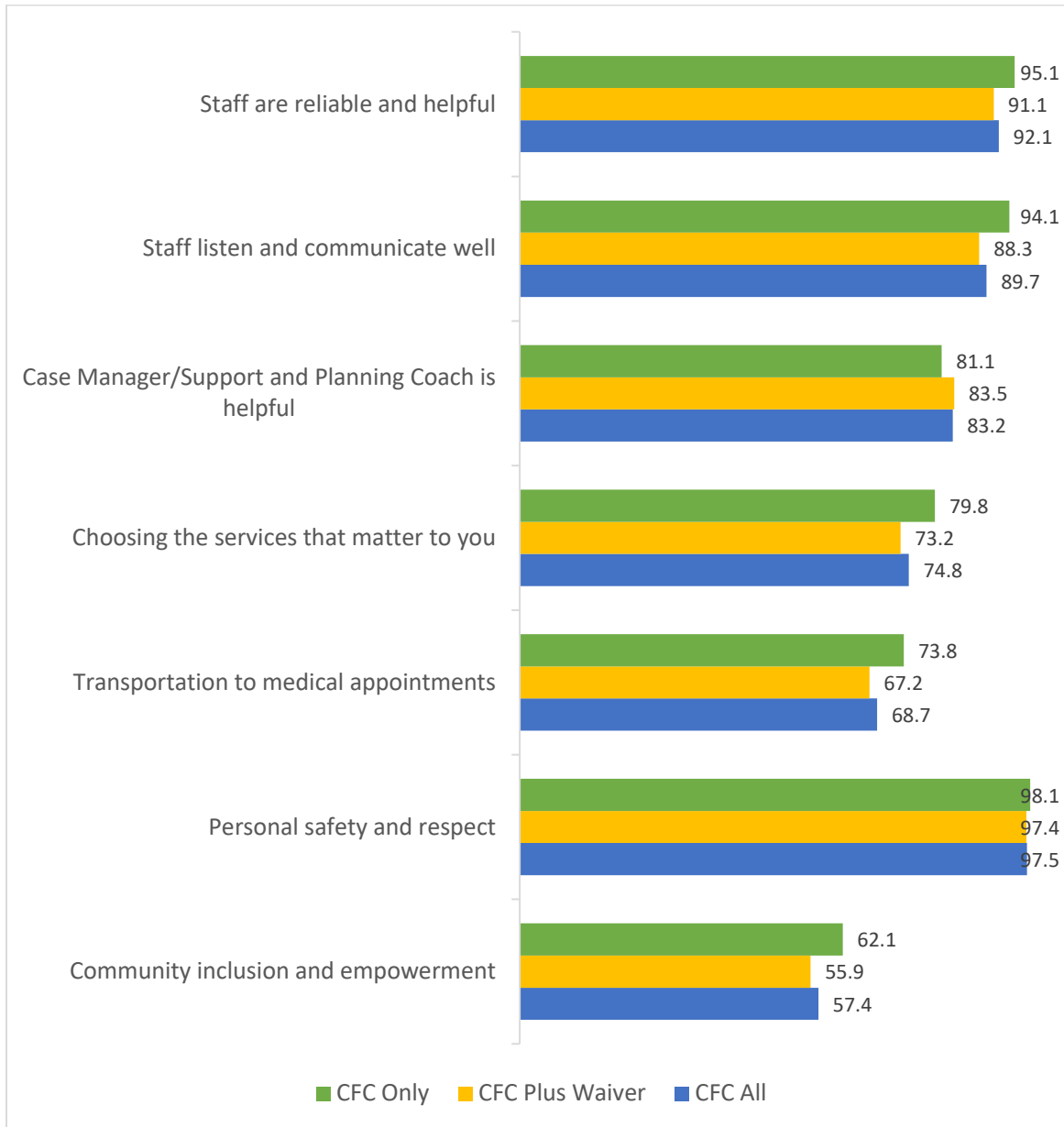
Figure 1. Composite Measures by Program: Mean Scores (Range 1-4)*



*In Figures 1 and 2, “Staff” combines all PCA, ILST, homemaking, life skills coach, and community mentor staff.

Figure 2 shows the percentage of participants in each program who gave the most positive answer for each composite item – a nine or ten, on a scale from zero to ten. This method usually highlights any differences across composites and populations more clearly. A greater percentage of CFC Only participants gave the highest score for the composites covering staff communication, transportation to medical appointments, and choosing the services that matter to them compared to CFC Plus Waiver consumers. On the other hand, a smaller percentage of CFC Only participants gave the highest score for the composite care manager/support and planning coach is helpful.

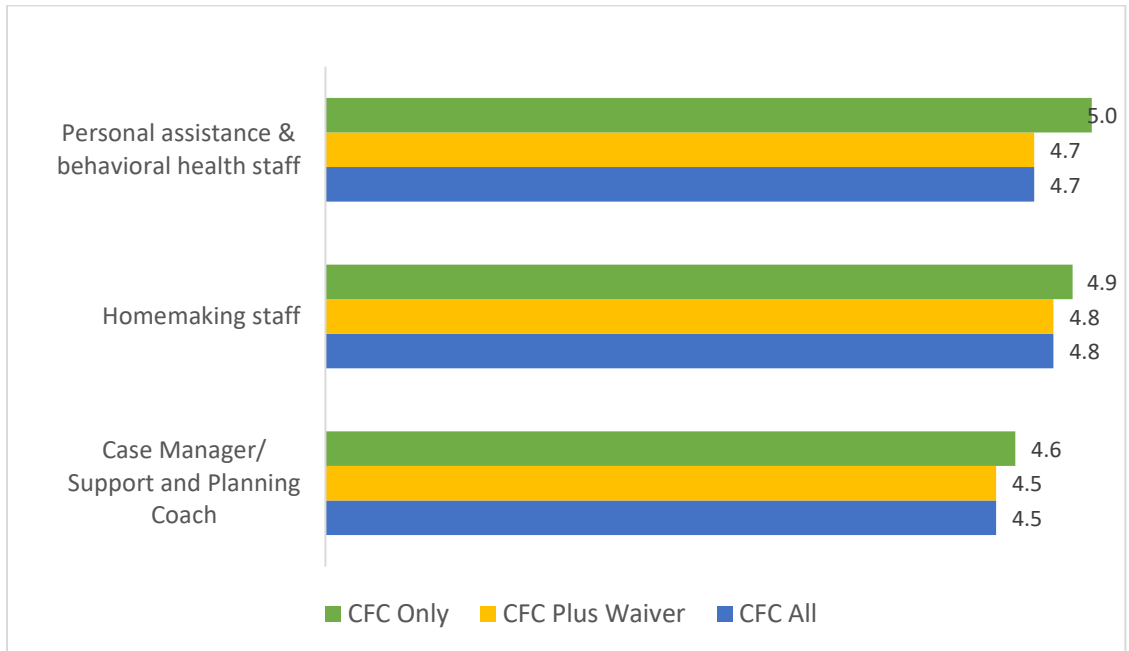
Figure 2. Composite Measures by Program: Percentage with Highest Score



ii. Global ratings by program

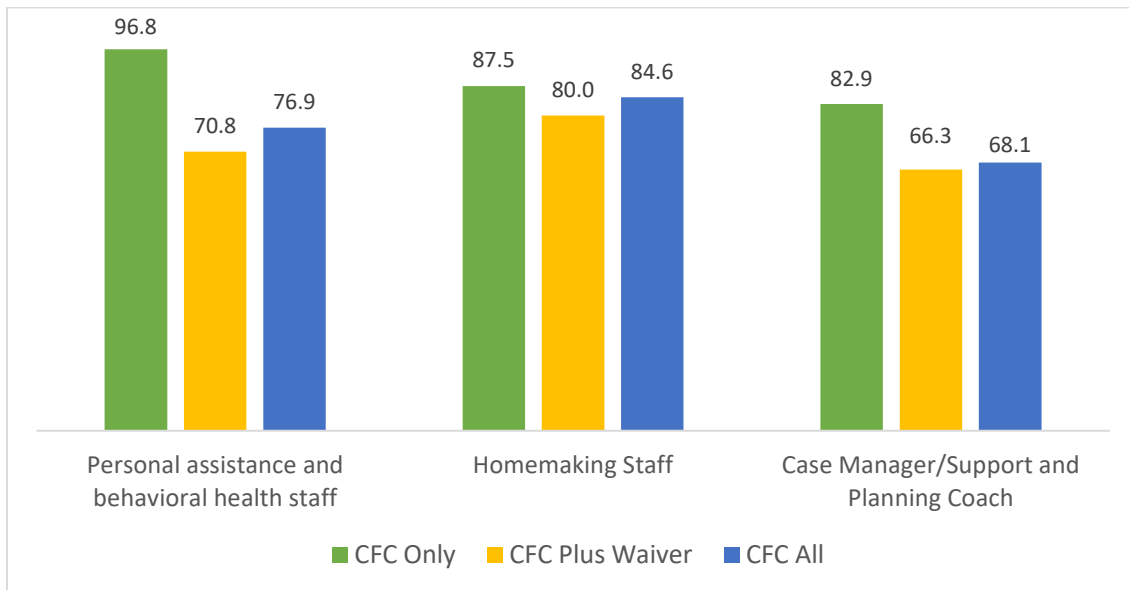
While both groups of CFC participants rated their staff highly, CFC Only participants gave their PCA staff slightly higher mean scores than their CFC Plus Waiver counterparts (Figure 3). Figure 4 presents the percentage of participants in each program who gave their staff the highest rating possible. CFC Only participants were much more likely to give their PCAs and care manager/support and planning coaches the highest rating compared to CFC Plus Waiver participants.

Figure 3. Global Ratings by Program: Mean Score (Range 1-5)*



*In Figures 3, 4, 5, and 6, “Personal assistance & behavioral health staff” combines all PCA, ILST, life skills coach, and community mentor staff. “Homemaking staff” only includes staff who assist exclusively with homemaking tasks or household chores and do not provide personal care.

Figure 4. Global Rating by Program: Percentage Who Rate Their Staff a “9” or “10” (Range 0-10)



iii. Recommendations by program

When asked if they would recommend their personal care staff, homemaking staff, or case manager/support and planning coach, CFC Only participants gave their PCAs and homemaking staff slightly higher recommendation mean scores than CFC Plus Waiver participants (Figures 5 and 6). When examined by top box score, CFC Only participants were much more likely to “definitely” recommend their PCAs, homemaking staff and their care manager/support and planning coaches (Figure 6).

Figure 5. Recommendations by Program: Mean Score (Range 1-4)

