

HOME AND COMMUNITY BASED SERVICES (HCBS) ASSESSMENT COMMENTS- FEBRUARY 2015

- Recipient is severely handicapped with schizophrenia, mentally retarded and Cerebral Palsy. She is cared for by legal guardian, family, foster mother from her birth.
- I need help with cleaning home and bathing, get out of tub. Before I had someone come. I can't clean.
- Recipient lives with her family who takes the best of care for her because her best interest is at heart.
- I need help with bathing please.
- I live with at home with my mom as a caregiver, so some of these don't apply.
- I live at home with my parents.
- Not sure of questions.
- Regarding questions 23 and 24, recipient is my son. He has always had his own room and we have never had an issue like (question) 24. Own our home.
- Not applicable, recipient lives with his family.
- I live with my daughter, husband and kids.
- I am not in a group home. I do have all my facilities. I pay my bills on my own and I handle my finances. I have a case worker that provides and suggests help for medical reasons.
- Excellent questions, thank you for your concerns.
- I do not have any of these things and why are you sending paper like this?
- It is a good program.
- I live with my son (name provided). He is very good to me. We live in a house. It is a very nice place to live.
- None of this applies to me. I live in a duplex by myself. I'm a widow since 2003.
- I live in my own apartment with supportive help.
- I live at my own home and have care provided to me by (name of provider) and I have and continue to receive excellent care from them.
- I live alone and receive help from PCA's every day and attend (name of provider).
- Form filled out, was helped by guardian as recipient is mentally handicapped.
- My son (recipient) lives with me, if you have any questions (phone number provided).
- I don't believe this pertains to me. I live in an apartment by myself but have a caregiver that comes every day to help with housework...etc..
- I'm very satisfied with my living in home and I do everything I want. The Medicaid program has been more than fair to me...(recipient name).
- (Recipient) is under legal guardianship. He currently resides in a group home.
- Under guardianship.
- Group home cooks.
- (Recipient) is not verbal.
- Door locked for safety/wander risk.
- Group home provides transportation.
- Needs assistance.
- Resides in a group home.
- My wife could not fill out the paper, so I did it for her. She is in a group home. A very nice one.
- Needs help with transportation that will help with handicapped person so I can go shopping and get what I want. Cannot afford to pay for a taxi. I can't get out when I want to. Can't get ride. Told no

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- one got one. I can't walk, I can't drive, sick of lies from (unreadable word) care. They said they would come to my house and see me. They don't keep their word they lie to me. Don't keep your word, liars, no call, no show, too many excuses why they can't because they want to do liars. Excuses and lies don't get it done by precious care when I want to (unreadable word).
- Right now, (recipient) riding with (name deleted) in company vehicle. They have the same work site at (name of worksite).
 - Lives at home with his parents.
 - (Recipient) is severely handicapped with schizophrenia, mentally retarded and cerebral palsy. She is cared by legal guardian family-foster mother from her birth.
 - Mentally and Physically Disabled.
 - I was born in 1922, so I'm 93 years old. At this time I'm living with my daughter and her husband in their home. I have a bedroom and bathroom for my use only and my daughter is my care taker. Many social workers have visited me here. My living space is on the second floor so at times the steps do limit my going out. So far I have kept all doctor appointments. I do my grocery shopping every week by a riding cart and my daughter help to reach purchases. My daughter drives me wherever I need to go. The time may come when I will need a care home of so, I'm sure you will be notified.
 - My living conditions are very acceptable. I have my privacy and I live alone. I'm well respected. I do think that they should have a better laundry facilities, clothes don't get clean.
 - (Recipient)'s mother because of traumatic brain injury, (recipient) is unable to comprehend the questions. Without this state support and services I will be unable to take care of my son and provide him with everything he needs to live (recipient's mother's name).
 - I live independently. I do not live in a group home.
 - Thank you for caring. Continued blessings to HCBS.
 - My son is an adult. He lives with me and his mother and I'm his legal guardian. I help him to make decisions because he is unable to make them for himself.
 - The HCBS assessment form does not apply to our son (recipient name). He has always lived at home. We take care of (recipient) and provide transportation and any other resources that he needs. If you need to talk further, please call me at (phone number provided).
 - I'm dependent living with home health care.
 - Somewhat-need ramp for back door.
 - State of Nevada does not allow actual deductions for utilities on food stamps, therefore I receive only \$16.00 a month. My utilities are power, water, trash. Since I'm totally disabled and use lots of power in my all electric home and much of my use is oxygen, electric bed, etc and of course air conditioning. My costs are high and don't get much help from food stamps.
 - Unable to do activities at daily living. Would appreciate more care and respite hours done by (daughter's name) for (recipient name).
 - I would like to have more information so she knows his options if dad loses his house.
 - (Recipient) is profoundly disabled. I have answered these questions on her behalf as her father, (father's name), who lives with her. Lives in a home, not an ISLA or group home.
 - (Recipient) is not mentally capable to do most things for herself.
 - (Recipient) is not mentally and physically able to care or do things for herself.
 - (Recipient) is not mentally capable of doing things for herself.
 - Everything is great. My brother (name deleted) takes good care of me and (name deleted) my social worker is wonderful.
 - I am so happy to have this service. I would be so depressed if I couldn't be independent. Being

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- able to stay in my own home is priceless to me. Thank you.
- Have chosen home care at this time.
 - My apartment was found for me, by my social worker. I came to look at it before I moved in. Otherwise I would still be at (name of facility). It was very nice and I liked it. It is just the size for me. I don't have a car so I depend on RTC Access for Dr. calls, and when I can get someone to go with me, I ride the city buses to stores. When I moved in here I was in bad shape. I took 3 weeks to get myself together. I was new to Reno and afraid to do anything wrong because I was so afraid of being terminated. So I was insecure. Now I am OK. I do have a set of papers and rules when I moved in. I am happy here and very thankful that I have a place of my own again, and with people that are close to my age. I am 86 years old. Thank you, (recipient name).
 - I live alone with daily caretaker visits-I get 3 visits per day and I am very happy with this arrangement. Without my waiver I could not live alone. I do not want to go to a group home.
 - At this time (recipient) is with her family. But has her room and privacy. She works at (name of worksite). (Recipient) will stay with her mother until mother passes on. Thank you for letting us know about possibilities in the future. Thank you, (mother's name) the mother of (recipient). (phone number and address provided).
 - More access to reasonable priced transportation. Visiting nurse to come periodically. More transportation options RTC Access bus!! Cabs when needed at more reasonable rates.
 - (Recipient) is in her 6th year of Alzheimer's, some of questions do not apply to her, however I answered to best of my knowledge. (Name of provider) visits and helps 4 hours per week. Respectfully, (name of caregiver and address and phone number provided).
 - Michael lives alone in an apartment of his choosing. He needs and receives support/training in the community. His service coordinators have always supported his efforts to live in the most integrated setting possible.
 - Agency communication needed, staffing for example sending two aides to do one job.
 - I live alone in home. I am 76 years old. I pay my own bills and get my groceries with the help of an in-home care person. This lady (name deleted) comes to my home 2 times a week, helps me with cleaning such as vacuuming, cleaning bathroom, doing laundry, also gets my groceries from a list I give her. I received \$21.00 food stamps which ran out Dec. 31. I also get my medication of Medicaid. I have senior dimensions Insurance and Medicare. I pay my own utilities, homeowners insurance, health insurance, cable TV and home phone. I have an income of \$1059.00 which is Social Security. I see a Dr. every 3 months (name of doctor and location). I am very happy living alone. I am able to dress myself, feed myself. I have a colostomy, have had it 21 years. I change it and clean it myself. I enjoy visiting with friends and neighbors and my social worker. I hope this helps in your survey. Thank you for your help and kindness. Sincerely, (name, address, and birth date provided).
 - (Recipient) lives in her own home, does not live in a nursing home. We wanted to let you guys know.
 - (Recipient) lives in her own home. She is not in a nursing home. So none of these questions apply to her.
 - No roommate please. I get sick.
 - Appreciate and thankful for the program. Elderly people with various illnesses-ailments really needs help especially we who are w/in or below poverty line.
 - My mom lives @ home. She does not live at a group residential facility.
 - (Recipient) is in an Alzheimer's Memory Care unit-Has a legal guardian. Form completed by (guardian's name).

