Survey of South Dakota Waiver Services – Individual/Guardian/Parent

Recently the Department of Human Services contracted with Align by Benchmark to complete an assessment of the continuum of services for individuals living with an intellectual or developmental disability. A large part of this assessment is obtaining feedback from individuals currently receiving services, their families, guardians, and providers. We are requesting you take a few minutes to complete the following survey and return it to us by **March 20, 2020**. Thank you for your time and assistance! You can return the survey 3 ways;

**Email:** radams@benchmarkhs.com  
**Fax:** 317-974-3034 (Please note Attention Rick Adams)  
**Mail:** Benchmark Human Services  
   Attention: Rick Adams  
   2431 Directors Row, Suite A  
   Indianapolis, IN 46241

1. Are you completing this survey for yourself or for someone else?  
   - [ ] Self  
   - [ ] Family Member  
   - [ ] Other

2. Is someone helping you complete this survey?  
   - [ ] YES  
   - [ ] NO

3. If someone is helping you complete this survey, who is helping you? Select All That Apply:  
   - [ ] Family Member  
   - [ ] Guardian  
   - [ ] Provider Staff  
   - [ ] Other

If you are an advocate completing this survey, please answer as applicable to the person receiving waiver services.
4. How old are you?

5. What are your current living arrangements?
   - □ In my own home
   - □ With family
   - □ With roommate(s)
   - □ Group Home/Community Living Arrangement
   - □ Other: ________________________________________________________________

6. How long have you lived in your current residence?

7. Where did you live before your current residence?

8. Please rate your level of satisfaction with your current services
   (1= extremely dissatisfied, 5= extremely satisfied).
   - □ 1 □ 2 □ 3 □ 4 □ 5

9. What could improve your level of satisfaction with services?

10. What current services are you receiving that you believe are working well?

11. If you had the ability to create a brand new service to meet your needs, what would it be?
12. What are some of the limitations of the CHOICES Waiver (if applicable)?

____________________________________________________________________________________

13. What are some limitations of the Family Support 360 Waiver (If applicable)?

____________________________________________________________________________________

14. How difficult is it for an individual to become approved for services?

____________________________________________________________________________________

15. How long did you or your family member have to wait before receiving services?

____________________________________________________________________________________

16. Where do you see opportunities to give individuals more choice?

____________________________________________________________________________________

17. What issues or barriers make it difficult for individuals to live in the community?

____________________________________________________________________________________

18. What service in the existing waiver program (CHOICES or Family Support 360) would you request remain unchanged, Why?

____________________________________________________________________________________

19. What is the biggest barrier to participating in those activities you enjoy as often as you would like?

____________________________________________________________________________________
20. Do you have a community job?

21. If you do not have a community job, would you like to work in the future?

22. What are the barriers that prevent individuals living with I/DD from working in the community?

23. There have been recent changes to the Vocational Rehab System (ex: Career Exploration, Sheltered Work). Are those changes working?

24. Are there additional changes you would make to the Voc Rehab system to increase the employment of individuals living with I/DD?

25. Is geographical location a barrier to getting services in South Dakota?

26. If so, what services are most difficult to receive?

27. What age group do you feel could benefit the most from changes to the services array?
28. From your perspective, are there obvious inefficiencies within the current State system or waiver design that could be corrected to benefit all stakeholders involved?

29. In 2016, South Dakota implemented Conflict Free Case Management. Has that gone well?

30. What do you need to increase your access to the community and your independence?

31. When you need assistance with managing a behavioral crisis, do you get it?

32. Are there additional services you feel you need when experiencing a behavioral crisis?

33. Do you feel you have the right amount of input for your services, your home, and your life?

34. What changes need to be made to the system or your services to give you a better quality of life?

35. What else do you think we should know that would help improve the services you receive?