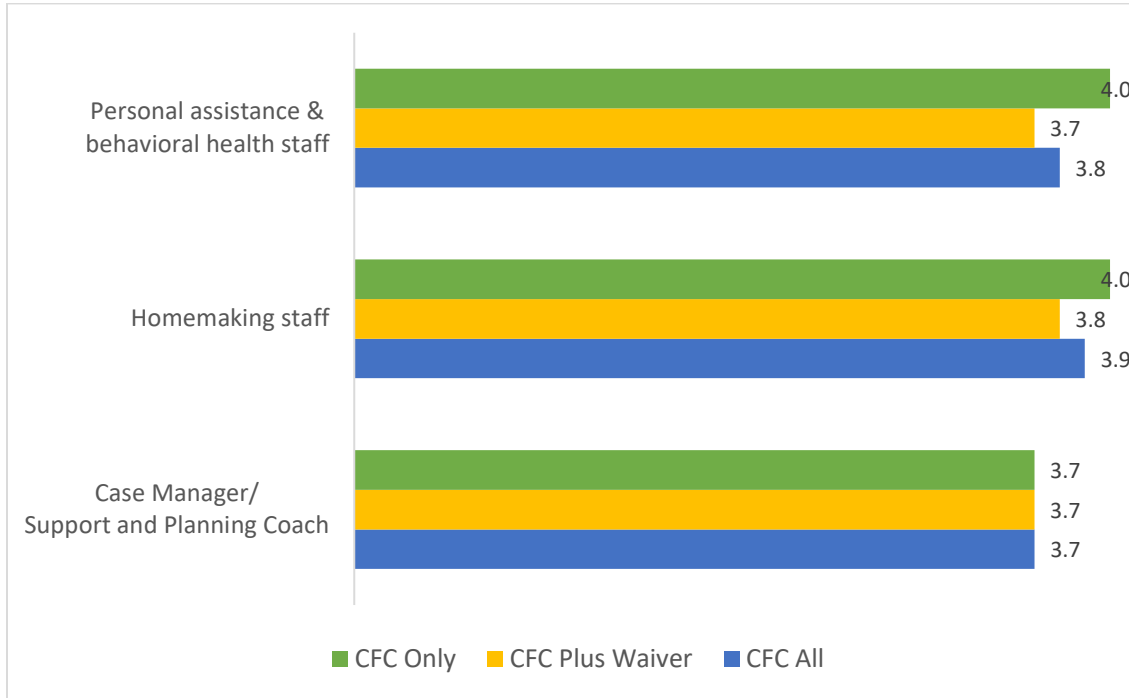
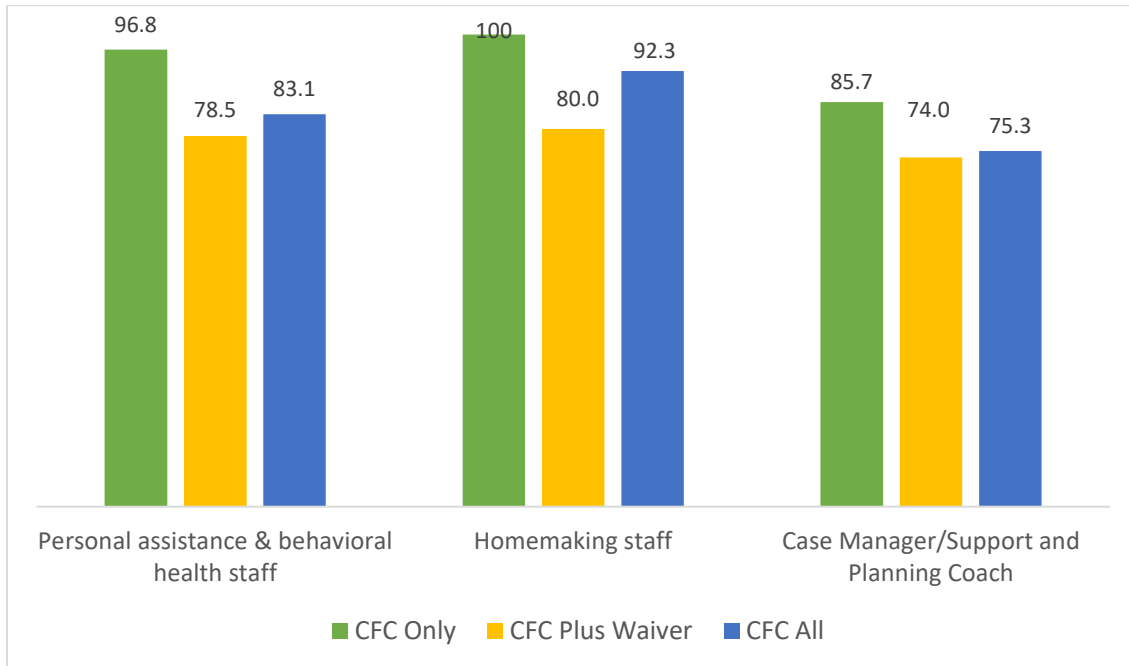


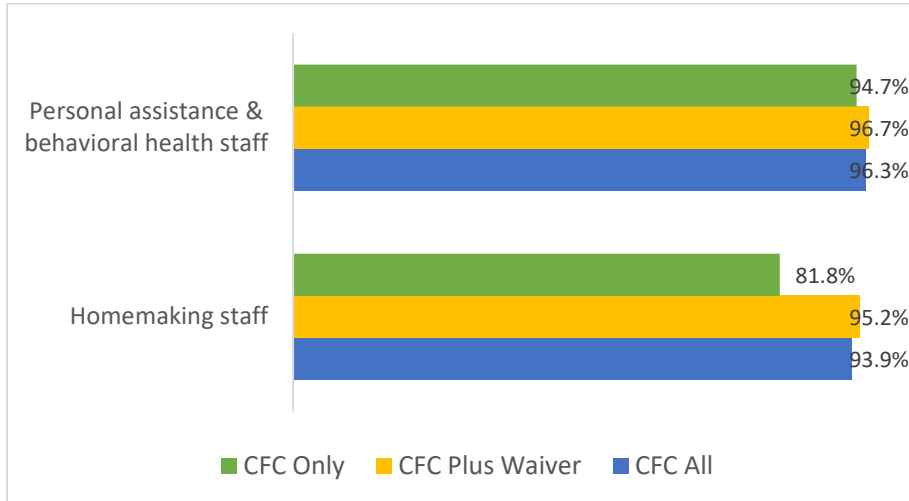
Figure 6. Recommendations by Program: Percentage Who “Definitely” Recommend Staff



iv. Additional staff and case manager measures

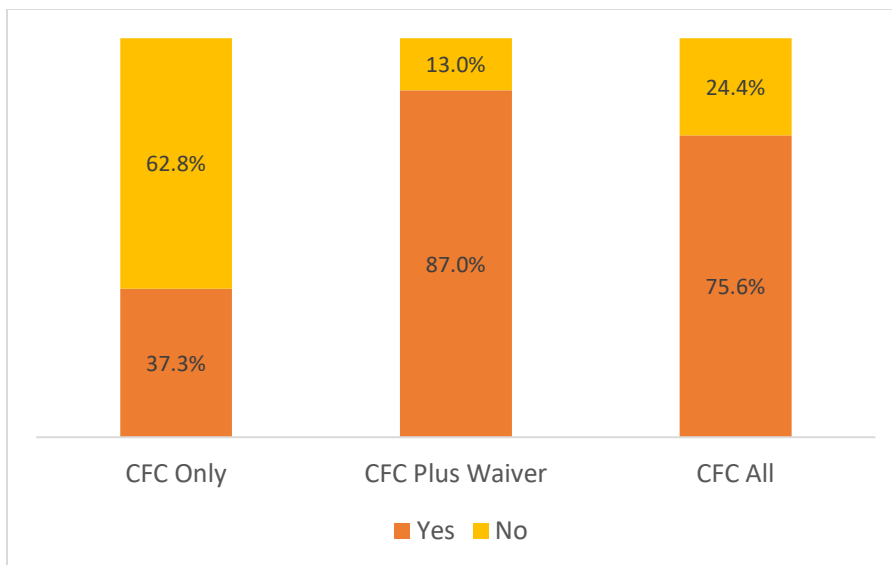
Participants with personal care, behavioral, or homemaking services were asked, “Did [staff] encourage you to do things for yourself if you could?” CFC Plus Waiver participants were more likely to report that their homemaking staff encouraged them to do things for themselves if they could (Figure 7).

Figure 7. Staff Encourage You to Do Things for Yourself - Percentage Positive Responses



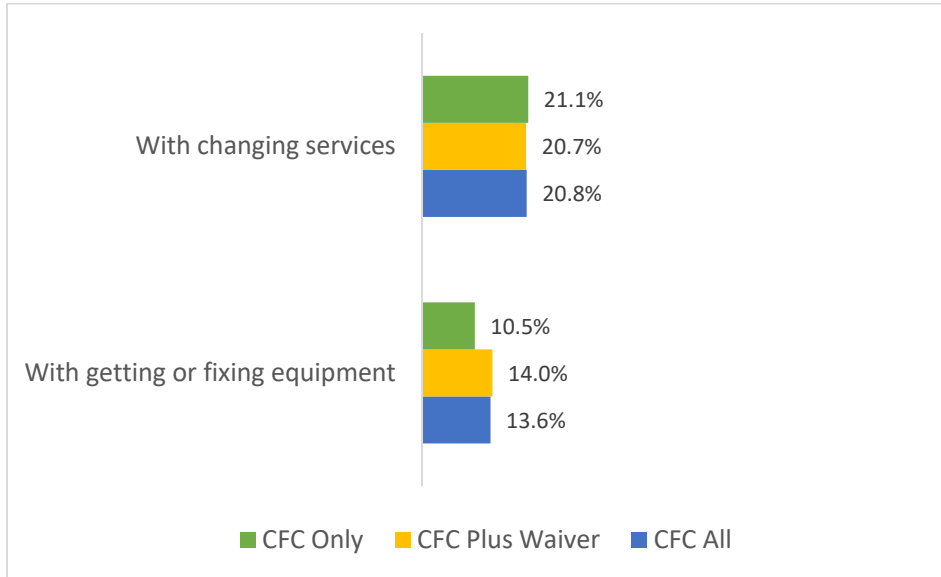
Consistent with previous reports, when directly asked if they knew who their care manager or support and planning coach was, most (87%) CFC Plus Waiver participants knew their case manager. Meanwhile, just over a third (37%) of CFC Only participants identified someone as their support and planning coach (Figure 8). Still, this is a notable increase from last year, when only 10% of CFC Only participants identified someone as their support and planning coach. The relatively low use of this service is likely influenced by a variety of factors, including availability of support and planning coaches across the state, that it is an optional service which must be included in the total budget for services, and that support and planning coaches are often just used at the start of CFC Only services but may not be continued.

Figure 8. Identified a Care Manager or Support and Planning Coach



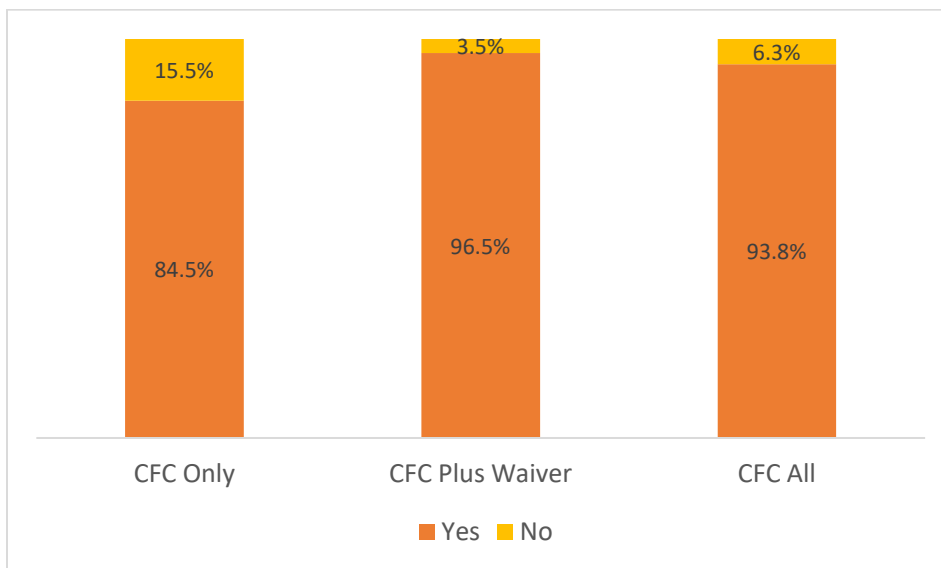
CFC Only and CFC Plus Waiver were equally likely to ask their support and planning coach or care manager with assistance with changing services, while CFC Plus Waiver were more likely to ask for help with equipment (Figure 9).

Figure 9. Asked Care Manager for Assistance with Changing Services or Equipment – Percentage Positive Responses



When asked, “In the last 3 months, who would you have talked to if you wanted to change your care plan/service plan?” almost all (97%) CFC Plus Waiver participants and 85% of CFC Only participants, knew someone to contact (Figure 10). This represents an 11% increase over 2023 for CFC Only participants.

Figure 10. Knows Someone to Talk to if Want to Change Care Plan



An open-ended follow-up question asked participants to name the person they would talk to if they wanted to change their care plan. The great majority (90%) of CFC Plus Waiver participants said they would talk to their case manager (Table 8). Meanwhile, just 38% of CFC Only participants said they would talk to a social worker or support and planning coach (or someone with a similar role). On the other hand, CFC Only participants would turn to family and friends to a greater extent than CFC Plus Waiver (28% CFC Only, 17% CFC Plus Waiver). Further, 17% of CFC Only participants did not know who they would talk to in order to change their service plan, compared to just 3% of CFC Plus Waiver participants.