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- (Recipient) is completely debilitated, does not speak, she is a quad and has been residing at home with me and a caregiver takes care of her needs 7 days a week. She is on the (name of program) and has a ISO. She has never been in a nursing home or any other type of facility. These questions do not apply to her because she cannot answer them herself. She has been at home since she had a brain hemorrhage in 1998 (aneurysm burst). She is being well taken care of due to her services from the State of Nevada. (Recipient) has a trach, she is bed bound, she does not speak. She also has a feeding tube. Thank you. Husband/legal guardian (name deleted) P.S. I spoke with her case manager and she talked to her boss. They told me to describe (recipient) in writing, because she cannot answer the questions herself.
- Question 21 is down when I move here. 22 was like that when the men move me here. 24 I pay rent and this all. I'm 68 years old. Please I want die in my house. I'm very old, 19 surgeries in my bladder. Do you think I can't go anyplace no I went when I went Dr. (name deleted) 3 hour in the time I has to change pad 5 or 6 time. I always wet even in my home. I'm the only 1 pass bed and in come the PA shower me, dress in gown and blouse and pants and my PCA change me every day. I'm sick and tired to be like this but I'm not have other choice and also I have a tumor in my stomach. I have proof of it a letter from my Dr. and two tumor in my hand. I work here until I get sick. Please don't let me. I work and you yes send me letter yes to be (unreadable word) is in of with my sickness. Please I have dr..
- I (daughter's name) filled this out for my mom as she is 90 years old with Dementia, so I completed this form to the best of my knowledge. I have power of attorney for my mom. I take care of her financial needs and any other support she may need.
- My mother is in (name of home). I did my best to answer the questions as my mother has Dementia.
- My son (recipient) was born with severe disabilities and he doesn't walk, talk, read, or write. He has to be fed, showered, shaved, and diapered. None of this, other than what I said yes to, pertains to him. I am his legal guardian and I don't understand why anyone is not reading his file. Please address any mail to me for (recipient). Thank you, (mother's name).
- Some of the night caregivers could be a little more sensitive.
- (Recipient) is unable to make his own decisions, doesn't talk. I am his legal guardian-his mom-(mother's name). He's lived with me for 50 years.
- As long as discrimination and coercion exists in NV Medicaid, the right of people with disabilities will not be fully realized. (name of recipient).
- This does not pertain to me. I live with my son and his family. So I don't plan to move to any assisted living.
- Well, I am concern that my rights are to get from and to y'all building and then not to have to wait a long time for any state ID or sitting time either people pushing anyone. Nobody should not be there for a long time get a state ID's of if their (unreadable word) or something too. I have staff but you know what she come see me once a week that crappy (expletive). I feel that any one should be treated with respect.
- I do not live in a Home and Community Living Place. I live alone in my own place and I have a caregiver come in 3 times a week to help me with dishes, vacuum, bathing, dusting, and I get along just fine. I drive myself and my sister places if need to go anywhere. Thank you, (recipient).
- My mother (name of mother) is a total care patient, most of these questions doesn't apply to her circumstances. I (daughter's name) make all decisions for her. She lives with me and she does have her own room (privacy) she is not capable of making any decisions about her care or her surrounding. She gets great care and her rights have not been violated. I make sure of that. She has been getting four hours of help each day, but you people feels she doesn't require that much assistance, so you cut her hours from 29.75 to 19.25 hours a week. This is why we are looking for a nice home to place her in. I can't keep her at home anymore without more help. I am a heart patient and the situation is

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just too much for me. I answered all questions based on what I think she would say. Nevada Medicaid doesn't care about the elderly in this state, this is so sad. This is such a travesty of justice. If she was illegal she would get the red carpet treatment. Respectfully (name of daughter).

- I live at (name of complex) apts. I have my independence and freedom. I'm happy.
- Any marked no are because he is not individually capable. Legal guardian makes many decisions. (Recipient) is profoundly mentally retarded. Many decisions have to be made for him.
- I don't know what number 8 means please explain (phone number provided).
- Not enough hours to accomplish all of my needs.
- Suggestions are made for appropriate behavior as well as dangerous actions.
- Child is only 8 years old. Lives with mom and grandpa and grandma.
- I live in my own apartment. I am very comfortable in every way!
- I am home restricted, so am not able to access public transportation.
- Some of these questions do not apply to my circumstances because I live with my parents.
- I live with my brother and family #21 and #24 do not apply to me.
- My personal care attendant hours are always declining. I need more help than what HP gives me. They don't fully understand my needs. Please give me more PCA hours!! I like where I live and I might have to go to nursing home only because of my lack of PCA hours. I don't want to move. Please help get me more hours.
- Does not reside in a group home.
- I live in my own apartment and have caregivers come in twice a day-5 days a week.
- (Recipient) lives by herself in a mobile home. She pays space rent, services are provided by (provider name) (name and phone number of case manager).
- I'm (recipient's) sister. He lives with me. I have guardianship and so does my brother (name of brother). Thank you.
- I'm in a private home- not a nursing home.
- (Recipient) lives in her own apartment which is attached to the main house which is a private residence.
- (Recipient) lives at home with her parents/guardians. (Recipient) attends the (name of provider). Most of your questions don't apply to her.
- Question # 4-I live in apartment. Question #18-I live in a Senior House apartment.
- I reside with only family and receive PCA and a nurse each 2 times a week.
- Presently I live independently at my apt. with a caregiver which comes 7 days a wk for 1 hr.
- I have my own apt caregiver. I make my own decisions and have a good HMO. I'm having help I got out of the hospital early Nov and my HMO sends a nurse and physical therapy . I'm 460lbs and COPD (never smoked), arthritis, diabetes and stress problems. My caregiver feeds me, dress me, change me (unreadable word) keep apt (unreadable word).
- None applies to mom. I take care of her. I do all her A.D.L.. She is bed ridden. I do it all.
- These inane invasive questions mostly pertain to a nursing home resident. This (expletive) does not pertain to me!!
- I get care from (name of provider).
- (Recipient) is like a 6 month old baby in every way and need. We take her to the store, library, McDonalds for an outing. She does not respond to questions accurately. We just keep her warm, fed and happy.
- I live in my own apartment and have an aid for 13 1/2 hrs..

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- I'm not sure how to answer most of the above questions. I live in my own apartment as I always have. I have a caregiver that comes 13 hours per week. She assists me in showering, light housekeeping such as dusting and vacuuming, or run errands if I need something from drugstore.
- I live in my own apartment. The only access to transportation is the Silver Rides bus as I am unable to walk to the public bus.
- Question #6-early; #13-seldom; #14-some; #15-somewhat.
- This form completed by (name of recipient's daughter). My mother has Alzheimer's. I have been her sole care taker for the last 8 years. Due to the services provided I am able to keep her home in familiar surroundings and keep my sanity due to the stress of being a caretaker.
- Question #3-own apartment; Question #4-own apartment.
- Question #3-Shared; Question #24-Not sure.
- Question #13-w/ supervision; Question #15-CAT bus; (Recipient) lives comfortably in her own home with her parents for support. (name provided), mother.
- Question #24-provided at provider's office when requested.
- This form is not really appropriate for (recipient). She lives at home with me, her mother; and she requires supervision/assistance 24/7 to be safe, healthy and happy.
- I love (provider name). She is very good to me. I like you for send her to me. (name of recipient).
- I don't even understand what really happened just that the eldercare lady (name provided) said that she was firing me because I have too many Chihuahuas and it wasn't healthy for my care people. She said I had over 20 and she didn't even come look. I don't have that many they are Chihuahua medical alert service dogs and I was in process of getting to 4, I did have 9. She said I was making lots of money selling my dogs and that is also not true. Basically they go to old, wheelchair bound people like me after I train them. I have trained dogs all my life and it is something I was able to do from my bed and my chair. I have been less and less able lately. My friend (name provided) cleans and cares for them. I have not been able to. I have a lot of things wrong with me-epilepsy, 2 holes in my heart, spinal sinosis all down my back and on and on. I just really don't know what to do right now. Oh and I was told that I couldn't have my caregivers help take care of my dogs. I don't do that (name provided) has done that for over 2 years and she has helped to catch up on caregiver work when any of them get behind. If this needs more to explain, please call me at (phone number provided).
- Question #18-Cannot lock bedroom and bathroom doors.
- Question #3-I have an apartment; Question #14-Access bus; Question #15-taxi; I am not in a nursing home. I have an apartment and a caregiver. I get along very well with that. I would like you to know that I appreciate all that is being done for me. Thank you, (name of recipient).
- I do live at home with assistance from Department of Aging.
- As (recipient's name) wife and caregiver-I helped him fill out this form. He is having problems seeing and is unable to read.
- (Recipient) lives at home with his mother and only receives in-home SLA services and JDT supports.
- I live in my own apt.
- Question #14-Sort of-with Senior Van; Question #15-friend, family; Question #20-Live at home; Question #24-Live in own home; Social services, services for aging, services for the blind, meals on wheels, home health-are very gracious and helpful and allow me to live in my own home.
- Question #5-Mother manages; Question #13-Don't drive or take public bus; Question #14-RTC special bus; Question #15-parents; Question #24-Live with parents as arranged.

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- Question #10-Not after 10p.m.; (Recipient) has been living in a group home with 20+ - clients, most on Medicaid, w/ waivers. The Company has now moved into a 3 story apartment with 2 clients in each room. Each client is expected to do own grocery planning shopping and cooking. Most clients have waivers to accompany each client with BST workers to help them with food planning and shopping, etc. (Recipient) no longer has a waiver, therefore, he gets no services. He has extremely low reading and writing capabilities. He also cannot handle money to do the meal planning, shopping, handle of his money, and getting to medical appointments. He is in DIRE NEED for services. The past facility meals were included and served, this move is no longer suited for his needs. He is in need of help to be successful here or forced to relocate into another home. (name provided).
- I don't have services with them and I'm my own rep. payee now.
- I completed this on behalf of my disabled son. I'm in very close contact with everything and feel very comfortable with these arrangements. (name provided), mother and legal guardian.
- I have filled this questionnaire out with the full knowledge (unreadable word), address above.
- Question #13-Alzheimers-unable mentally; Question #19-lives w/ family; Question #20-no lock on bedroom; Question #24-Live with family.
- Question #24 providers has that information at the office that can be explained anytime requested.
- As of Nov 30, I was dropped from Medicaid because of my income. I still have my HMO and Medicare, and get my Social Security. I own a mobile home that is paid for. My husband passed away April 28, 2013. I live alone.
- My mother is handicapped and I, her son, take care of her. She is so happy and content with the way things are at her home.
- (Recipient) lives in a new (name of home) Group Home.
- (Recipient) lives with his parents/guardians. He is supervised 24/7. We take care of all his personal needs.
- I chose my own living location.
- Question #12-cannot open outside doors. Too heavy.
- Not alone; family can take me out. This form was filled out by daughter.
- I desire to move out by myself but now I don't have the help that I need. I'm a disable woman of 80 years living alone with the left of my body paralyzed and the social worker only giving me 1 hr. of help in the week. I can't cook, clean or do my laundry by myself and because I have disabilities, takes me almost an hour to take a shower every day. I need somebody to help me with more help. Before I went to the group home I just had 3 hrs. of PCA every day. I don't understand why this happened to me not good services. I need to be independent aging. I need more help.
- I live in my own apartment in seniors housing.
- (Recipient) needs help/ assistance with life, home, communication, etc..
- My mother stays with me her daughter (name provided). I see to all her needs. It is just the two of us and she has her own room and bathroom. I fix her meals. I wash her clothes. I bath her and dress her. I comb her hair. I clean her dentures and her bathroom. I take her to doctor's appointments. I drive us to grocery store .
- She has a choice of foods if they don't cause her sugar or blood pressure to rise. We have a house phone and cell phone at her use. My mom gets around the house with the use of her chair. Any items that brought for her she has the choice to pick them. She has her own TV in her room and we have one in different areas so she can watch her favorite shows. When the weather is good we go on long walks around the neighborhood. She has Dementia so this is why I'm responding to this form. You are more welcome to visit her and to speak with her at anytime. She would love the company.

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- Before (name of recipient) had access to RTC , (name of recipient) got suspended for his physical aggression.
- (Recipient) passed away Aug 26-2014.
- I live in my home.
- With staff.
- I live with my sister, she gives me all the privacy.
- (Name of recipient) is not verbal and does not have an understanding of these questions.
- I live at home and I'm taken care of very well by my mother who cares for me and provides PCA care.
- I live in my own mobile home. None of the above questions pertain to me.
- Filled by (name provided) father –guardian.
- (Recipient) still lives at home with mom.
- With staff.
- (Recipient) lives with me and his sister.
- I live with my family in their home. I'm not in a group home. This form does not apply to my living situation.
- No public transportation available in (name of town).
- I speak English. I have the right to be on Medicaid, or Medicare to move, to speak, to choose my clothes and I have a phone in my room.
- Due to (recipient)'s cognitive abilities, he does not have complete control over his funds. Staff assists (name of recipient) with his money. Due to (name of recipient)'s cognitive abilities, a staff must be with (recipient) for safety purposes. Due to (recipient)'s cognitive abilities, he does not understand his rights regarding housing.
- Due to (recipient)'s cognitive abilities he does not have complete control over his funds. Staff assists (recipient) with his money.
- Due to (recipient)'s cognitive abilities, a staff must be with (recipient) for safety purposes. Due to (recipient)'s cognitive abilities, he does not understand his rights regarding housing.
- My husband (name of recipient) lives at home. He receives some help through an agency (name of provider). When he not always to best but they have difficulties finding qualified people so that the training has to be done with the patient. So that it puts stress on the patient and the wife who is the biggest caregiver. Is in a good health.
- The patient suffers from Dementia and is no longer able to live on his own safety, most of the questions on this form do not apply to persons with Dementia. This form was completed by his daughter (name provided) because my father would not understand the questions. My father lives in a wonderful group home with caring people who assist him. He is safe and content.
- (Recipient) has early Alzheimer's. She lives at home with her husband. A PCA comes 3 days a week. (Recipient) has a power of attorney due to mental condition. Most of these questions unanswerable.
- (Recipient) lives at home with his family but he is being taught how to live independently.
- With staff supervision-ISLA.
- I live at home with my husband.
- Question # 23 due to (recipient)'s cognitive abilities. He does not understand his rights regarding housing. Question #5 due to (recipient)'s cognitive abilities. He does not have complete control over his funds. Staff assist (recipient) with his money. Question #13 due to (recipient)'s cognitive abilities, a staff must be with (recipient) for safety purposes.
- (Recipient)'s verbal skills are limited and he continues to reside at home with his mother and father. We

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- are his appointed guardians and he has never lived outside the home.
- I live in my own apartment, so I live how I want.
 - I live alone, rent from my son. I have life alert ADC. I have sugar diabetes under control. Home Health 2 times a week. I'm also taken care of by my neighbors and son takes me where I need to go. Have had low sugar spells and dizzy spells. Keep snacks for it. I have a hospital bed. Hard to hold onto tub one wall is front of raised toilet, if I can't get off toilet. Hard when I fell on ice and sprained my knee. It healed up in good time. I appreciate your concerns. I will keep your address so I can have you look with any major problems in my home.
 - I'm disabled. It has taken years for me to get a shower budding so I can use the shower. I have MS and I can't move. My two boys are 14 and 16 and they are autistic. I need live in caregivers 24 hours a day 365 days a year. They however can't be counted as residents even though they need to alternately use the same bedroom. This rule needs to be changed as I'm force to have my sister live with us to meet minimum of residents 4 persons. Residents in my house are forced to be US citizens. This limits the caregivers that I can use to help me day and night. It would be better for me if residents of my house could be non-US citizens especially since so are well qualified. It will be useful if I could have an independent advisor at no cost, to help me determine the benefits I could receive as a disable single mother, with 2 autistic children trying to live off of Social Security. I'm afraid to ask Federal, State, county and city employees questions as they have the power to deny benefits depending on the topic.
 - All housing should be made to be used by disabled persons otherwise bathroom, doorways, kitchens, and plumbing, and electrical fixtures cannot be operated by me. It's hard to find housing and almost impossible to find housing for disabled persons. Let's make this usable for all people. There should be more flexibility in housing rules/regulations for disabled persons. More food stamps money should be available for a family of 4 with over 200 of caregiver support needed each worth 600 a month is just not enough. Also every year the rent goes up 5-10% but the Social Security income only increases 1-2%. Something is needed to make these increases more equitable. Thank you.
 - (Recipient) is a sweet severely mentally disabled woman who lives in a host home overseen by (name of agency). She has a guardian as she is incapable of caring for herself. Attends a sheltered workshops 5 day a week.
 - She lives with her mother and grandparents.
 - I need more hours a week to get the everyday. I need 19 hrs. a week. They dropped me to 7. That is not enough to get the kind of services I need for day to day living.
 - I live at home and have some help so a lot of your questions do not apply to my personal care.
 - Your questions would be appreciated for many handicapped people, however I don't think they really apply in (recipient) case. (Recipient) is 39 years old, completely dependent on his caregivers for all his personal care. He is unable to answer any questions because he has no idea where food comes from. He is dependant due to his physical and mental handicaps. He is unable to have an opinion on any questions asked. (Recipient) has CP and brain damage. (Recipient) is happy, likes to be around people, loves music, he is healthy. (Recipient) lives at home with Dad, Mom and sister and 2 nieces.
 - (Recipient) is disabled, is laid down in bed. She cannot move by herself. In other words she's living in her bed, doing everything in bed. She does not walk for her arthritis on her (unreadable word) and hands. I'm the one who makes decisions based on her needs and the best for her. Feel free to call me or visit her at (address and phone provided).
 - I reside @ home w/my natural mother.
 - Question # 23- due to (recipient) cognitive abilities he does not understand his rights regarding housing. Question #5- due to (recipient) cognitive abilities he does not have complete control over his funds, staff

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assist (recipient) with his money.

Question #13- due to (recipient) cognitive abilities, a staff must be with (recipient) for safety purposes.

- (Recipient) resides at home with his parents and all (unreadable word) are followed.
- This person is taken care of by spouse. He has Alzheimer's and cannot do a lot of things by himself.
- Live at home with parents and grandmother. Have transportation to wherever I want to go and privacy. Need doors and stair shower more accessible.
- I live on my own and pay my bills and I have home health care.
- Lives with mom and she is the public guardian.
- My services are good same as the PCA comfortable.
- I live at home and I attend day care 5 days a week.
- (Recipient) lives at home w/ her mother and receives help with daily activities thought a personal care provider that comes to the house. (Recipient) has 3rd degree cerebral palsy. Therefore, her mother is the legal guardian.
- My ex-wife and partner read all questions to me and answered questions with my answers because I'm illiterate.
- (Recipient) don't talk, don't walk, or read. He's still depressed.
- I need help in bathroom taking my bath. I can't stand up too long time. I can't work. I'm full risk. MY PCA help me dress day time. I can't clean every day.
- At this point of my life, I'm just grateful to God for allowing me a comfortable life.
- I live alone in an apt. previous attempt at group living was answering no most questions with adequate personnel assisting hours. I'm able to have all my needs and afford my own expenses. Thank you.
- (Recipient) lives with his mother and he is thinking about assisting living in the future. Has to continue to improve physically, mentally.
- Question #4- has his own bathroom. Question #6- eat as a family. Question #13- needs assistance.
- Lives at home and the family, guardian support all her needs.
- Question # 20 key on the front door and back door.
- (Recipient) is a Dementia patient, some of the questions are not applicable. Very satisfied with her living arrangement and care.
- I'm very happy with my daughter...thank you.
- I don't think this applies to me. I live with my son and daughter in law. Trust family living. No institution.
- Question #14 public transportation is not close to my home however there is transportation whenever I need it.
- Resides in an apartment complex not a group home.
- We have key for the front and back door.
- Question # 3- I'm a roommate.
- I live in my own rental condo. The (name of program) has been a wonderful and helpful program. Through them I was able to have my bathroom renovated at no cost to me and it was made so I can finally take a shower. My case worker and all of the service people who revised my bathroom are wonderful. Thank you for keeping me through this program to live a normal as possible life.
- I (recipient) have (name provided) the PCA comes 2 hrs. everyday and do all my cleaning, shower me, cook for me.
- (Recipient) is blind and wheelchair bound and resides with mother. He is physically disabled.