Table 8. Who Would You Talk to if You Wanted to Change Your Care Plan?*

	CFC Only N=87 n (%)	CFC Plus Waiver N=333 n (%)	CFC All N=420 n (%)
Waiver case manager	0 (0)	300 (90.1)	300 (71.4)
Support & Planning Coach, assessor, or social worker (CFC Only)	33 (37.9)	0 (0)	33 (7.9)
Other staff or home care agency/provider	19 (21.8)	17 (5.1)	36 (8.6)
Family/friends	24 (27.6)	57 (17.1)	81 (19.3)
Someone else	16 (18.4)	11 (3.3)	27 (6.4)
Do not know	15 (17.2)	10 (3.3)	25 (6.0)

*Open-ended question. Responses coded into 4 categories. The percentages listed for each item are based on the total number of valid responses to that question.

v. Unmet needs

CFC Only and CFC Plus Waiver participants who reported receiving some type of personal care, behavioral support, or homemaking assistance were further asked if they needed help with five everyday activities (Table 9). More CFC Only participants reported a need for assistance with taking medications, while CFC Plus Waiver participants were much more likely to need assistance with using the toilet.

Table 9. Self-reported Assistance with Everyday Activities*

Needs assistance with:	CFC Only n (%)	CFC Plus Waiver n (%)	CFC Combined n (%)
Personal care	87 (91.6)	285 (91.9)	372 (91.9)
Meals or eating	92 (96.8)	298 (96.1)	390 (96.3)
Taking medications	78 (82.1)	231 (74.5)	309 (76.3)
Using the toilet	53 (55.8)	217 (70.2)	270 (66.8)
Housekeeping or laundry	94 (91.3)	105 (32.2)	199 (46.4)

*Items asked only if the respondent reported they received either PCA, behavioral, or homemaking services.

To determine unmet need in these areas, participants who reported receiving PCA, behavioral, or homemaking services were asked if they did not do the activity in the past three months specifically due to a lack of staff to assist them. Fourteen of all CFC participants indicated one or more unmet need. Seven reported an unmet need for personal care such as bathing or dressing, 2 for meals or eating, 2 for medications, 4 for using the toilet, and 3 for household tasks (separate items, can report more than one). This only captures unmet need for participants who received PCA, behavioral, or homemaking services, but does not assess the possible unmet need of participants who needed help with an activity but did not receive that type of service at all.

vi. Physical safety

Participants were asked, “In the last 3 months, did any {staff} hit you or hurt you?” to determine if any physical abuse took place. One CFC Plus Waiver participant reported being hit by a staff person in the last 3 months, and stated that a family member or friend was working with them to fix the problem.

E. Additional Findings

i. Living situation and social support

As shown in Table 10, CFC Plus Waiver participants were more likely to live alone or without other adults (52% CFC Plus Waiver vs. 44% CFC Only). While about 80% of either group lived near family, CFC Plus Waiver participants were more likely to have friends who lived nearby.

Table 10. Living Situation and Social Support*

		CFC Only %	CFC Plus Waiver %	CFC All %
Number of adults living in household		N=103	N=345	N=448
	1	43.7	51.6	49.8
	2-3	51.5	44.6	46.2
	4+	4.9	3.8	4.0
Lives with family member/s		N=58	N=167	N=225
	Yes	86.2	86.8	86.7
	No	13.8	13.2	13.3
Lives with non-family		N=58	N=167	N=225
	Yes	15.5	11.4	12.4
	No	84.5	88.6	87.6
Family member/s live nearby		N=103	N=342	N=445
	Yes	80.6	80.4	80.5
	No	19.4	19.6	19.5
Friend/s live nearby		N=103	N=342	N=445
	Yes	43.7	65.5	60.4
	No	56.3	34.5	39.6

*Percentages listed for each item are based on the total number of valid responses to that question (N).

ii. Physical and mental health

Consistent with findings in previous years, a greater percentage of CFC Only participants reported fair or poor physical health than CFC participants on a waiver (66% vs. 49%, respectively) (Figure 11). CFC Only participants also reported much worse mental health – 51% reported fair or poor mental or emotional health, compared to 19% of CFC Plus Waiver (Figure 12).

Figure 11. Self-Reported Physical Health

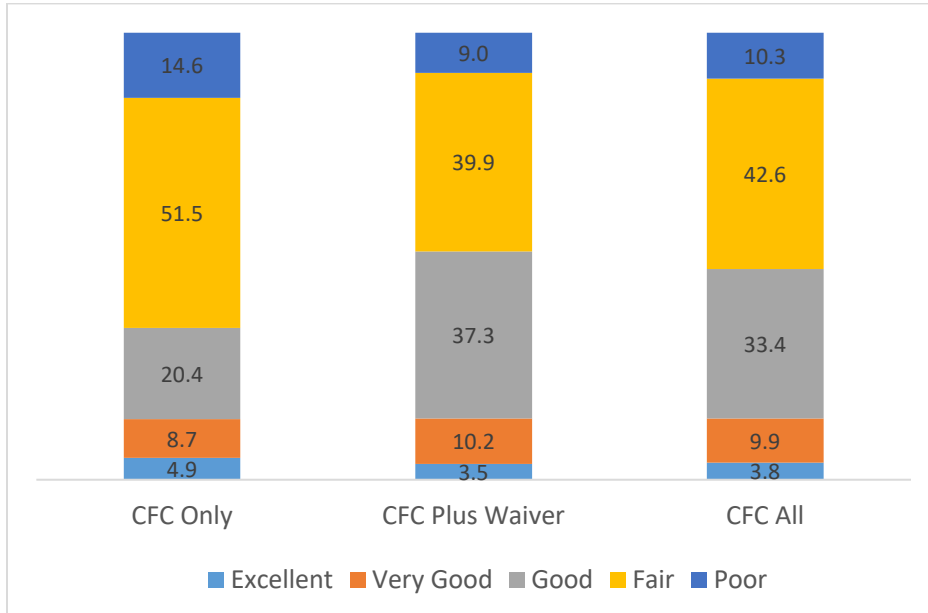
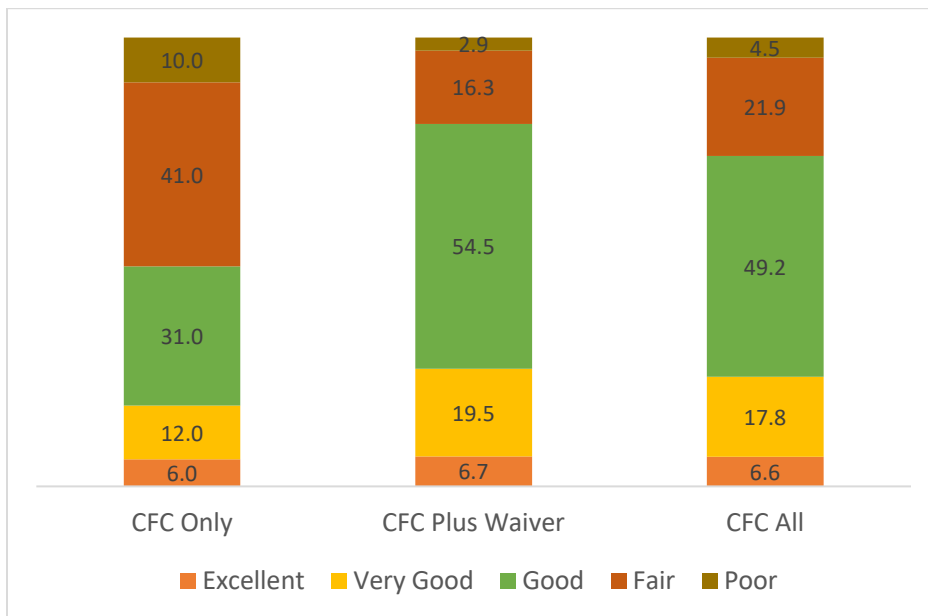


Figure 12. Self-Reported Mental Health



iii. Transportation service, home-delivered meals, and day program use

A greater percentage of CFC Plus Waiver participants reported using a van or transportation service compared to CFC Only participants (40% vs. 32%, respectively) (Table 11). Note that both groups have access to Medicaid transportation service.

Table. 11. Use of a Van or Transportation Service

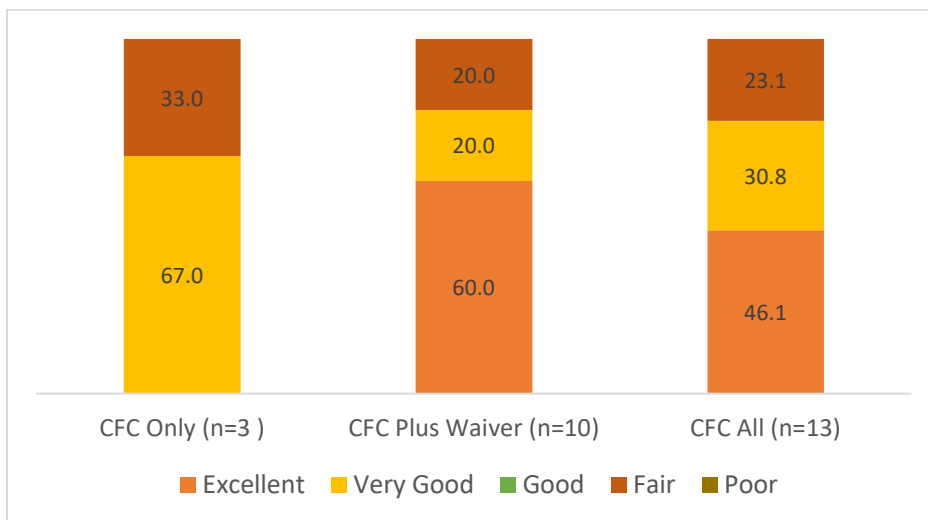
	CFC Only % N= 103	CFC Plus Waiver % N= 342	CFC All % N= 445
Yes	33 (32.0)	136 (39.8)	169 (38.0)
No	70 (68.0)	206 (60.2)	276 (62.0)

Twenty-six participants rated their home delivered meal service, and another 13 participants rated their adult day program services (Figures 13 and 14).

Figure 13. Experience with Home Delivered Meal Services



Figure 14. Experiences with Adult Day Program Services



iv. Personal safety and respect follow-up

One participant said that one of their staff had taken their money or things without permission. They received help from a family member or friend to fix this problem. One other participant said that one of their staff yelled or cursed at them. They were working with family or a friend and a case manager to fix the problem. Both were CFC Plus Waiver participants.

v. Emergency contact

Another open-ended question asked, “The next few questions ask about your personal safety. Who would you contact in case of an emergency?” Neither the survey nor the interviewers defined what “emergency” meant, and participants could identify more than one person. As seen in Table 12, CFC Only were more likely than CFC Plus Waiver participants to call family or friends (87% vs. 64%,

respectively), while CFC Plus Waiver were more likely to call 911 (59% CFC Plus Waiver vs. 26% CFC Only).

Table 12. Who would you contact in case of an emergency?*

	CFC Only N= 100 n (%)	CFC Plus Waiver N= 343 n (%)	CFC All N=443 n (%)
Family/friend	87 (87.0)	221 (64.4)	308 (69.5)
Case manager/support and planning coach	0 (0)	5 (1.5)	5 (1.1)
HCBS agency or paid staff	3 (3.0)	18 (5.2)	26 (5.9)
PERS/Lifeline	1 (1.0)	58 (16.9)	59 (13.3)
911	26 (26.0)	203 (59.2)	229 (51.7)
Someone else	1 (1.0)	10 (2.9)	11 (2.5)

*Open-ended question. Responses coded into 6 categories. The percentages listed for each item are based on the total number of valid responses to that question.

vi. Self-directed employment of paid assistants

To measure use of consumer employer self-direction, consumers were asked how their caregivers were hired, “Do your caregivers come from an agency, or do you or a family member find and hire your aides?” As expected, the majority (79%) of CFC participants reported they hired their own staff (Table 13). This may undercount the percentage of participants who self-hire, as some participants might be using both self-hired PCAs and agency-based services for other tasks.

Consumers who reported hiring their own staff were asked if any of their family members were paid to assist them. There was a pronounced difference in employment of family members between CFC Only (73%) and CFC Plus Waiver participants (42%). Overall, nearly half (49%) of all CFC participants reported hiring a family member, most often employing their adult children, siblings, or parents as staff.