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- I am happy as it is now. Thank you.
- POA (name provided) (brother) takes care of personal resources as checks and pays bills for (recipient). (Recipient) is in a secured facility with advance Dementia and is under supervision of the Group Home director. For further information you can contact me at (phone number provided).
- (Recipient) has been having an on-going problem with her roommate. The problem consists of unwanted verbal comments and commands and control over the temperature in the room. (Recipient)'s roommate was turning off the air conditioning in the summer and the room was over 100 degrees. Now that winter is here the roommate puts the heater on and the room again is too hot. The cooling/heating unit has a thermostat but the roommate overrides this by turning the unit on and off. After notifying the facility of the problems and asking that the roommate be moved (she was relatively a new roommate) or the thermostat be secured with a lock the facility came up with the following solution: If the roommate didn't get along then both of them would be moved to new rooms. The facility also promised to keep an eye on the temperature of the room which only worked for a while. Now (recipient) is forced to put up with the roommate's bullying and the hot temperature. (Recipient) has an (medical diagnosis). The heart doctor has said absolutely no stress and to limit moving around as much as possible. I feel the facility is guilty of coercion because (recipient) has been in her room for more than 5 years and does not want to move so she puts up with her roommate's tactics in order to stay where she is at. (Recipient) is now 90 years old and I feel this will eventually cost her her life. Is it such a big thing to ask to have the thermostat secured? Sincerely, (name provided) POA for (recipient) (phone number provided).
- (Recipient) no puede hablar pero se comunica de otras maneras. (Recipient) vive en casa con sus padres. (Recipient) no puede salir sola no esta capacitada para estar sin supervision.
- (Recipient) lives with her father and mother.
- (Recipient) lives with her father and mother.
- (Recipient) is verbally and hearing impaired.
- (Recipient) lives at home and attends a job and day training program.
- I really need help with bathing. I can barely see and walk so I need more help. I only have 2 hours a week with a caregiver and I need more help. Thank you.
- My mother's condition is failing. Home Health care is excellent plus I'm available due to decline. Case workers or home care and (doctor's name) of (town name) Nev. are monitoring all incidents. (phone numbers provided) My mother has no additional help from anyone when she was approved for Medicaid and Energy Assistance Program-90 days ago- I am 67 years of age under-income and losing eyesight due to glaucoma. My mother is also losing eye sight, unable to hear, unable to write due to arthritis and losing control of bowels and bladder. We are in need for her of any benefit Govt. can provide! Thank you Sincerely, (name provided) on behalf of (recipient).
- Question #14 Public transportation is not close to home however staff transports whenever needed.
- I have filled out the above form for my mother, (recipient). (Recipient) is suffering from a long term disease of Dementia and can no longer respond appropriately to any kind of communication. To the best of my knowledge, mom receives the very best kind of care. I have never seen my mom in any kind of condition that would indicate otherwise. Often, when I stop to visit, the front door is unlocked and I am encouraged to enter without knocking. My inference from that is that staff have nothing to hide. I responded in the affirmative to many of the questions believing that the staff of (name of residence) would try to enable any of their residents to live as full a life as is possible. I am so very happy with the care my mother receives at (name of residence). (Name provided) (son) Power of Attorney for (Recipient) (mother).
- Question #13- Needs full time supervision.

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- Question #3- 1 Roommate.
- (Recipient) lives at home with family and is taken care of and loved.
- This form was completed using (recipient)'s answers with assistance from (name provided), SRO Case Manager @ (name of provider). If you have any questions, feel free to contact me (phone number provided).
- (Recipient) lives at home with me his mother (name provided).
- I live alone in a senior complex and have a helper come in to help me about 8 hours a week.
- Question #7- Individual is non-verbal but signs. Can receive phone call with response of yes or no. Question #14- Facility provides transportation.
- Question #7- Is non verbal; Question #9- Is non verbal; Question #13- Needs support staff as he would not be safe; Question #23- Does not understand this right; Question #24 Does not understand this process.
- I don't want to make any changes to my current services.
- Question #7- non verbal; Question #9- is non verbal; Question #13- would not be safe; #23 does not understand this right; Question #24 does not understand this process.
- I would prefer a larger room and my own bathroom. All staff should be able to drive, so we could go more places. Question #18-no lock on bedroom door. Question #24-my group home provider has this I think.
- But do have help (I am home).
- (Recipient) has been living at home for years. She hasn't been admitted into a facility in over 3 years. Whomever is billing the state for her hospitalization is committing FRAUD. Please investigate. Please note new address as of Feb 1st 2015 (address and phone provided). (Recipient) is living at home. No facilities/hospitalization in over 3 years. She has a PCA girl come 4 days a week with (name of provider) in (name of town). But it's all from the home. Actually, (recipient) needs more hours with PCA girl. She turns 78 tomorrow (date of birth) and needs more personal care and help. Please come and access (recipient). They took away some hours months ago. (Name provided) that assessor was BIASED. (Recipient) needs MORE personal home care at home. (Name provided) (sister) (phone number provided).
- To Whom It May Concern- I have a cane to walk with. I have a walker chair also to help me with my balance. My balance is off because I have my right big toe (unreadable word). It's hard for me to walk without my cane or chair. Thank you for the service. My phone is (phone number provided).
- I live with my sister, she treats me with love and respect. I have no issues. Question #13- In wheelchair needs assistance.
- Question #15- If my dad or my brother is available at the time of service.
- I am not residing in a nursing home but live alone in subsidized apt.. Some/most of these do not apply to me.
- (Recipient) is severely disabled. She is retarded. Father (signature).
- Question #8-not known; Question #17-I live at home; Question #19-do not live in nursing home; Question #20-I live at home; Question #24-Lease every year.
- (Recipient) is a sweet severely mentally disabled young woman who lives in a host home overseen by (agency name). She has a guardian as she is incapable of caring for herself. Attends a sheltered workshop 5x a week.
- This really doesn't relate to me. I live in a Sr. living residence. I have my own apartment private. I regulate my own life in every way.
- This does not apply to me. Could you send in Spanish? I have my own apartment and live on my own.

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- I have someone come clean and help with my food.
- My roommate (name provided) is a paid PCA through (name of provider). This benefit allows me to live at home. (Recipient).
 - The (name of residence) is a nice place to live. Everyone is pleasant, helpful and respectful.
 - I live independently in a 55+ community. None of the questions pertain to me. (Recipient).
 - He lives at home with wife. Hope I can help but (recipient) lives with wife in his own home.
 - I share a house with my daughter. I have two rooms and my own bathroom.
 - We (recipient)'s parents are very happy with the services (recipient) receives. She is very happy. We are thankful to all the people she stays with. Thanks, (signature).
 - (Recipient) is bedridden and her mother has power of attorney and makes the decisions.
 - Dear DHCFP! Thank you for all you have done and all you do for me as I make my final day's journey. Thanks and you all have a healthy and happy new year-2015. (Recipient).
 - Por favor enviarme cualquier informacion en espano.
 - I have good and bad days. (other remarks unreadable).
 - Question #2-no group activities; Question #14- but I drive too; Question #15-my mom can; Question #19-I live at home; Question #20-live at home someone opens the door; Question #24-no I live in a home with my dad, brother and my mom is my CAN. I have my own cell phone, computer, TV, stereo and I decorate my room as I want. I am able to drive my mom's car when necessary. I have my own room w/ a shower. I'm free to come and go as I can. Anything I need my mom, dad and brother or my doctors help me get.
 - (Recipient) is a 23 year old Down Syndrome young man. He is non-verbal and is wheelchair bound. He eats through a tube in his stomach (formula). He is severely delayed, and is about the size of a 6 year old, weighing 85 lbs.. We provide a happy and healthy home life. (Recipient) has had 2 open heart surgeries and a trach for 2 1/2 years. He is unable to answer these questions and really none of them applies to him. If you have any questions for me, my phone # is (phone number provided). Sincerely, (name provided).
 - I am very happy with my living place and my landlord is very good to me and respects me.
 - Receives great care at this group home. Very pleased with owner and caregivers.
 - I have now lived in (name of residence) since Jan. 16, 2000 and the current owners are very nice and courteous to me. I lived in (apartment number) for 12 yrs, but have to use oxygen since 2004, so I needed a larger apartment and (apartment number) is a two bedroom apartment. If you need any other information, please call (phone number provided) since I can't see very good and can't read very good. Thank you, (recipient name and address).
 - I own this property home. I lease the land, I pay rent on the space and I pay taxes on this space. The land lady raises the rent every year. It's not small sometimes it large we take care of the land. Some people can't afford the rent, but we do pay it, but sometime she could spend the years without raising the rent. We are older generations with small income. Sometimes it gets very hard. At times, I know she has some expenses trash pick-up, water we use, we clean up, weed over yards, place flowers for decorations, paint over homes. I keep my property clean inside my home and outside as well. I lived in my house a very long time. I won't sell my house under I get what I put into it and what I pay for it. Thank you. In my will my son will get my home. If not put renters in the home and must keep it clean and painting if they don't obey their part he mail the cleaning bill to them. Needs to be in writing.
 - Question #13-with staff support; Question #14-with staff support.
 - Question #13-Live at home-cannot drive (eyesight); Question #24-Home owner.