Table 13. Self-Direction*

	CFC Only %	CFC Plus Waiver %	CFC All %
How hire staff	N=101	N=341	N= 442
Agency	21 (20.8)	73 (21.4)	94 (21.3)
Self-hire	80 (79.2)	268 (78.6)	348 (78.7)
Employ family member/s	N= 80	N= 267	N= 347
Yes	58 (72.5)	111 (41.6)	169 (48.7)
No	22 (27.5)	156 (58.3)	178 (51.3)

*The percentages listed for each item are based on the total number of valid responses to that question (N).

vii. Employment

CFC participants were asked about employment status, goals, and assistance finding employment (Figure 15). Overall, 5 percent of all CFC participants are currently working. Fifteen percent of all unemployed CFC participants would like to have a job, with CFC Only participants more likely to want to work than CFC Plus Waiver participants (Figure 16).

Figure 15. Employment Status

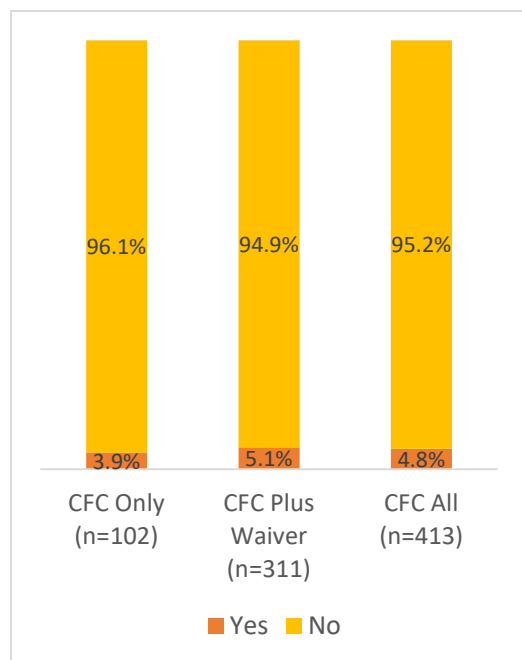
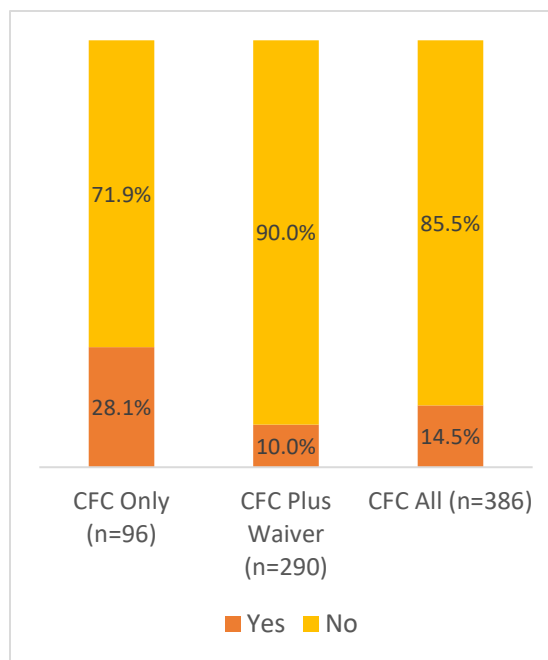


Figure 16. Employment Goal



As in previous years, health and disability related concerns were the most frequently reported reason for not working, for CFC participants who wanted to work and for those who did not want to work (Table 14). CFC Only participants especially felt this way – of participants who wanted to work, the majority (74%) of CFC Only participants said health or disability challenges prevented them from working, compared to 59% of CFC Plus Waiver participants. Very few CFC participants reported that other challenges such as training, transportation, can't find work, or potential loss of benefits prevented them from working. On the other hand, nearly a quarter (23%) of all CFC participants who did not want to work reported that nothing was holding them back from working.

Table 14. Most Common Reasons for Not Working*

<i>Respondents who would like to work</i>			
	CFC Only N=27 n (%)	CFC Plus Waiver N=29 n (%)	CFC All N=56 n (%)
Health/disability	20 (74.0)	17 (58.6)	37 (66.1)
<i>Participants who do not want to work</i>			
	CFC Only N=69 n (%)	CFC Plus Waiver N=261 n (%)	CFC All N=330 n (%)
Health/disability	52 (75.4)	191 (73.2)	243 (73.6)
Nothing is holding me back	15 (21.7)	62 (23.8)	77 (23.3)

*Multiple choice question. The percentages listed for each item are based on the total number of valid responses to that question (N).

Only 18 percent of unemployed CFC participants who wanted to work had asked for help with finding a job (Figure 17). About half (46%) of those who did not ask for help knew that employment assistance was available, even though they did not seek it out. Overall, unemployed CFC participants were less likely to know about job assistance this year compared to 2023 (30% vs. 35% knew about help, respectively).

Figure 17. Sought Out Employment Assistance

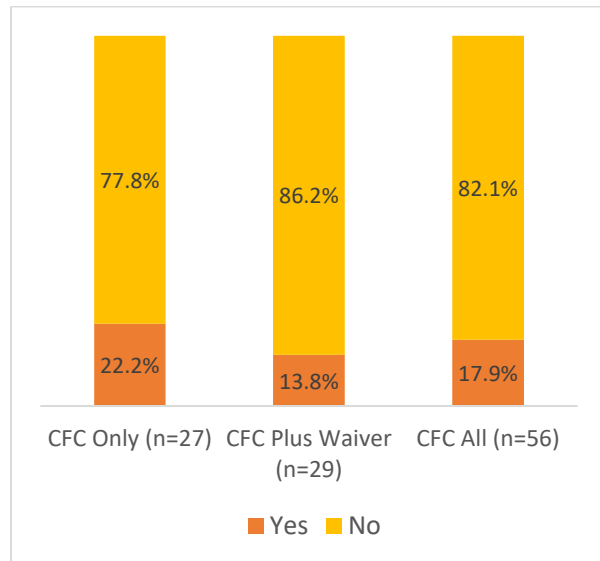
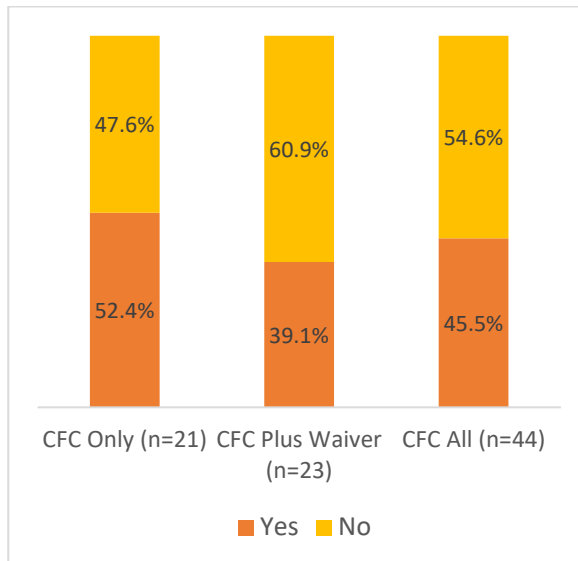


Figure 18. Aware of Employment Assistance



IV. Conclusions

A. Respondent Sample

From October 2023 to November 2023, UConn completed 103 HCBS CAHPS® surveys with CFC participants who were not receiving any waiver services (CFC Only). Of the 1365 waiver participants who completed HCBS CAHPS® surveys from July, 2023 to June 2024, 345 were also using CFC (CFC Plus Waiver). These were combined with the CFC Only surveys to produce a sample of 448 CFC participants for this report.

The CFC only participants were more likely to be in the youngest and the oldest age groups compared to CFC participants on a waiver. The latter most likely reflects the historic use of agency-based services in the CHCP waiver for older adults. Other demographic differences included ethnicity, race, gender, and education. CFC Only participants were much more likely to identify as Latino and/or speak primarily Spanish. On the other hand, CFC Plus Waiver participants were more likely to be male, identify as non-Latino White, and have at least some college education. CFC Plus Waiver participants were also more likely to live alone or without other adults compared to the CFC Only participants.

B. Key Results

Mean scores for five of the seven composites were high for all CFC participants. Community inclusion and empowerment received the lowest scores among both groups. This composite includes items which assess the participant’s ability to choose and control his/her social interactions, community engagement, and daily activities. This finding is not unique to the CFC population and represents an opportunity for improvement for participants in all of the DSS waiver programs as well as CFC. Examining the percentage of highest scores highlighted composite differences between the two groups. CFC Only consumers reported better scores for several of the composites, including choice of services, medical transportation, communication with their staff, and community inclusion.

On the other hand, CFC Only consumers reported lower mean scores for the composite case manager/support and planning coach is helpful. The mean score for this composite for CFC Only participants also decreased over the previous year from 3.7 to 3.4. The roles of the CFC Only support and planning coach and waiver care managers for CFC Plus waiver consumers are not exactly the same, although both provide help with coordinating services and implementing the consumer's HCBS budget.

CFC Only participants consistently rated and recommended their personal assistants and homemaking staff higher than CFC Plus waiver participants. In particular, CFC Only participants recommended their PCAs higher than CFC Plus Waiver participants – 97% of CFC Only would “definitely” recommend their PCAs, compared to 77% of CFC Plus Waiver participants. These differences may be related to the higher use of family members as PCAs in the CFC Only group. Using mean scores, CFC Only and CFC Plus Waiver participants' ratings and recommendations of their case manager/support and planning coach were very similar or the same. However, the percentage of highest scores differed with CFC Only participants giving much higher rating and recommendation scores for their support and planning coaches compared to waiver care managers for CFC Plus Waiver participants. This result seems contradictory to the finding that CFC Only participants gave lower scores to the case manager/support and planning coach is helpful composite. However, these 3 key results measure slightly different aspects of these roles.

C. Additional Findings

Most CFC participants (96%) reported that their personal assistant staff encouraged them to do things for themselves if they could. This highlights a core tenet of CFC, which places an emphasis on program services promoting the independence and resiliency of its clients.

The majority (87%) of CFC Plus Waiver participants knew who their case manager was, while just 37% of CFC Only participants knew who their support and planning coach was. This is likely due to a variety of factors, including that waiver case managers are contracted to reach out to their clients at regular intervals, and that not all CFC Only participants choose to hire a support and planning coach. This may put CFC Only participants at a disadvantage when they want to change their care plan. Almost all CFC Plus Waiver participants (97%) could name someone they would talk with if they wanted to change their care plan, and nine out of ten would contact their case manager. Meanwhile 85% of CFC Only participants could identify someone to talk to if they wanted to change their services. However, just 38% of CFC Only participants would contact their support and planning coach or assessor, and 28% would turn to family and friends. It is encouraging that this year more CFC Only participants could at least identify someone they would talk to, as last year over one-quarter said they did not know who they would approach if they wanted to change their services. Having ongoing care management services could be a substantial benefit for CFC Only participants in the event they wanted to change their service plan. In addition, education and outreach to all CFC Only participants would be helpful regarding how to change their services.

The great majority of all CFC participants had help from staff in preparing meals/eating or personal care. CFC Only participants were much more likely to also use their staff for housekeeping or laundry, while CFC Plus Waiver participants were more likely to receive staff help with using the toilet. Still, very few (n=14) CFC participants who received these services indicated any unmet care need. Regarding personal safety and staff respect, less than 1% of CFC participants said that one of their staff had taken their money or things without permission, yelled or cursed at them, or hit or hurt them. The two groups differed with respect to who they would contact in an emergency – CFC Only were more likely to call family or friends, while CFC Plus Waiver were more likely to call 911.

Consistent with previous years, a greater percentage of CFC Only participants reported fair or poor physical health than CFC participants on a waiver. Mental health is also a definite area of concern for CFC participants. In particular, this year 51% of CFC Only participants rated their mental or emotional health as fair or poor, an increase of almost 20% from the year before. One out of five CFC Plus Waiver participants also reported fair or poor mental health. Finding ways to support all CFC participants'

mental health, such as proactively connecting CFC participants to community or mental health services or encouraging community engagement, could improve their emotional health.

The majority (79%) of CFC participants reported they self-directed their services. The other 21% said an agency provided their staff, including a surprising 21% of CFC Only participants. It may be that these participants were confusing the role of the fiscal intermediary and/or were not clear about their role as employers. Almost three-quarters of CFC Only participants who hired their own staff employed a family member, as did 42% of CFC Plus Waiver participants. The percent of CFC Only participants hiring family members has increased each year since 2020 (from 56%) while the CFC Plus Waiver rate has not changed. Employing family members to provide your assistance is one benefit of using CFC.

Very few CFC participants (5%) were working for pay, and 15% of all unemployed CFC participants would like a job. Most unemployed CFC participants reported that health and disability related issues prevented them from working. The majority of unemployed CFC participants (82%) had not asked for help with finding a job, even though almost half of these participants knew that such help was available. Facilitating employment, including finding ways to address health concerns, and providing support through the employment process, represents another area of potential program improvement.

D. Looking Forward

HCBS CAHPS® surveys with CFC participants on a waiver are administered on an ongoing basis by the quality assurance staff from the Access Agencies. In Fiscal Year 2025, UConn will be administering the Autism and Katie Beckett waiver HCBS CAHPS surveys. UConn is in the process of completing its fourth round of HCBS CAHPS surveys with CFC participants who are not on a waiver. UConn also continues to provide training and technical assistance for Connecticut's use of the HCBS CAHPS, including providing the online survey data entry platform, survey site administration, training, conducting surveys, data analysis, reporting, and other support.

V. Appendices

Appendix A. Composite Measures Items

Appendix B. CAHPS® Home and Community-Based Services Survey – Connecticut version
2019

Appendix A. Composite Measures Items

Staff are reliable and helpful
In the last 3 months, how often did {personal assistance/behavioral health staff} come to work on time?
In the last 3 months, how often did {personal assistance/behavioral health staff} work as long as they were supposed to?
In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {personal assistance/behavioral health staff} could not come that day?
In the last 3 months, how often did {personal assistance/behavioral health staff} make sure you had enough personal privacy when you dressed, took a shower, or bathed?
In the last 3 months, how often did {homemakers} come to work on time?
In the last 3 months, how often did {homemakers} work as long as they were supposed to?
In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {homemakers} could not come that day?*
Staff listen and communicate well
In the last 3 months, how often did {personal assistance/behavioral health staff} treat you with courtesy and respect?
In the last 3 months, how often were the explanations {personal assistance/behavioral health staff} gave you hard to understand because of an accent or the way {personal assistance/behavioral health staff} spoke English?
In the last 3 months, how often did {personal assistance/behavioral health staff} treat you the way you wanted them to?
In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand?
In the last 3 months, how often did {personal assistance/behavioral health staff} listen carefully to you?
In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community?
In the last 3 months, how often did {homemakers} treat you with courtesy and respect?
In the last 3 months, how often were the explanations {homemakers} gave you hard to understand because of an accent or the way the {homemakers} spoke English?
In the last 3 months, how often did {homemakers} treat you the way you wanted them to?
In the last 3 months, how often did {homemakers} listen carefully to you?
In the last 3 months, did you feel {homemakers} knew what kind of help you needed?
In the last 3 months, how often did {homemakers} explain things in a way that was easy to understand?*
Case manager is helpful
In the last 3 months, could you contact this {case manager} when you needed to?
In the last 3 months, did this {case manager} work with you when you asked for help with getting or fixing equipment?
In the last 3 months, did this {case manager} work with you when you asked for help with getting other changes to your services?

Choosing services that matter to you
In the last 3 months, did your [program-specific term for “service plan”] include . . .
In the last 3 months, did you feel {personal assistance/behavioral health staff} knew what’s on your [program-specific term for “service plan”], including the things that are important to you?
Transportation to medical appointments
Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, how often did you have a way to get to your medical appointments?
In the last 3 months, were you able to get in and out of this ride easily?
In the last 3 months, how often did this ride arrive on time to pick you up?
Personal safety and respect
In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn’t like?
In the last 3 months, did any {personal assistance/behavioral health staff, homemakers, or your case managers} take your money or your things without asking you first?
In the last 3 months, did any {staff} yell, swear, or curse at you?
Community inclusion and empowerment **
In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby?
In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby?
In the last 3 months, when you wanted to, how often could you do things in the community that you like?
In the last 3 months, did you need more help than you get from {personal assistance/behavioral health staff} to do things in your community?
In the last 3 months, did you take part in deciding what you do with your time each day?
In the last 3 months, did you take part in deciding when you do things each day—for example, deciding when you get up, eat, or go to bed?

* Question added by Connecticut

**Formerly known as “Planning your time and activities.” Composite items and scoring did not change.

Appendix B. CAHPS® Home and Community-Based Services Survey – Connecticut version

Waivers-Programs:

- Acquired Brain Injury Waivers
- Autism Waiver
- Community First Choice
- Connecticut Home Care Program
- Katie Beckett Waiver
- Personal Care Assistance Waiver

CAHPS® Home- and Community-Based Services Survey

Version: 1.0

Population: Adult

Language: English

Connecticut version – 2019

Waivers-Programs

- Acquired Brain Injury Waivers
- Autism Waiver
- Community First Choice
- Connecticut Home Care Program
- Katie Beckett Waiver
- Personal care Assistance Waiver



File name: CAHPSHcbs01192017SurvEng508
Last updated: January 19, 2017

Instructions for Vendor

- The interview is intended as an interviewer-administered survey; thus all text that appears in initial uppercase and lowercase letters should be read aloud. Text that appears in **bold, lowercase letters** should be emphasized.
- Text in *{italics and in braces}* will be provided by the HCBS program’s administrative data. However, if the interviewee provides another term, that term should be used in place of the program-specific term wherever indicated. For example, some interviewees may refer to their case manager by another title, which should be used instead throughout the survey.
- For response options of “never,” “sometimes,” “usually,” and “always,” if the respondent cannot use that scale, the alternate version of the survey with response options of “mostly yes” and “mostly no” should be used. These alternate response options are reserved for respondents who find the “never,” “sometimes,” “usually,” “always” response scale cognitively challenging.
- For response options of 0 to 10, if the respondent cannot use that scale, the alternate version of the survey with response options of “excellent,” “very good,” “good,” “fair,”

or “poor” should be used. These alternate response options are reserved for respondents who find the numeric scale cognitively challenging.

- All questions include a “REFUSED” response option. In this case, “refused” means the respondent did not provide any answer to the question.
 - All questions include a “DON’T KNOW” response option. This is used when the respondent indicates that he or she does not know the answer and cannot provide a response to the question.
 - All questions include an “UNCLEAR” response option. This should be used when a respondent answers, but the interviewer cannot clarify the meaning of the response even after minor probing or the response is completely unrelated to the question, (e.g., the response to “In the last 3 months, how often did your homemakers listen carefully to what you say?” is “I like to sit by Mary”).
 - Some responses have skip patterns, which are expressed as “→ GO TO Q#.” The interviewer should be advanced to the next appropriate item to ask the respondent.
 - Not all respondents receive all home and community-based services asked about in this instrument. Items Q4 through Q12 help to confirm which services a respondent receives. The table after it summarizes the logic of which items should be used.
 - Survey users may add questions to this survey before the “About You” section. A separate supplemental employment module can be added.
- Use singular/plural as needed. In most cases, questions are written assuming there is more than one staff person supporting a respondent or it is written without an indication of whether there is more than one staff person. Based on information collected from Q4 through Q12, it is possible to modify questions to be singular or plural as they relate to staff.
- Use program-specific terms. Where appropriate, add in the program-specific terms for staff (e.g., [*program-specific term for these types of staff*]) but allow the interviewer to modify the term based on the respondent’s choice of the word. It will be necessary to obtain information for program-specific terms. State administrative data should include the following information:
 - Agency name(s)
 - Titles of staff who provide care

COGNITIVE SCREENING QUESTIONS

People might be paid to help you get ready in the morning, with housework, go places, or get mental health services. This survey is about the people who are paid to help you in your home and community with everyday activities. It also asks about the services you get.

1. Does someone come into your home to help you?

- ¹ YES
² NO → END SURVEY
⁻¹ DON'T KNOW → END SURVEY
⁻² REFUSED → END SURVEY
⁻³ UNCLEAR RESPONSE → END SURVEY

2. How do they help you?

[EXAMPLES OF CORRECT RESPONSES INCLUDE]

- HELPS ME GET READY EVERY DAY
 - CLEANS MY HOME
 - WORKS WITH ME AT MY JOB
 - HELPS ME DO THINGS
 - DRIVES ME AROUND
- ⁻¹ DON'T KNOW → END SURVEY
⁻² REFUSED → END SURVEY
⁻³ UNCLEAR RESPONSE → END SURVEY

3. What do you call them?

[EXAMPLES OF SUFFICIENT RESPONSES INCLUDE]

- MY WORKER
 - MY ASSISTANT
 - NAMES OF STAFF (JO, DAWN, ETC.)
- ⁻¹ DON'T KNOW → END SURVEY
⁻² REFUSED → END SURVEY
⁻³ UNCLEAR RESPONSE → END SURVEY

[Interviewer - Screening Failed]

- Continue Anyhow → GO TO Q4
- End Survey → Thank you for your time. Those are all the questions we have.

IDENTIFICATION QUESTIONS

Now I would like to ask you some more questions about the types of people who come to your home.

4. In the last 3 months, did you get *{program specific term for personal assistance}* at home?

- ¹ YES
- ² NO → GO TO Q6
- ⁻¹ DON'T KNOW → GO TO Q6
- ⁻² REFUSED → GO TO Q6
- ⁻³ UNCLEAR RESPONSE → GO TO Q6

5. What do you call the person or people who gave you *{program-specific term for personal assistance}*? For example, do you call them *{program-specific term for personal assistance}*, staff, personal care attendants, PCAs, workers, or something else?

[ADD RESPONSE WHEREVER IT SAYS “*personal assistance/behavioral health staff*”]

6. In the last 3 months, did you get *{program specific term for behavioral health specialist services}* at home?

- ¹ YES
- ² NO → GO TO Q8
- ⁻¹ DON'T KNOW → GO TO Q8
- ⁻² REFUSED → GO TO Q8
- ⁻³ UNCLEAR RESPONSE → GO TO Q8

7. What do you call the person or people who gave you *{program specific term for behavioral health specialist services}*? For example, do you call them *{program-specific term for behavioral health specialists}*, counselors, peer supports, recovery assistants, or something else?

[ADD RESPONSE WHEREVER IT SAYS “*personal assistance/behavioral health staff.*” IF Q4 ALSO = YES, LIST BOTH TITLES]

8. In the last 3 months, did you get *{program specific term for homemaker services}* at

home?

- 1 YES
- 2 NO → GO TO Q11
- 1 DON'T KNOW → GO TO Q11
- 2 REFUSED → GO TO Q11
- 3 UNCLEAR RESPONSE → GO TO Q11

9. What do you call the person or people who gave you *{program specific term for homemaker services}*? For example, do you call them *{program-specific term for homemaker}*, aides, homemakers, chore workers, or something else?
-

[ADD RESPONSE WHEREVER IT SAYS “*homemaker*”]

10. [IF (Q4 OR Q6) AND Q8 = YES, ASK] In the last 3 months, did the same people who help you with everyday activities also help you clean your home?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

11. In the last 3 months, did you get help from *{program specific term for case manager services}* from *{case management agency}* to help make sure that you had all the services you needed?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

12. What do you call the person who gave you {*program specific term for case manager services*}? For example, do you call the person a {*program-specific term for case manager*}, case manager, care manager, service coordinator, supports coordinator, social worker, or something else?

[ADD RESPONSE WHEREVER IT SAYS “*case manager*”]

BELOW ARE INSTRUCTIONS FOR WHICH QUESTIONS TO ASK FOR EACH RESPONSE ABOVE.

ITEM AND RESPONSE—FOLLOW ALL ROWS THAT APPLY	ACTION
IF Q4 OR Q6 = YES (PERSONAL ASSISTANCE OR BEHAVIORAL HEALTH SPECIALIST SERVICES), AND Q8 = NO, DON'T KNOW, REFUSE, UNCLEAR (HOMEMAKER SERVICES)	ASK Q13–Q36, AND Q48 ONWARD
IF Q4 OR Q6 = YES (PERSONAL ASSISTANCE OR BEHAVIORAL HEALTH SPECIALIST SERVICES), AND Q8 = YES (HOMEMAKER SERVICES)	ASK Q13 ONWARD
IF Q4 AND Q6 = NO (PERSONAL ASSISTANCE OR BEHAVIORAL HEALTH SPECIALIST SERVICES)	SKIP Q13–36, Q57 AND Q79
IF Q8 = YES (HOMEMAKER SERVICES)	ASK Q37 ONWARD
IF Q10 = YES (HOMEMAKER AND PERSONAL ASSISTANCE STAFF SAME)	ASK Q13–Q36, Q39, Q40, AND Q48 ONWARD
IF Q11 = ANY RESPONSE (CASE MANAGER)	ASK Q48 ONWARD

GETTING NEEDED SERVICES FROM PERSONAL ASSISTANT AND BEHAVIORAL HEALTH STAFF

13. First I would like to talk about the {*personal assistance/behavioral health staff*} who are paid to help you with everyday activities—for example, getting dressed, using the bathroom, taking a bath or shower, or going places. In the last 3 months, how often did {*personal assistance/behavioral health staff*} come to work on time? Would you say . . .