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- Question #5-with guidance; Question #7-physically unable; Question #13-need assistance; Question #14-custom wheelchair only allowed to go to workshop; Question #21-on oxygen so have to monitor to when it comes loose can fix. A quadriplegic Cerebral Palsy who is mentally challenged so some cannot work for her safety. (Unreadable word) care. IQ=3 years old. She's not mentally capable of handling money but is asked when she personally wants something. Unable to verbalize enough to talk on phone. Wheelchair bound-unable to propel chair herself so needs assistance. Has a manual chair she's allowed on bus to go back and forth to workshop. Has electric chair mother uses for Dr. appointments. Has to furnish transportation. Question #19 and #20-Not applicable and she's total care-non-ambulatory. Unable to turn over in bed by herself. Is on oxygen at night. Has to be monitored so help is available.
- I have my own bathroom next to my bedroom.
- I cannot see that well.
- Question #13- with staff supervision-ISLA.
- Above does not apply to me. I live in my own home, not assisted living or long term care facility.
- Question #13 with staff supervision ISLA.
- None of these questions apply to me. I have my own apartment and a caregiver.
- Question #13-blind; Question #15-private car; Question #17-private home; Live at home with family.
- Question #9- not capable of discussing; Question #23-not capable of understanding.
- Have to file for title changes/new lease agreement.
- Question #5 has guardian; Question #13- has guardian.
- Question #5 has guardian; Question #13 has guardian.
- Would like more info about adaptive living. Living made easy. My sisters are growing up and moved out and it's only my mom when dad's at work. Little sister school and work. Filled out by mom. (Recipient) only has use of 2 fingers on left hand to power his power chair. He is on vent and has trach. Lives at home with parents.
- I don't want to change anything please because I need them.
- N/A=does not apply to my circumstances.
- He does not read or write, or talk.
- To whom it may concern- my name is (name provided) (recipient)'s wife. I thought everyone involved with (recipient) had been notified. I lost (recipient) 11-8-2014. He was in (name of hospital) at the time. If there's only questions for me please call (phone number provided).
- (Recipient) lives in his own apartment independently with assistance of staff (SLA manager) from (name of provider). (Recipient) requires assist with finances re checks, bills by his payee his mother (name provided). He has limited reading ability requires assist to answer questionnaires such as this or job applications etc. which is why mailing address. Thank you.
- This questionnaire was filled out by mother/guardian. (Recipient) is unable to make her own decisions. These are answered based on my decision. Many do not apply to our situation.
- I live with my mother. I am my own guardian.
- Thank you but I live with my daughter am not living in home care. This form doesn't concern me.
- Lives independent HUD housing.
- Question #13- Sign in and sign out, Question #19- usually; A better proof-reader is useful: check the date on the enclosed letter.
- I am satisfied, very satisfied.
- N/A- (Recipient) is an at home patient. He does not pertain to any of these services.

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- Thank you for an opportunity to express my appreciation and concerns regarding home and community based services. I have received home based services for many years through Nevada Medicaid programs. Eleven and a half years ago I moved from my family home into an assisted living apartment. I have experienced a lot of good from this change. It has also caused lots of grief. Generally speaking I believe these programs DO work. But...There are areas that need attention. Unfortunately, because we are dealing with human nature, there will never be a perfect solution. However-there's got to be a way to at least improve the situation. Question 1: Unfortunately I haven't found, in my specific situation, many options about where to live. Since leaving my family home I have lived in an apartment at (name and location of provider). I can't afford to move and don't know where I'd go if I could afford to. I'm no longer on the in-house services that (name of provider) offers due to harassment from past management and caregivers (see #8 & #17), but the added (emotional) security of having the "secure" entry system and a person working 24 hours a day so there is always someone on the premises helps. There just aren't many options for affordable living that I've found for me. The second half of Question 1 regards choices of services. I'm not sure why, but I've been told there are only three agencies who can cover my type of hours. I'm not sure what is different about my hours that limits the availability of agencies I can choose from. The agencies available are the in-house services at (name of provider) (see #8 & #17), the agency I am currently using-(name of provider), (name of provider). I have previously checked in to the possibility of going with (name of provider). There are issues that, for a person as dependent on help as I am, make (name of provider) not a great option. If someone calls in sick from (name of provider), it is my responsibility to find my own help. If that happens on a morning shift, I'm in bed waiting for someone to come get me up so I can function. I can't shuffle through paperwork or my phone getting phone numbers to call other caregivers from bed-I'm an incomplete quad and can't move! Because my care is extremely personal, I am not comfortable with male caregivers. This immediately decreases the number of caregivers available to choose from on the (provider name) list. Many of the people on the list of employees live in the (name of town), which decreases the number of caregivers available by 50% or more. When you consider that a portion of the remaining caregivers in (name of town) will already have clients and will not be available for the times I need, that some won't want to or aren't capable of providing as tedious of care as I require, that leaves three or four to choose from. Then if there are issues where I'm not comfortable with a person, I have nothing left to hire from their list. I need a minimum of three caregivers (I require care morning and night seven days per week) . So, I feel that (name of provider) isn't a good option-in my case. This leaves me "stuck" at (name of provider). Question 8-Over the years, I have received home services, I've been pushed (coerced) many times to do things differently than I'd asked or needed. Most of this is from caregivers who don't care, are too lazy to do things the proper way, or flat don't understand how critical it can be to do things the way I need in order for me not to get injured. (As an incomplete quad, I have feeling, so I have a lot of pain, along with osteoporosis.) Many, many caregivers are not properly trained to care for clients who need more help, such as I need. The agencies appear to hire just to cover the shifts, with no concern about the quality of person they hire or the need of the client. They are "cold" and appear uncaring towards the client and often harass clients. This gets into the area of "we're dealing with human nature" and only some of it can be improved-like requiring better training. Even better training won't solve the human side of the issue. I realize an agency can only hire whoever applies, but they aren't very selective in their hiring practices. I have had so many caregivers who weren't qualified for any other type of work, so they apply with a home health agency. Unfortunately, most aren't qualified for the job of caregiver, either, but they get hired! They're the kind of people that the person who hires them wouldn't let take care of their own family, but they send them out to client and expect us to be happy with them. It's not easy having a stranger come into your home to toilet, bathe and dress you. When they try to take shortcuts to get

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out from work faster, it's very frustrating. Because agencies appear uncaring, most clients are afraid to report any problems. Two things happen when you do. #1, You face repercussions from caregivers; and #2. You're labeled a troublemaker by the agency and nobody wants to work for you. So you try to bite your tongue and make it work, even though you're not satisfied. Question 12: (provider) is a three story apartment building. You must be low-income and disabled to live here. There is ONE old elevator with no alternative way in or out when the elevator breaks down, which has happened too many times in the eleven and one half years I've lived here. When it goes out, it's out anywhere from half a day to TEN DAYS. It's not uncommon for it to take two to four days to be repaired. The most recent outage was July 19, 2014-the elevator was down for eight days. I was out of the building when it went down. I live on the second floor and was unable to go home for eight days. I have a minimum of eight other neighbors who are in power wheelchairs and can't use the stairs, who live on the second and third floors and were home when the elevator went out. They were unable to leave the building for eight days. They missed important medical appointments, as well as social engagements that are so important to your well-being. There must be something that can be done as a back up when the elevator is down. It's awful to be STUCK in/ out for long periods of time with no way to come and go to your own home. Accessibility is a problem here. Question 17: Most of the time staff is respectful in their communication with a client. However, generally speaking, I don't feel that your dignity is respected enough. Caregivers tend to have the attitude that they see and do this all the time so it doesn't matter. They will uncover/undress a client and walk away to do something else, leaving you exposed. If you ask to be covered, you often get attitude like "I'll be there when I'm ready". They don't seem to think it's a big issue. I can tell you from experience that it IS an issue. A BIG ISSUE. When you need the intimate care that I need, you grab on to any little thing you can to keep the last thread of privacy. I've often said I believe part of the training required for caregivers should include letting a person of the opposite sex take the caregiver to the bathroom-and wipe them, give them a bed bath and dress them, making sure to leave them exposed during the process. I believe it would really open their eyes as to how it feels to be on the receiving end of personal care. I have had caregivers, when I was on services at (name of provider) (different management than what is there now), that when I would call for help in the bathroom and going to bed at night, would consistently leave me waiting for between one and two hours before they would show up to help me. I always tried to wait long enough to ask for help that I knew the other clients who needed assistance with bedtime care were done. This caregiver would just leave me waiting while she did laundry or other nighttime chores that could be done at any time during the night. There were other caregivers who participated in this harassment, along with the manager at the time. HIPAA violations were rampant. It became so unbearable I had to switch to an outside agency. I've had issues with HIPAA violations even with the agency office staff. When I have complained about problems to management, it got worse! Repercussions are bad. Caregivers come back to work with bad attitudes. Clients are afraid to complain. I've had neighbors tell me things over the years and then tell me "if you tell anyone I told you this I'll tell them you're a liar. They're not going to put me in a nursing home." They've been bullied to the point they're afraid they'll be put in a home. This is horrendous abuse.

- Resides in a apartment complex, not a group home.
- Question #13 100% needs help, guidance, falling several times from getting up and walking; Question #14 but needed somebody to drive; Question #18 Yes, there's a lock but I don't like the door locked because when I fall, unable to open the door! I am Diabetic.
- I am pleased with my life.
- Perfection is difficult to achieve though.
- (Recipient) lives at home and is under constant care of his parents (parent names). We do give him

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- as much choices as possible in any situation we can. All most all the things he does need help.
- Your service allows me to live comfortably with family and get private care from an assistant and visit a daycare to interact with others and play Bingo.
 - (Recipient) lives with her sister, she can't live independent in her own due to lack of understanding and age.
 - Question #5- memory challenged.
 - Question #13-mentally challenged.
 - (Recipient) lives at home and attends a job and day training program.
 - Please, keep services for the elderly. Thank you
 - From (name provided). I'm filling this out for my mother. She is 101 years old (phone number provided). My mother needs continuous care 24/7. At 101 she is very health, but does not know who we are anymore. The owner (name provided) and mother's main aide (name provided) takes very good care of her, so since my husband and I are in our 70's now we can sleep at night and know she is in a good hands. She also has help from hospice. I appreciate to take care of her at home for 5 years. It got too hard. (name and address provided).
 - I'm happy to be here where I'm house.
 - I love it. Everyone is very nice to me.
 - (Recipient) has Alzheimer's and totally depends on me (spouse). She is in the last stage of the illness. She is happy and healthy but cannot communicate anymore and cannot function w/o help.
 - I'm attending an Adult Day Health Care Center, not a group home or assisted living facility, many questions are not applicable for me.
 - I'm attending an Adult Day Health Care Center, not a group home or assisted living facility, many questions are not applicable for me.
 - I'm attending an Adult Day Health Care Center, not a group home or assisted living facility, many questions are not applicable for me.
 - I'm attending an Adult Day Health Care Center, not a group home or assisted living facility, many questions are not applicable for me.
 - I'm (name provided) and I have being taking care of my brother (recipient) for over 50 years. (Recipient) has been mentally handicapped his entire life. He has needed the use of a wheelchair for the past 4 1/2 years. He is incapable of caring for himself, he can't read or write. He has a very short memory and he cannot tell you his name or where he lives. (Recipient) doesn't understand medications, relationships, time, numbers etc. and he has very limited vocabulary. (Recipient) has a caregiver 2 hrs. every morning to help him out of bed with the aid of a walker. His wheelchair does not fit into the bathroom, therefore (name of provider) caregiver must give him a sponge bath, shave, groom and dress him while in his room. Sitting on a potty. At the current time (recipient) has open wound on one foot that require a nurse's care once a week. I clean and redress the around every other day between the nurse's visits. A doctor visits once a month to do a routine check-up and take and prescribe the medication he requires when applicable. I provide all his meals, clean his room and do his laundry everyday- sometimes twice a day due to his incontinence. I try to time his trips to the potty every 2-3 hours to avoid accidents in his diaper. My brother requires 24 hour supervision and that's what I see that he has. If you have any questions my phone number is (phone number provider).
 - I do not know what the questions mean.