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: First I would like to talk about the {*personal assistance/behavioral health staff*} who are paid to help you with everyday activities—for example, getting dressed, using the bathroom, taking a bath or shower, or going places. In the last 3 months, did {*personal assistance/behavioral health staff*} come to work on time? Would you say . . .

- ¹ Mostly yes or
- ² Mostly no?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

14. In the last 3 months, how often did {*personal assistance/behavioral health staff*} work as long as they were supposed to? Would you say . . .

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {*personal assistance/behavioral health staff*} work as long as they were supposed to? Would you say . . .

- ¹ Mostly yes or
- ² Mostly no?
- ⁻¹ DON'T KNOW

- 2 REFUSED
- 3 UNCLEAR RESPONSE

15. Sometimes staff cannot come to work on a day that they are scheduled. In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that *{personal assistance/behavioral health staff}* could not come that day?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

16. In the last 3 months, did you need help from *{personal assistance/behavioral health staff}* to get dressed, take a shower, or bathe?

- 1 YES
- 2 NO → GO TO Q20
- 1 DON'T KNOW → GO TO Q20
- 2 REFUSED → GO TO Q20
- 3 UNCLEAR RESPONSE → GO TO Q20

17. In the last 3 months, did you **always** get dressed, take a shower, or bathe when you needed to?

- 1 YES → GO TO Q19
- 2 NO
- 1 DON'T KNOW → GO TO Q19
- 2 REFUSED → GO TO Q19
- 3 UNCLEAR RESPONSE → GO TO Q19

18. In the last 3 months, was this because there were no *{personal assistance/behavioral health staff}* to help you?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

19. In the last 3 months, how often did *{personal assistance/behavioral health staff}* make sure you had enough personal privacy when you dressed, took a shower, or bathed? Would you say. . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* make sure you had enough personal privacy when you dressed, took a shower, or bathed? Would you say. . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

20. In the last 3 months, did you need help from *{personal assistance/behavioral health staff}* with your meals, such as help making or cooking meals or help eating?

- 1 YES
- 2 NO → GO TO Q23
- 1 DON'T KNOW → GO TO Q23
- 2 REFUSED → GO TO Q23
- 3 UNCLEAR RESPONSE → GO TO Q23

21. In the last 3 months, were you **always** able to get something to eat when you were hungry?

- 1 YES → GO TO Q23
- 2 NO
- 1 DON'T KNOW → GO TO Q23
- 2 REFUSED → GO TO Q23
- 3 UNCLEAR RESPONSE → GO TO Q23

22. In the last 3 months, was this because there were no *{personal assistance/behavioral health staff}* to help you?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

23. Sometimes people need help taking their medicines, such as reminders to take a medicine, help pouring them, or setting up their pills. In the last 3 months, did you need help from {*personal assistance/behavioral health staff*} to take your medicines?

- ¹ YES
- ² NO → GO TO Q26
- ⁻¹ DON'T KNOW → GO TO Q26
- ⁻² REFUSED → GO TO Q26
- ⁻³ UNCLEAR RESPONSE → GO TO Q26

24. In the last 3 months, did you **always** take your medicine when you were supposed to?

- ¹ YES → GO TO Q26
- ² NO
- ⁻¹ DON'T KNOW → GO TO Q26
- ⁻² REFUSED → GO TO Q26
- ⁻³ UNCLEAR RESPONSE → GO TO Q26

25. In the last 3 months, was this because there were no {*personal assistance/behavioral health staff*} to help you?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

26. Help with toileting includes helping someone get on and off the toilet or help changing disposable briefs or pads. In the last 3 months, did you need help from {*personal assistance/behavioral health staff*} with toileting?

- ¹ YES
- ² NO → GO TO Q28
- ⁻¹ DON'T KNOW → GO TO Q28
- ⁻² REFUSED → GO TO Q28
- ⁻³ UNCLEAR RESPONSE → GO TO Q28

27. In the last 3 months, did you get all the help you needed with toileting from {*personal assistance/behavioral health staff*} when you needed it?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

HOW WELL PERSONAL ASSISTANT AND BEHAVIORAL HEALTH STAFF COMMUNICATE WITH AND TREAT YOU

The next several questions ask about how *{personal assistance/behavioral health staff}* treat you.

28. In the last 3 months, how often did *{personal assistance/behavioral health staff}* treat you with courtesy and respect? Would you say . . .

- 1 Never,
 2 Sometimes,
 3 Usually, or
 4 Always?
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* treat you with courtesy and respect? Would you say . . .

- 1 Mostly yes or
 2 Mostly no?
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

29. In the last 3 months, how often were the explanations *{personal assistance/behavioral health staff}* gave you hard to understand because of an accent or the way *{personal assistance/behavioral health staff}* spoke English? Would you say ...

- 1 Never,
 2 Sometimes,
 3 Usually, or
 4 Always?
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, were the explanations *{personal assistance/behavioral health staff}* gave you hard to understand because of an accent or the way *{personal assistance/behavioral health staff}* spoke English? Would you say. . .

- 1 Mostly yes or
 2 Mostly no?
 -1 DON'T KNOW

- 2 REFUSED
- 3 UNCLEAR RESPONSE

30. In the last 3 months, how often did *{personal assistance/behavioral health staff}* treat you the way you wanted them to? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* treat you the way you wanted them to? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

31. In the last 3 months, how often did *{personal assistance/behavioral health staff}* explain things in a way that was easy to understand? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* explain things in a way that was easy to understand? Would you say . . .

- . . .
- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

32. In the last 3 months, how often did *{personal assistance/behavioral health staff}* listen carefully to you? Would you say . . .

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did *{personal assistance/behavioral health staff}* listen carefully to you?

Would you say . . .

- ¹ Mostly yes or
- ² Mostly no?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

33. In the last 3 months, did you feel *{personal assistance/behavioral health staff}* knew what kind of help **you** needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

34. In the last 3 months, did *{personal assistance/behavioral health staff}* encourage you to do things for yourself if you could?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

35. Using any number from 0 to 10, where 0 is the worst help from *{personal assistance/behavioral health staff}* possible and 10 is the best help from *{personal assistance/behavioral health staff}* possible, what number would you use to rate the help you get from *{personal assistance/behavioral health staff}*?

- __ 0 TO 10
- ⁻¹ DON'T KNOW
 - ⁻² REFUSED

⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: How would you rate the help you get from {*personal assistance/behavioral health staff*}? Would you say . . .

- ¹ Excellent,
- ² Very good,
- ³ Good,
- ⁴ Fair, or
- ⁵ Poor?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

36. Would you recommend the {*personal assistance/behavioral health staff*} who help you to your family and friends if they needed help with everyday activities? Would you say you would recommend the {*personal assistance/behavioral health staff*} . . .

- ¹ Definitely no,
- ² Probably no,
- ³ Probably yes, or
- ⁴ Definitely yes?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

GETTING NEEDED SERVICES FROM HOME MAKERS

The next several questions are about the {*homemakers*}, the staff who are paid to help you do tasks around the home—such as cleaning, grocery shopping, or doing laundry.

37. In the last 3 months, how often did {*homemakers*} come to work on time? Would you say . . .

- ¹ Never,
- ² Sometimes,
- ³ Usually, or
- ⁴ Always?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {*homemakers*} come to work on time? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

38. In the last 3 months, how often did {homemakers} work as long as they were supposed to? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {homemakers} work as long as they were supposed to? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

38a. Sometimes staff cannot come to work on a day that they are scheduled. In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {personal assistance/behavioral health staff} could not come that day?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR NOT APPLICABLE

38b. In the last 3 months, how often did {personal assistance/behavioral health staff} explain things in a way that was easy to understand? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR NOT APPLICABLE

ALTERNATE VERSION: In the last 3 months, did {*personal assistance/behavioral health staff*} explain things in a way that was easy to understand? Would you say

...

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR NOT APPLICABLE

38c. In the last 3 months, did {*personal assistance/behavioral health staff*} encourage you to do things for yourself if you could?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR NOT APPLICABLE

39. In the last 3 months, did your household tasks, like cleaning and laundry, **always** get done when you needed them to? [ASK IF HOMEMAKER IS THE SAME AS PCA STAFF]

- 1 YES → GO TO Q41
- 2 NO
- 1 DON'T KNOW → GO TO Q41
- 2 REFUSED → GO TO Q41
- 3 UNCLEAR RESPONSE → GO TO Q41

40. In the last 3 months, was this because there were no {*homemakers*} to help you? [ASK IF HOMEMAKER IS THE SAME AS PCA STAFF]

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

HOW WELL HOMEMAKERS COMMUNICATE WITH AND TREAT YOU

The next several questions ask about how {*homemakers*} treat you.

41. In the last 3 months, how often did {homemakers} treat you with courtesy and respect? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {homemakers} treat you with courtesy and respect? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

42. In the last 3 months, how often were the explanations {homemakers} gave you hard to understand because of an accent or the way the {homemakers} spoke English? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, were the explanations {homemakers} gave you hard to understand because of an accent or the way {homemakers} spoke English? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

43. In the last 3 months, how often did {homemakers} treat you the way you wanted them to? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {homemakers} treat you the way you wanted them to? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

44. In the last 3 months, how often did {homemakers} listen carefully to you? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {homemakers} listen carefully to you? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

45. In the last 3 months, did you feel {homemakers} knew what kind of help you needed?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

46. Using any number from 0 to 10, where 0 is the worst help from {homemakers} possible and 10 is the best help from {homemakers} possible, what number would you use to rate the help you get from {homemakers}?

- __ 0 TO 10
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

ALTERNATE VERSION: How would you rate the help you get from {homemakers}?
 Would you say . . .

- 1 Excellent,
 2 Very good,
 3 Good,
 4 Fair, or
 5 Poor?
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

47. Would you recommend the {homemakers} who help you to your family and friends if they needed {program-specific term for homemaker services}? Would you say you would recommend the {homemakers} . . .

- 1 Definitely no,
 2 Probably no,
 3 Probably yes, or
 4 Definitely yes?
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

YOUR CASE MANAGER

Now I would like to talk to you about your {case manager} at {case management agency}, the person who helps make sure you have the services you need.

48. Do you know who your {case manager} at {case management agency} is?

- 1 YES
 2 NO → GO TO Q55a
 -1 DON'T KNOW → GO TO Q55a
 -2 REFUSED → GO TO Q55a

⁻³ UNCLEAR RESPONSE → GO TO Q55a

49. In the last 3 months, could you contact this {*case manager*} when you needed to?

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

⁻³ UNCLEAR RESPONSE

50. Some people need to get equipment to help them, like wheelchairs or walkers, and other people need their equipment replaced or fixed. In the last 3 months, did you ask this {*case manager*} for help with getting or fixing equipment?

¹ YES

² NO → GO TO Q52

³ DON'T NEED → GO TO Q52

⁻¹ DON'T KNOW → GO TO Q52

⁻² REFUSED → GO TO Q52

⁻³ UNCLEAR RESPONSE → GO TO Q52

51. In the last 3 months, did this {*case manager*} work with you when you asked for help with getting or fixing equipment?

¹ YES

² NO

⁻¹ DON'T KNOW

⁻² REFUSED

⁻³ UNCLEAR RESPONSE

52. In the last 3 months, did you ask this {*case manager*} for help in getting any changes to your services, such as more help from {*personal assistance/behavioral health staff and/or homemakers if applicable*}, or for help with getting places or finding a job?

¹ YES

² NO → GO TO 54

³ DON'T NEED → GO TO Q54

⁻¹ DON'T KNOW → GO TO Q54

⁻² REFUSED → GO TO Q54

⁻³ UNCLEAR RESPONSE → GO TO Q54

53. In the last 3 months, did this {*case manager*} work with you when you asked for help with getting other changes to your services?

¹ YES

- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

54. Using any number from 0 to 10, where 0 is the worst help from {*case manager*} possible and 10 is the best help from {*case manager*} possible, what number would you use to rate the help you get from {*case manager*}?

__ 0 TO 10

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: How would you rate the help you get from the {*case manager*}? Would you say . . .

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

55. Would you recommend the {*case manager*} who helps you to your family and friends if they needed {*program-specific term for case-management services*}? Would you say you would recommend the {*case manager*} . . .

- 1 Definitely no,
- 2 Probably no,
- 3 Probably yes, or
- 4 Definitely yes?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

HOME-DELIVERED MEALS, ADULT DAY PROGRAM

The next questions ask about home-delivered meals and adult day programs.

55a. In the last 3 months, how would you rate your overall experience with Meals on Wheels or a home-delivered meal service? Would you say. . .

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR DID NOT USE A HOME-DELIVERED MEALS SERVICE

55b. In the last 3 months, how would you rate your adult day program? Would you say. . .

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE OR DID NOT USE AN ADULT DAY PROGRAM

CHOOSING YOUR SERVICES

56. In the last 3 months, did your [*program-specific term for "service plan"*] include . . .

- 1 **None** of the things that are important to you,
- 2 **Some** of the things that are important to you,
- 3 **Most** of the things that are important to you, or
- 4 **All** of the things that are important to you?
- 1 DON'T KNOW → GO TO Q57a
- 2 REFUSED → GO TO Q57a
- 3 UNCLEAR RESPONSE → GO TO Q57a

57. In the last 3 months, did you feel {*personal assistance/behavioral health staff*} knew what's on your [*program-specific term for "service plan"*], including the things that are important to you?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

57a. I would like to ask you about how you find and hire your paid caregivers or aides. Does a homecare agency provide them? Or, do you or a family member find and hire your aides, and do you sign and send in their timesheets?

Probes (Use only if respondent is unclear or does not know):

- How do you hire and pay your aides or caregivers?
- Do you work with Allied, Sunset Shores, or Advanced Behavioral Health/ABH to pay your aides?

- 1 AGENCY → GO TO Q58
 2 SELF-HIRE
 3 BOTH AGENCY AND SELF-HIRE
 -1 DON'T KNOW → GO TO Q58
 -2 REFUSED → GO TO Q58
 -3 UNCLEAR RESPONSE → GO TO Q58
 -4 NOT APPLICABLE → GO TO Q58

57b. Are any of your family members **paid** to help you?

- 1 YES, Please specify relationship/s: _____
 2 NO
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

58. In the last 3 months, who would you have talked to if you wanted to change your [program-specific term for "service plan"]? Anyone else? [INTERVIEWER MARKS ALL THAT APPLY]

- 1 CASE MANAGER
 2 OTHER STAFF
 3 FAMILY/FRIENDS
 4 SOMEONE ELSE, PLEASE SPECIFY _____
 -1 DON'T KNOW
 -2 REFUSED
 -3 UNCLEAR RESPONSE

TRANSPORTATION

The next questions ask about how you get to places in your community.

59. Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, how often did you have a way to get to your medical appointments? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: Medical appointments include seeing a doctor, a dentist, a therapist, or someone else who takes care of your health. In the last 3 months, did you have a way to get to your medical appointments? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

60. In the last 3 months, did you use a van or some other transportation service? Do not include a van you own.

- 1 YES
- 2 NO → GO TO Q63
- 1 DON'T KNOW → GO TO Q63
- 2 REFUSED → GO TO Q63
- 3 UNCLEAR RESPONSE → GO TO Q63

61. In the last 3 months, were you able to get in and out of this ride easily?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

62. In the last 3 months, how often did this ride arrive on time to pick you up? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did this ride arrive on time to pick you up? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

PERSONAL SAFETY

The next few questions ask about your personal safety.

63. Who would you contact in case of an emergency? [INTERVIEWER MARKS ALL THAT APPLY]

- 1 FAMILY MEMBER OR FRIEND
- 2 CASE MANAGER
- 3 AGENCY THAT PROVIDES HOME- AND COMMUNITY-BASED SERVICES
- 4 PAID EMERGENCY RESPONSE SERVICE (E.G., LIFELINE)
- 5 9–1–1 (FIRST RESPONDERS, POLICE, LAW ENFORCEMENT)
- 6 SOMEONE ELSE, PLEASE SPECIFY _____
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

64. In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn't like?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

The next few questions ask if anyone paid to help you treated you badly in the last 3 months. This includes {*personal assistance/behavioral health staff, homemakers, or your case manager*}. We are asking everyone the next questions—not just you. I want to remind you that, although your answers are confidential, I have a responsibility to tell my supervisor if I see or hear something that makes me think you are being hurt or are in danger.

65. In the last 3 months, did **any** {*personal assistance/behavioral health staff, homemakers, or your case managers*} take your money or your things without asking you first?

- 1 YES
- 2 NO → GO TO Q68
- 1 DON'T KNOW → GO TO Q68
- 2 REFUSED → GO TO Q68
- 3 UNCLEAR RESPONSE → GO TO Q68

66. In the last 3 months, did someone work with you to fix this problem?

- 1 YES
- 2 NO → GO TO Q68
- 1 DON'T KNOW → GO TO Q68
- 2 REFUSED → GO TO Q68
- 3 UNCLEAR RESPONSE → GO TO Q68

67. In the last 3 months, who has been working with you to fix this problem? Anyone else?
[INTERVIEWER MARKS ALL THAT APPLY]

- 1 FAMILY MEMBER OR FRIEND
- 2 CASE MANAGER
- 3 AGENCY
- 4 SOMEONE ELSE, PLEASE SPECIFY _____
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

68. In the last 3 months, did any {staff} yell, swear, or curse at you?

- 1 YES
- 2 NO → GO TO Q71
- 1 DON'T KNOW → GO TO Q71
- 2 REFUSED → GO TO Q71
- 3 UNCLEAR RESPONSE → GO TO Q71

69. In the last 3 months, did someone work with you to fix this problem?

- 1 YES
- 2 NO → GO TO Q71
- 1 DON'T KNOW → GO TO Q71
- 2 REFUSED → GO TO Q71
- 3 UNCLEAR RESPONSE → GO TO Q71

70. In the last 3 months, who has been working with you to fix this problem? Anyone else?
[INTERVIEWER MARKS ALL THAT APPLY]

- 1 FAMILY MEMBER OR FRIEND

- 2 CASE MANAGER
- 3 AGENCY
- 4 SOMEONE ELSE, PLEASE SPECIFY _____
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

71. In the last 3 months, did any {staff} hit you or hurt you?

- 1 YES
- 2 NO → GO TO Q74
- 1 DON'T KNOW → GO TO Q74
- 2 REFUSED → GO TO Q74
- 3 UNCLEAR RESPONSE → GO TO Q74

72. In the last 3 months, did someone work with you to fix this problem?

- 1 YES
- 2 NO → GO TO Q74
- 1 DON'T KNOW → GO TO Q74
- 2 REFUSED → GO TO Q74
- 3 UNCLEAR RESPONSE → GO TO Q74

73. In the last 3 months, who has been working with you to fix this problem? Anyone else?
[INTERVIEWER MARKS ALL THAT APPLY]

- 1 FAMILY MEMBER OR FRIEND
- 2 CASE MANAGER
- 3 AGENCY
- 4 SOMEONE ELSE, PLEASE SPECIFY _____
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

COMMUNITY INCLUSION AND EMPOWERMENT

Now I'd like to ask you about the things you do in your community.

74. Do you have any **family** members who live nearby? Do not include family members you live with.

- 1 YES
- 2 NO → GO TO Q76
- 1 DON'T KNOW → GO TO Q76

- 2 REFUSED → GO TO Q76
- 3 UNCLEAR RESPONSE → GO TO Q76

75. In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, when you wanted to, could you get together with these family members who live nearby? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

76. Do you have any **friends** who live nearby?

- 1 YES
- 2 NO → GO TO Q78
- 1 DON'T KNOW → GO TO Q78
- 2 REFUSED → GO TO Q78
- 3 UNCLEAR RESPONSE → GO TO Q78

77. In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, when you wanted to, could you get together with these friends who live nearby? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

78. In the last 3 months, when you wanted to, how often could you do things in the community that you like? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, when you wanted to, could you do things in the community that you like? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

79. In the last 3 months, did you need more help than you get from {*personal assistance/behavioral health staff*} to do things in your community?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

80. In the last 3 months, did you take part in deciding **what** you do with your time each day?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

81. In the last 3 months, did you take part in deciding **when** you do things each day—for example, deciding when you get up, eat, or go to bed?

- 1 YES
- 2 NO

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ABI, Autism, and PCA: Ask Employment Module

CHCP & Katie Beckett: Skip to ABOUT YOU

EMPLOYMENT MODULE (ABI, Autism & PCA)

EM1. In the last 3 months, did you work for pay at a job?

- 1 YES → GO TO EM9
- 2 NO
- 1 DON'T KNOW → GO TO THE ABOUT YOU SECTION
- 2 REFUSED → GO TO THE ABOUT YOU SECTION
- 3 UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM2. In the last 3 months, did you want to work for pay at a job?

- 1 YES
- 2 NO → GO TO EM4
- 1 DON'T KNOW → GO TO THE ABOUT YOU SECTION
- 2 REFUSED → GO TO THE ABOUT YOU SECTION
- 3 UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM3. Sometimes people feel that something is holding them back from working when they want to. In the last 3 months, was this true for you? If so, what has been holding you back from working? (INTERVIEWER LISTENS AND MARKS ALL THAT APPLY)

- 1 BENEFITS → GO TO EM5
- 2 HEALTH CONCERNS → GO TO EM5
- 3 DON'T KNOW ABOUT JOB RESOURCES → GO TO EM5
- 4 ADVICE FROM OTHERS → GO TO EM5
- 5 TRAINING/EDUCATION NEED → GO TO EM5
- 6 LOOKING FOR AND CAN'T FIND WORK → GO TO EM5
- 7 ISSUES WITH PREVIOUS EMPLOYMENT → GO TO EM5
- 8 TRANSPORTATION → GO TO EM5
- 9 CHILD CARE → GO TO EM5
- 10 OTHER (_____) → GO TO EM5
- 11 NOTHING IS HOLDING ME BACK → GO TO EM5
- 1 DON'T KNOW → GO TO EM5
- 2 REFUSED → GO TO EM5

⁻³ UNCLEAR RESPONSE → GO TO EM5

EM4. Sometimes people would like to work for pay, but feel that something is holding them back. In the last 3 months, was this true for you? If so, what has been holding you back from wanting to work? (INTERVIEWER LISTENS AND MARKS ALL THAT APPLY)

- ¹ BENEFITS → GO TO THE ABOUT YOU SECTION
- ² HEALTH CONCERNS → GO TO THE ABOUT YOU SECTION
- ³ DON'T KNOW ABOUT JOB RESOURCES → GO TO THE ABOUT YOU SECTION
- ⁴ ADVICE FROM OTHERS → GO TO THE ABOUT YOU SECTION
- ⁵ TRAINING/EDUCATION NEED → GO TO THE ABOUT YOU SECTION
- ⁶ LOOKING FOR AND CAN'T FIND WORK → GO TO THE ABOUT YOU SECTION
- ⁷ ISSUES WITH PREVIOUS EMPLOYMENT → GO TO THE GO TO THE ABOUT YOU SECTION
- ⁸ TRANSPORTATION → GO TO THE GO TO THE ABOUT YOU SECTION
- ⁹ CHILD CARE → GO TO THE ABOUT YOU SECTION
- ¹⁰ OTHER (_____) → GO TO THE ABOUT YOU SECTION
- ¹¹ NOTHING/DON'T WANT TO WORK → GO TO THE ABOUT YOU SECTION
- ⁻¹ DON'T KNOW → GO TO THE ABOUT YOU SECTION
- ⁻² REFUSED → GO TO THE ABOUT YOU SECTION
- ⁻³ UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM5. In the last 3 months, did you ask for help in getting a job for pay?

- ¹ YES → GO TO EM7
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

EM6. In the last 3 months, did you know you could get help to find a job for pay?

- ¹ YES → GO TO THE ABOUT YOU SECTION
- ² NO → GO TO THE ABOUT YOU SECTION
- ⁻¹ DON'T KNOW → GO TO THE ABOUT YOU SECTION
- ⁻² REFUSED → GO TO THE ABOUT YOU SECTION
- ⁻³ UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM7. Help getting a job can include help finding a place to work or help getting the skills that you need to work. In the last 3 months, was someone paid to help you get a job?