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- I'm attending an Adult Day Health Care Center, not a group home or assisted living facility, many questions are not applicable for me.
- I have my own apartment so not much of the above applies. I rent a one bedroom apartment.
- I'm doing very well with Home Health. I wouldn't be as far as I am without the help.
- The no responses are due to physical and mental disability by (recipient) (daughter's name).
- I don't share a room. I have my own room. I live in an apt. with my son.
- Don't understand some of the questions because I live and pay own house.
- People in the office need to let the patient know when another PCA comes over. We need more communication.
- Our son lives with us in our home. So he is well taken care of. Thank you.
- (Recipient) lives at home with his parents. I'm not sure how to answer those questions. (Recipient) is on Medicaid. He is in a wheelchair and he has his own room, bathroom and the rest of the house. He has Cerebral Palsy.
- (Recipient) is very happy and content in her own apartment with assistance from (name of agency).
- Why is this even being sent out, people are not in prison, this is America, no North Korea or Russia.
- Attending Adult Daycare Services.
- (Recipient) rents from his mother and father which his place is right next door from them, if he needs anything. He is disabled from Down Syndrome but is able to dress himself, feed himself, can communicate on his own and make decisions for himself. He does have provided services as have a caregiver to assist him to his needs and take him to services he need to.
- I'm (recipient)'s mother and is up to me decisions for her. She tells me what she wants and if is not bad for her health, I will give to her. She has care services to help her with bathing, preparing her food, washing clothes, etc. When she is alone I take over. (phone number provided).
- Many questions are not applicable to me due to the fact I'm attending and Adult Daycare Center not a group home or assisting living.
- (Recipient) lives in a condo she owns, many of the above questions do not apply to her situation.
- Very happy living in my group home. Everyone respects me and gives me the attention I need. They provide me meals, remind me to take my medications, take me to my Dr. appointments, give me time to myself. I depend on them to help me get through the day. I'm not able to make good decisions. My cousin/caregiver gives me a lot of support but the staff at the group home help me with everyday living. Without them and the support of my care giver I would be out on the street getting into trouble and possible be alone and helpless. We meet with (name of agency) on a regular basis and talk about everything that's going on. My main focus is to cope with everyday life through proper medication and exercise. I enjoy the (name of provider) staff and need them.
- I live in an apartment not in a rest home on Sec. 8 (address provided) and have a caregiver that comes in 3 times a week to help clean and do things for me. I'm 82 years old and doing well. I can't do everything now.
- I'm very happy.
- I'm attending Adult Daycare Health Center, I'm not in a group home or assisting living.
- Some of the questions regarding assisting living and group Home are not applicable to me because I'm attending an adult daycare center.
- Some of the questions regarding assisting living and group Home are not applicable to me because I'm attending an adult daycare center.
- Some of the questions regarding assisting living and group Home are not applicable to me because I'm attending an adult daycare center.

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- Some of the questions regarding assisting living and group Home are not applicable to me because I'm attending an adult daycare center.
- Some of the questions regarding assisting living and group Home are not applicable to me because I'm attending an adult daycare center.
- Many questions are not applicable to me due to the fact I'm attending an adult day care center not Group Home or Assist Living facility.
- I have POA for the above mentioned son who has down and is nonverbal. This list of questions do not pertinent to him that all. He lives at home. He attends 2 different adult daycare places on one 3 days a week and on the other 2 days a week. I make sure he is taken care at both places he has been attending this two places for several years.
- (Recipient) is profoundly disabled both physically and mentally, some questions aren't applicable as she requires 24/7 care on all levels therefore, some questions were left blank. Recently (recipient)'s PCA services were reevaluated and downgraded for (name of provider). (Name of worker) increased the services 4 years ago upon the passing of (recipient)'s mother and now have been reversed back. (Recipient)'s condition only degrades and will never improve. How this was determined to be helpful to our situation is difficult to understand. If this decision is based upon our state's budget then that would be one thing however, if it's based on changed criteria that's a different issue. Nothing has changed on this end and in fact (recipient) will only need more resources as she ages. Please reassess this decision. Also (recipient) has a contract with (name of provider) she no longer goes to the weekly workshop since (name of provider) has refused to service their corporate mobility van. The lift has been broken for over a year and they failed to provide alternate transportation. As a result (recipient) has been unable to attend the workshop for many months now. I spoke with (name provided) about this during a recent meeting, It appears (name of provider)'s position is that it's ok for (recipient) to miss these days in order for them to maintain their bottom line of profit generations as (recipient)'s brother/ legal guardian. I find this less than ethical and feel I find it's exploitation of the Health Care Industry. Thank you.
- I live in an apartment now, so far I'm 75 years old, Have neighbors helping (name of provider), (Name of provider) helping since I need the assistance, having falls and surgeries. No good health.
- Many questions are not applicable to me due to the fact that I'm attending an Adult Daycare Center not a Group Home or Assisting Living facility.
- Many questions are not applicable to me due to the fact that I'm attending an Adult Daycare Center not a Group Home or Assisting Living facility.
- Many questions are not applicable to me due to the fact that I'm attending an Adult Daycare Center not a Group Home or Assisting Living facility.
- Many questions are not applicable to me due to the fact that I'm attending an Adult Daycare Center not a Group Home or Assisting Living facility.
- I love it here at (name of residence).
- My son lives at home since 7/7/14 and is under the (name of program) waiver program. He is 13 y.o. and has hydrocephalus. He receives respite hours and we are working on environmental adaptation. He is also the beneficiary of money follows the person federal grant for one year and RAGE has given us a shower (unreadable word), a ramp, and a door widening. Please increase respite hours. As far as environmental adaptations the estimates for home modifications are very expensive exceeding the amount of money that (name of program) provides yearly. It would make more sense for my son to receive more money from (name of program) program for the first year NOT every year to be able to pay for an expensive bathroom modification needed for my son to stay home safe, therefore avoiding returning to the nursing facility.

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- (Recipient) is non-verbal, who is a CP Quad with limited decision making capabilities. She has a barrier free lift to help with her care. She lives at home with home care nursing comes once a month to evaluate and medical attention when need, such as catheter change, checks blood pressure, temp, and respiratory. She has home care aides that comes 3 times a day, for bathing, dressing and feeding times. She has her own room with TV, DVD and VHS player with a movie collection. She is given choices of what she wants to eat, do or wear at all time.
- I'm attending an Adult Day Care Health. I'm not in a group home or assisted living.
- I'm (recipient)'s grandmother. He lives in a group home. Has to be watched 24 hours a day.
- I'm attending an Adult Day Health Care Center. Not a group home or assisted living facility. Many questions are not applicable for me.
- I live in my own home with caregiver.
- (Recipient) now lives at home with sister. She did not like group home she previously lived. She attends adult day care at (name of provider) and is very happy now.
- Question #5- Due to (recipient)'s cognitive abilities, staff assist (recipient) with his funds. Question #13- Due to (recipient)'s cognitive abilities, a staff must be with (recipient) at all times. Question #23-Due to (recipient)'s cognitive ability, he doesn't understand his rights regarding housing.
- Questionnaire filled out by (name provided), (recipient)'s guardian and sister. I am her representative payee. (Name of provider) runs (recipient)'s group home and does a very nice job providing a pleasant, safe living environment.
- Question #14-won't come to house; living at home with mom.
- Client lives at home with family cared for by PCA.
- I am living with my family at home. My parents are the one who guide me on my daily needs even on my financial needs, and medical needs.
- (Recipient) lives with his sister (name provided) been with me since mother passed away I make all the decision in his life because of his condition. Please call (name and phone number provided).
- (Name of provider) homes is very nice and accommodating to my needs.
- Question #8 and 9 unable to answer. (Recipient) cannot read or write, has the mentality of 10 or 12 years old. (Recipient) cannot read or write.
- N/A in my home.
- When taking the bus-transportation why do I have to be on a wheelchair to have Access? Also need bilingual staff to assist me on issues and concerns.
- I reside at home due to support and services as given by services. I am able to live in my home.
- In 1990 my son and his wife moved a new trailer about sixty feet away from my back door and we put in a cement walk way and we live from house to house. My son is a good boy always. I work, four kids all grown up now. (name provided) P.S. I was a school teacher for 33 years.
- Living in an apt. right now!
- I'm very confused with these questions and I probably didn't answer most of them properly, if so please call me and the reason this is so late is I had misplaced this paper. I own my own home and car. But a lot of the time, I have to have a neighbor take me. The main reason for that is I'm in so much pain and I'm not able to take myself, because I'm unable to take my meds, while driving. Because if someone hit me and I had meds in system it would be my fault and I am an excellent driver. I have a caregiver and she is excellent help to me, so with her help I'm doing fine, without her, things would be a big problem. (name and phone number provided) P.S. Most these questions sound as though I'm in a care facility and really have no bearing on my situation, that's why it so confusing.

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- Question #6 (Recipient) has weight gain issues. He has access to healthy food but continues to choose unhealthy options. (Recipient) has a history of binge eating. (Recipient) stated "I like Burger King but I don't eat it". Question #12 (Recipient) has limited access to the garage as a result of his binge eating. There is a separate refrigerator that he and his roommates request a majority of food is kept in. Question #13 (Recipient) feels he cannot leave his house when he wants to. His roommate has a DOR in place for community access and this effects (recipient)'s access as well. Question #20 Staff use a key to gain entrance and (recipient)'s house as a direct result of his roommates DOR.
- I'm thankful to still be in my apt. with help 3 times a wk. personal care i.e. showers-shopping help needed for food/prep/meals.
- Question #5 never enough \$; Question #24 wants to learn more about this; (Recipient) and I sat down and completed this survey these are his answers. (name provided).
- Question #11 locked doors; Question #13 locked exits please see back; Question #24 Would like to learn about this; I sat down with (recipient) to complete this survey. The answers are her own. Question #5 I get my spending money. I want to have all my money."; Question #7 "I am not allowed because of 911." There is a denial of rights in place that has been approved by the Human Rights Committee for misuse of the phone. Question #11- "I don't like being locked up". There is a denial of rights in place that has been approved by the Human Rights Committee for locked doors (exits) due to elopement behavior. Question #13- "No I'm locked in, I don't like that". Same denial as in Question #11. Question #23 and 24- (Recipient) did not clearly understand these questions she stated she would like to learn more about it. She has a lease that is in her name and her roommates name, her guardian signed the lease for her. It is clear that as a provider we need to do some teaching with her.
- Question #13 (Recipient) requires 24 protective oversight. Question #23 (Recipient) has a guardian and case manager to assist him with understanding his rights and any relocations.
- (Recipient) is severely handicapped and wheelchair bound. She is also non-verbal and resides with her legal guardians.
- (Recipient) is autistic-non-verbal and has the mentality of a 2 1/2 year old. She is not able to make adult choices.
- (Recipient) is a 52 year old with Down Syndrome and considered legally blind in one eye. He lives at home with his parents. He's not capable of making a lot of decisions on his own-we try to let him be as independent as possible. He receives services from (name of provider) and his case worker from (name of agency) is (name of agency staff). He goes to (name of worksite). (name provided), mother.
- I live in an independent housing built by (name of provider). This company has done very well in providing housing for those that need it. But it is up to each resident to report and keep the bad element of life out of their space. Thank you (name of provider) continue the good work.
- I reside in my own apartment. Question #20- Staff needs to due to seizure condition.
- I don't think this applies to (recipient)-as I am his legal guardian and because he is unable to make these decisions. He lives @ home with his parents who are both co-guardians of (recipient).
- These questions don't apply to me; I have home health care through (provider name).
- I live in my own apartment.
- I am (unreadable words) Day Center but not (unreadable words) there.
- Question 4 No, but I am happy with my roommate; Question 10 During appropriate hours 8 am-9 pm; Question 13 Returning home between 9-10 pm unless staying out overnight. Question #18 Room door Closes. Curtain on bathroom entrance. Separation screens give privacy between me and roommate. Question #20 Staff need to enter the room to assist myself and my roommate Question #20 Staff need to enter the room to assist myself and my roommate. I am very happy here. The staff takes very good care of us.

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- First off I drive and have my own car and my own home too.
- Question #4 own room; Question #14 Para-transit.
- I am 93 years old. I did the best I could. Thank you!
- I'm attending an adult day care center. Not a group home or assisted living facility. Many questions are not applicable for me.
- Some of the questions regarding assisting living and group home are not applicable to me, because I am attending an Adult Daycare Center.
- Some of the questions regarding assisting living and group home are not applicable to me, because I am attending an Adult Daycare Center.
- Many questions are not applicable to me due to the fact I am attending an adult daycare center not a group home or assist living facility.
- Some of the questions regarding assisting living and group home are not applicable to me, because I am attending an Adult Daycare Center.
- Many questions are not applicable to me due to the fact I am attending an Adult Daycare Center not a group home or assist living facility.
- Some of the questions regarding assisting living and group home are not applicable to me, because I am attending Adult Daycare Center.
- Question #7 phone; Question #13 with staff.
- Some of the questions regarding assisting living and group home are not applicable to me because I am attending an Adult Daycare Center.
- I live in an apartment by myself.
- I'm attending an Adult Day Health Care. I'm not in a group home or assisted living.
- I am not in a group home or assisted living. I am attending an Adult Day Health Care.
- To an extent needs staff for safety.
- Completed with program coordinator.
- I received this in the mail but I do not think this pertained to me-I forwarded it to my case worker who sent it back to me to fill out this form. I live at home and have a caregiver twice a week from (name of provider). I am mostly blind so I hope you can read my writing on here. I think this form is for someone in a care center to fill out. My phone # is (phone number provided) if you need to contact me. I sorry about this but I think this must be a wrong form for me. (name and address provided).
- (Recipient) lives at home with his parents-Sincerely yours (name provided) (father).
- In a SNF right now.
- (Recipient) is non-verbal and is not able to make decisions on her own; therefore staff and provider assist her.
- Question #6 tube fed; (Recipient) is non-verbal and is not mentally able to make decisions, so staff, guardian and provider assist him in making choices.
- I the mother of disabled son. My son is totally mentally retardation MR. I'm the one to do everything to him.
- There are three people in my room we share the bathroom and all eat at the same table.
- Since (recipient) is not verbal most of these do not apply to her. Also she likes home with her family. Our concerns are more in the availability to acquire adult pull up/diapers. We usually get them from Sav-On but since Medicare and Medicaid billings keeps changing the pharmacy is reluctant to supply us. May be a clearer explanation as to whether they will get paid would help. (name provided) mother of (recipient).

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- Very respectful and helpful caregivers people that come in from state very helpful and knowledgeable about services they provide. If there is an issue the case worker always knows what to do. Had a problem with the mortgage. State attorney very helpful with loan modify process and how to handle the bank. Everything was done in a timely manner all paperwork was helped with I am very satisfied with my services at this time. Thank you for checking and asking I've had some bad experiences in the past. (name provided).
- Mother answer the questions in behalf of (recipient) because she is disabled.
- Help of my sister in Nevada. And the support of the staff and you people.
- I live alone in a Senior apt..
- Question #9 sometimes; I have a contract renew yearly and I'm happy in my building. I attend Adult Center that helps me keep active as I cannot walk by myself due to my eye sight getting worst. I like the Adult Care except that I feel we cannot give our opinion sometimes cause I'm afraid to get kick out or reprimand of doing so. Transportation is getting limited due to cutting of funds for those services. Overall I'm happy w/ the service I have now.
- You're asking the wrong question!
- Question #7 currently has a denial of rights through HRC to free access to the phone. However there is a plan in place to receive this right back.
- I live in a duplex of my choice my mother lives with me-but I do belong to a group called (provider name). that also help me. I like them very much-I am living like I want to with the help I get. (name provided).
- Question #7 non-verbal; Question #24 maybe initially; I am the guardian of a non-verbal autistic son who recently started living in SLA. I assure all of the above the best that I can. I work for the Govt. and without these services, my son and I would have a difficult time. Thank you.
- Question #5 due to cognitive impairment; Question #6 currently receiving feeding through gastronomy tube; Question #13 with staff due to cognitive and physical impairments.
- Question #13 with staff due to physical limitations.
- Question #5 due to cognitive impairment; Question #13 with staff due to cognitive impairment.
- Question #5 due to cognitive impairment; Question #13 with staff due to lack of safety skills.
- Question #13 with assistance; (Recipient) resides at home with her parents as her guardians and caregivers of her. She has severely mental and learning disabilities, non-verbal and doesn't read or write. She is in the 3-5 yr. development stage. Most of these questions don't apply for her. (names provided).
- I can't write or read need help with different thing that my mother help me with and stay with.
- (Recipient) lives at home with parents.
- I am attending an Adult Day Health Care. I am not in a group home or assisting living.
- Question #9 non-verbal.
- (Recipient) is non-verbal and unable to make decisions on his own , so staff assist him with making choices.
- (Recipient) is in a 24 group home, since 12/13 please call (name provided) for any questions.
- Would like her own room but can't afford.
- I'm attending and adult day health care center not a group home or assisted living, many questions are not applicable for me.
- I'm attending an Adult Day Health Care Center on a group home or Assisted Living, many questions are not applicable for me.
- Program coordinator assisted (recipient) completing this form. (Recipient) is on an approximate 1800 calorie nutrition.