- ¹ YES → GO TO EM8
- ² NO → GO TO THE ABOUT YOU SECTION
- ⁻¹ DON'T KNOW → GO TO THE ABOUT YOU SECTION
- ⁻² REFUSED → GO TO THE ABOUT YOU SECTION
- ⁻³ UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM8. In the last 3 months, did you get all the help you need to find a job?

- ¹ YES → GO TO THE ABOUT YOU SECTION
- ² NO → GO TO THE ABOUT YOU SECTION
- ⁻¹ DON'T KNOW → GO TO THE ABOUT YOU SECTION
- ⁻² REFUSED → GO TO THE ABOUT YOU SECTION
- ⁻³ UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM9. Who helped you find the job that you have now? [MARK ALL THAT APPLY]

- ¹ EMPLOYMENT/VOCATIONAL STAFF/JOB COACH
- ² CASE MANAGER
- ³ OTHER PAID PROVIDERS
- ⁴ OTHER CAREER SERVICES
- ⁵ FAMILY/FRIENDS
- ⁶ ADVERTISEMENT
- ⁷ SELF-EMPLOYED → GO TO EM11
- ⁸ OTHER (_____)
- ⁹ NO ONE HELPED ME—I FOUND IT MYSELF → GO TO EM11
- ⁻¹ DON'T KNOW → GO TO EM11
- ⁻² REFUSED → GO TO EM11
- ⁻³ UNCLEAR RESPONSE → GO TO EM11

EM10. Did you help choose the job you have now?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

EM11. Sometimes people need help from other people to work at their jobs. For example, they may need help getting to or getting around at work, help getting their work done, or help getting along with other workers. In the last 3 months, was someone paid to help you with the job you have now?

- ¹ YES
- ² NO → GO TO THE ABOUT YOU SECTION
- ⁻¹ DON'T KNOW → GO TO THE ABOUT YOU SECTION
- ⁻² REFUSED → GO TO THE ABOUT YOU SECTION
- ⁻³ UNCLEAR RESPONSE → GO TO THE ABOUT YOU SECTION

EM12. What do you call this person? A job coach, peer support provider, personal assistant, or something else?

[USE THIS TERM WHEREVER IT SAYS {*job coach*} BELOW.]

EM13. Did you hire your {*job coach*} yourself?

- 1 YES → GO TO THE ABOUT YOU SECTION
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM14. In the last 3 months, has your {*job coach*} been with you all the time that you were working?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM15. In the last 3 months, how often did your {*job coach*} give you all the help you needed? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did your {*job coach*} give you all the help you needed? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM16. In the last 3 months, how often did your {*job coach*} treat you with courtesy and respect? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did your *{job coach}* treat you with courtesy and respect? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM17. In the last 3 months, how often did your *{job coach}* explain things in a way that was easy to understand? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did your *{job coach}* explain things in a way that was easy to understand? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM18. In the last 3 months, how often did your *{job coach}* listen carefully to you? Would you say . . .

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did your *{job coach}* listen carefully to you? Would you say . . .

- 1 Mostly yes or
- 2 Mostly no?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

EM19. In the last 3 months, did your *{job coach}* encourage you to do things for yourself if you could?

- ¹ YES
- ² NO
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

EM20. Using any number from 0 to 10, where 0 is the worst help from {job coach} possible and 10 is the best help from {job coach} possible, what number would you use to rate the help you get from your {job coach}?

__ 0 TO 10

- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ALTERNATE VERSION: How would you rate the help you get from your {job coach}?

Would you say . . .

- ¹ Excellent,
- ² Very good,
- ³ Good,
- ⁴ Fair, or
- ⁵ Poor?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

EM21. Would you recommend the {job coach} who helps you to your family and friends if they needed {program-specific term for employment services}? Would you say you recommend the {job coach} . . .

- ¹ Definitely no,
- ² Probably no,
- ³ Probably yes, or
- ⁴ Definitely yes?
- ⁻¹ DON'T KNOW
- ⁻² REFUSED
- ⁻³ UNCLEAR RESPONSE

ABOUT YOU

Now I just have a few more questions about you.

82. In general, how would you rate your overall health? Would you say . . .

- ¹ Excellent,
- ² Very good,

- 3 Good,
- 4 Fair, or
- 5 Poor?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

83. In general, how would you rate your overall mental or emotional health? Would you say ...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

84. What is your age?

- 1 18 TO 24 YEARS
- 2 25 TO 34 YEARS
- 3 35 TO 44 YEARS
- 4 45 TO 54 YEARS
- 5 55 TO 64 YEARS
- 6 65 TO 74 YEARS
- 7 75 YEARS OR OLDER
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

ALTERNATE VERSION: In what year were you born?

_____ (YEAR)

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

85. [IF NECESSARY, ASK, AND VERIFY IF OVER THE PHONE] Are you male or female?

- 1 MALE
- 2 FEMALE
- 1 DON'T KNOW
- 2 REFUSED

-3 UNCLEAR RESPONSE

86. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

87. Are you of Hispanic, Latino, or Spanish origin?

- 1 YES, HISPANIC, LATINO, OR SPANISH
- 2 NO, NOT HISPANIC, LATINO, OR SPANISH → GO TO Q89
- 1 DON'T KNOW → GO TO Q89
- 2 REFUSED → GO TO Q89
- 3 UNCLEAR RESPONSE → GO TO Q89

88. Which group best describes you? [READ ALL ANSWER CHOICES. CODE ALL THAT APPLY.]

- 1 Mexican, Mexican American, Chicano, Chicana
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino, or Spanish origin
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

89. What is your race? You may choose one or more of the following. Would you say you are. . .

- 1 White → GO TO Q92
- 2 Black or African-American → GO TO Q92
- 3 Asian → GO TO Q90
- 4 Native Hawaiian or other Pacific Islander → GO TO Q91
- 5 American Indian or Alaska Native → GO TO Q92
- 6 OTHER → GO TO Q92
- 1 DON'T KNOW → GO TO Q92
- 2 REFUSED → GO TO Q92
- 3 UNCLEAR RESPONSE → GO TO Q92

90. Which group best describes you? [READ ALL ANSWER CHOICES. CODE ALL THAT APPLY.]

- 1 Asian Indian → GO TO Q92
- 2 Chinese → GO TO Q92
- 3 Filipino → GO TO Q92
- 4 Japanese → GO TO Q92
- 5 Korean → GO TO Q92
- 6 Vietnamese → GO TO Q92
- 7 Other Asian → GO TO Q92
- 1 DON'T KNOW → GO TO Q92
- 2 REFUSED → GO TO Q92
- 3 UNCLEAR RESPONSE → GO TO Q92

91. Which group best describes you? [READ ALL ANSWER CHOICES. CODE ALL THAT APPLY.]

- 1 Native Hawaiian
- 2 Guamanian or Chamorro
- 3 Samoan
- 4 Other Pacific Islander
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

92. Do you speak a language other than English at home?

- 1 YES
- 2 NO → GO TO Q94
- 1 DON'T KNOW → GO TO Q94
- 2 REFUSED → GO TO Q94
- 3 UNCLEAR RESPONSE → GO TO Q94

93. What is the language you speak at home?

- 1 Spanish,
- 2 Some other language → Which one? _____
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

94. [IF NECESSARY, ASK] How many adults live at your home, including you?

- 1 1 [JUST THE RESPONDENT] → END SURVEY
- 2 2 TO 3
- 3 4 OR MORE

- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

95. [IF NECESSARY, ASK] Do you live with any family members?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

96. [IF NECESSARY, ASK] Do you live with people who are not family or are not related to you?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED
- 3 UNCLEAR RESPONSE

97. Is there anything else you would like to add?

END OF QUESTIONS

Thank you for completing this interview with me. If you wish to contact your care manager, the number for his/her agency is:

- AASCC: 203-752-3040
- CCC Eastern region: 860-885-2960
- CCC North Central region: 860-257-1503
- CCC Northwest region: 203-596-4800
- SWCAA: 203-333-9288
- WCAAA: 203-465-1000
- Autism waiver: 860-424-5865
- Katie Beckett waiver: 860-424-5582

Interviewer: Collect name and phone numbers for participant, proxy, or person who assisted. Information will be entered below.

INTERVIEWER QUESTIONS

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED AFTER THE INTERVIEW IS CONDUCTED.

0) Who completed the interview? (Check only one)

Participant by his/herself

Participant telephone numbers: _____ → Go to F1

Participant with assistance from another person.

If Assisted

Contact information for person who assisted with interview:

First name: _____

Last name: _____

Telephone numbers: _____ → Go to F1

A proxy - Someone else completed the survey for the participant

If Proxy:

Proxy Contact Information:

Proxy First name: _____

Proxy Last name: _____

Proxy Telephone numbers: _____ → Go to P1

P1. Relationship to participant – the proxy is the...

Spouse/partner

Adult child

Parent

Attorney or legal representative

Other: _____

P2. Is the proxy also a legal representative?

Yes

No

P3. Is the proxy paid to provide support to the participant?

Yes → GO TO END OF SURVEY

No → GO TO END OF SURVEY

F1. WAS THE RESPONDENT ABLE TO GIVE VALID RESPONSES?

- ¹ YES
- ² NO

F2. WAS ANY ONE ELSE PRESENT DURING THE INTERVIEW?

- ¹ YES
- ² NO → GO TO END OF SURVEY

F3. WHO WAS PRESENT DURING THE INTERVIEW? (MARK ALL THAT APPLY.)

- ¹ SOMEONE **NOT** PAID TO PROVIDE SUPPORT TO THE RESPONDENT
- ² STAFF OR SOMEONE PAID TO PROVIDE SUPPORT TO THE RESPONDENT

F4. DID SOMEONE HELP THE RESPONDENT COMPLETE THIS SURVEY?

- ¹ YES
- ² NO → GO TO END OF SURVEY

F5. HOW DID THAT PERSON HELP? [MARK ALL THAT APPLY.]

- ¹ ANSWERED **ALL** THE QUESTIONS FOR RESPONDENT
- ² ANSWERED **SOME** OF THE QUESTIONS FOR THE RESPONDENT
- ³ RESTATED THE QUESTIONS IN A DIFFERENT WAY OR REMINDED/PROMPTED THE RESPONDENT
- ⁴ TRANSLATED THE QUESTIONS OR ANSWERS INTO THE RESPONDENT’S LANGUAGE
- ⁵ HELPED WITH THE USE OF ASSISTIVE OR COMMUNICATION EQUIPMENT SO THAT THE RESPONDENT COULD ANSWER THE QUESTIONS
- ⁶ HELPED THE RESPONDENT IN ANOTHER WAY, SPECIFY _____

F6. WHO HELPED THE RESPONDENT? (MARK ALL THAT APPLY.)

- ¹ SOMEONE **NOT** PAID TO PROVIDE SUPPORT TO THE RESPONDENT
- ² STAFF OR SOMEONE PAID TO PROVIDE SUPPORT TO THE RESPONDENT

F7. Relationship to participant:

- Spouse/partner
- Adult child
- Parent
- Attorney or legal representative
- Paid staff person
- Other: _____

F8. Is the person who assisted also a legal representative?

- Yes → GO TO END OF SURVEY
- No → GO TO END OF SURVEY

END OF SURVEY – INTERVIEWER COMPLETE FOR EVERYONE:

Interview done by:

- Telephone
- In-person

Participant Information:

First name: _____

Middle name: _____

Last name: _____

Medicaid ID: _____

Date of Birth (MM/DD/YYYY): _____

Town of residence: _____

ZIP code of residence: _____

Does the participant have a Conservator of Person or a Legal Guardian?

- Yes
- No
- Do not know

Program:

- CHCP
- ABI
- PCA
- Autism
- Katie Beckett
- CFC Only
- DMHAS – Mental Health Waiver

If CHCP: CHCP Category:

- Category 1 (State funded)
- Category 2 (State funded)
- Category 3 (Waiver)
- Category 4 (Under 65)
- Category 5 (1915i)
- Do not know

If ABI waiver:

- ABI I

- ABI II
- Do not know

Community First Choice?

- Yes
- No
- Do not know

Access Agency:

- AASCC
- CCC
- DSS
- SWCAA
- WCAAA
- DMHAS

If CCC client: CCC Region:

- Eastern (Region 3)
- North Central (Region 4)
- Northwest (Region 5)
- Do not know

If SWCAA client: SWCAA Region:

- Bridgeport Proper
- Greater Bridgeport
- Norwalk
- Stamford
- Do not know

Date Interview Complete: _____

Interviewer: _____