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- (Recipient) has a seizure disorder and has no alone time.
- I live in my own residence.
- Question #5- Due to cognitive impairment; Question #13- with staff due to lack of safety skills.
- Question #5- Due to cognitive impairment; Question #13- with staff due to lack of safety skills.
- Question #13- with staff due to lack of safety skills.
- Question #5- Due to cognitive impairment; Question # 13- with staff due to lack of safety skills.
- Question # 9- Non verbal.
- Very happy with the location.
- I live in my own home park. On my own. As long as I can pay the required rent, these questions really don't apply to me.
- I have been mistreated, HIPPA violation, unable to get proper medical assistance due to your auditing the system they made up for themselves, power to the pen.
- (Recipient) is not independently safe in the community due to vision and disorientation. Staff accompanies (recipient). He leases a room from (name of provider).
- My name is (name provided) and I'm filling out this paper work for my mother (recipient). I have filled out honestly and to the best of my ability. I work full-time and my mother is in Adult Day Care for about 5 hrs. a day, Tuesday thru Friday, and occasionally on Mondays on my days off. She is home with me and we live in a very comfortable normal household. My mother and I have been very close and I know what she loves in food, clothes and anything else she may need or want. A visit who might need to see. Our home is always welcome. Our door is always open. Thank you.
- Some answers are "n/a" due to the fact that I receive services from Adult Daycare Center.
- Lives with daughter. Only attends Daycare M-F. Home nights and weekends.
- Question #2- (Recipient) does not have this type of cognitive/communicative ability. Question #4- (Recipient) has his own room; Question #5- Not sure what this means in (recipient)'s case; Question#6- Not applicable to (recipient); Question #7- Does not use a telephone; Question #9- does not have this level of process/communication; Question#14- (Recipient) is not able to use independency. Question #16- Not sure but does not have clothes preference.
- Would be able to choose choices of activity. Question #5- Family take cares of financial resources and medical is changing to the Nurse Practitioner for the facility. The hopes of that resource will work out better than my primary care physician provider. The family helps with the decisions, personal care resources have change recently and all trying to work together to proved for my changing needs. Question 6#- Doctor needs are not being met yet but should be. I want to be able to make decisions. Question 7#- This needs to change ASAP; Question 8#- I'm redirected when I need. Question 11#- I would prefer to have access to a walking path but so far there isn't one. Question #21- continuous monitoring is difficult because of staffing problems.
- (Recipient) is not safe to be in community, she is accompanied by staff.
- (Recipient) still lives at home with the grandmother.
- Live in own home. Daughter (name provided) filled out form. I cannot do these things anymore. Please call (phone number provided) for info on me (recipient) talk with my daughter or set up meeting with my daughter and myself. (Signature) I have POA for my father (recipient).
- On the basis of this assessment form. I would like to inform you that I'm currently staying in my own condo with a 4 hrs. caregiver services provided by Medicare daily. I'm not sure if the check mark I made has any relevance on my present settings at my own home.
- Has a public guardian. 5. (Recipient) is unable to cognitively understand her personal resources. Her

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host home provider assists her. 13. (Recipient) is unable to safely access the community. Provider assist (recipient) at (recipient)'s request. 23. (Recipient) does not have the cognitive ability to understand her rights in terms of housing. Her public guardian makes those decisions.

- Alzheimer's.
- (Recipient) is independent and is in her own apartment, with no roommates.
- #4 does not share a room; #16 does not need assistance.
- (Recipient) has Dementia and is cared for by staff at (name of provider). She is not able to make decisions about her care by herself. I am in touch with the staff and we make decisions that are in her best interest.
- This form is for people living in a nursing home. I live in a senior apartment complex. Have my own apt. and still have my car and drive.
- Hello, first I want to THANK YOU! After dealing with my son's issues and the different agencies over the last 28 years. This is the first time I have ever been asked my opinion about anything to better the system of care of special needs people. Number one thing I would and want so bad to see happen is for families that have special needs children (after they become adults). To see more help to allow these special people to remain in the home. In the majority of these special people they are high functioning and the State (name of agency) in my opinion discriminates against them not being disabled enough to qualify for home financial assistants. As an example my son as most only brings in \$900.00 a month in benefits maximum! He runs a going tab of about \$1200.00 to \$1400.00 a month. I cover the rest. This is a lot for a parent or person to handle on a fixed income of another adult. Now if my son is in a group home they would get as much as \$4000.00 to \$6000.00 a month for his care and up keep plus he would be able to have his \$900.00 on top of that to use for whatever he wants. I know a lot of special needs families that would keep their family member at home if they were given a set amount like \$1000.00 a month. Now this money given to use separate and not counted on the family member for which it is given for. Why shouldn't families be able to keep their loved ones at home if they wish and take care of them. Group homes are the worse and the nightmare stories are endless and only breeds greed and more agencies to cash in on the State dime. It is simple math to say if you paid a family 1000.00 a month to keep their family member home, at a 500 clients that's only \$500,000.00 a month, versa the \$2,000,000.00 the State is already paying out now. That's a \$18,000,000.00 savings for the State each year! Of course (name of agency) will always stay and over see the care and that the person is truly being taken care of. They do that now whether we get anything or not. The second big issue I have is with the State and (name of agency)...Either give them more power to control and maintain their clients agencies, including being able to shut down or levy fines on agencies, that countless breaking of rules and do what they want to do. Or just do away with (state agency) all together and let the welfare office handle it all. With all the cut backs and down falls, across the board on all levels of government and private sector, not once was the rights and safety of the special needs saved from the bigger down fall. Hundreds lost their jobs in Nevada, not because of cut backs but to make room for more able body people. I thank you for your time in reading this and hope to hear more and if you need to, you can contact myself at any of the above methods. Thank you (name provided).
- I live in my own apt, not a nursing facility.
- #4 has own room; #16 does not need assistance; #15 staff and company vehicle.
- #4 has own room; #14 cannot ride public transport, can ride in company vehicle and staff vehicle.
- (Name of program) client, home bound.
- Non verbal.
- (Recipient) seemed to not understand questions 4, 13, 19 and 24.

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- Question 14-Daughter assists with this. Staff do not. Question 15-Daughter, not staff. Question 17- Two staff members do. The others are not usually. Question 18-Comfortable with the situation. Question 19-No, but comfortable with them entering. Question 20-Not a key problem, a going through her stuff problem. Question 4-Other resident's needs take preference to (recipient) because (recipient) is easier to intimidate. Question 9-Owner uses lots of intimidation on many levels! Question 5-Staff go through her personal belongings, and take things. Staff mix up clothing, and (recipient) sometimes doesn't have the undergarments or coats, sleepwear or sweaters she needs. Staff share (recipient)'s things with other residence without asking (recipient). Question 6-Although (recipient) appreciates the quality of the prepared food, staff are aggressive and coerce (recipient) to eat and drink items that her doctor has asked she not eat. Examples: Doctor asked her to refrain from fruit juice, but staff coerce. Doctors has asked for smaller portions and limit sweets, but staff coerce. (Recipient)'s daughter has witnessed staff doing this as well. Question 7-(Recipient)'s daughter installed a telephone in (recipient)'s room. Staff do not answer their house telephone regularly. They sometimes don't check it's messages for days. They are sometimes rude when daughter calls her, and ask to speak to her. Question 8-A couple staff members are consistently courteous. The remaining three regular staff members and most of the subs that work while staff are on vacation are rude. Lots of yelling, barking commands. Staff always act like it's too much trouble to be interested in the residence personal concerns i.e.: help with drying hair, wanting to wash hair, help with simple exercises for physical therapies, help with understanding what a co-resident is asking them for, help with locating things, help with toileting needs, help with knowing what's going on-activities. Staff are consistently engrossed with their personal television in kitchen. Staff rudely question (recipient) about what she does on outings with family. Staff's personal culture (Pilipino) is always being asserted over residence culture. Staff was told their "dinner was their Christmas present" while the group home was decorated with Christmas tree and empty Christmas packages. Staff invite more of their personal friends and family to Christmas dinner than there are residents. Owner uses coercion with daughter's to supply food and gifts that he takes credit for.
- Question 1-(agency name provided); Question 5-unable; Question 9-doesn't talk; Question 18-Somewhat; Question 20-no key; Lives with grandmother. (Recipient) is mentally (severe) challenged. Most of her decisions are made for her. She has access to the ones she can handle. She can do pretty good on her own with limited things. She has access to a home environment. Along with day care and caseworker. Suggestion-It would be a lot easier if there were a special clinic or medical establishment for mentally handicap. Could go and get medical work done without long waits as this and understanding is need at a better pace then it is. (short span of waiting).
- Completed for (recipient) who is autistic, intellectually disabled, non verbal by sister and legal guardian (Name provided).
- (Recipient)'s mother (name provided)- because of traumatic brain injury, (recipient) is unable to comprehend the questions. Without this state support and services I will be unable to take care of my son a provide him with everything he needs to live (name provided) mother.
- For a person living in his-her apartment these questions do not apply. You want myself to shower and dress at 8am with pain. Little help from caregivers in 45 mins. which is unreal. I start getting up at 6am, because of pain slow and stiff movement. I can't take pain med until I take my stomach pill about 10am because it only last about 6 hrs.. Lining of my stomach have been damaged because of arthritis pills. It is unreal for your to expect workers to take a 45 minute schedule you do not pay for gas. If I was bed ridden someone could care for me at their speed. I can take care of my very personal parts and eating. I only had help 7 days a week when I broke my ankle 1 1/2 hrs. daily and was able to help after that I had 7 hr. a week

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for personal care 5 days for over a year after injury. I manage weekends moving at my pace and time. Sponge and wash where needed. No appointments to the Doc. or other placed on weekends. You want me to do 45 mins. 7 days with less time most of us know what help we need. Now there's no time for shopping washing take time. I were able to manage my time to fit my needs. Now it fit your needs. You would not take a job for 45 mins. people from church check on me calls and come by daily when they can. With my condition I need to keep as active as I can and it work but you want to take me to fast AM is my worst that's why my help come AM twice a month I go for shots. You need to listen to the ones of us that are trying to help our self church people or volunteers that can just like food banks and other vols. I was a caregiver mental health tech. I do things that I can do that is why I can stay at home. You need to thank again. Thank you (Recipient). The hearing was no help because minds was already made up the home check up was nothing things was not looked at or exam. But you went with it against me all the way. (Name provided) cannot tell you about me she did no check up.

- #5-(Recipient) has a guardian who manages his resources. #6-(Recipient) resides in his family home and is given some choices. #7-(Recipient) is not able to take on the phone without assistances. #9-(Recipient) is not able to discuss anything. #18-(Recipient) has his own room. He has some privacy. #19-(Recipient) lives with family and does not comprehend the concept. #20-It is not safe for (Recipient) to have a lock on his bedroom door. #23- (Recipient) is not capable of understanding. He lives in his family home. #24- Does not rent.
- I live at home as a family with my parents and twin brother. We used to get help from (name of agency) of (town). We contracted to have help for my mom to help us get exercise, learn to play video games, use the computer, iPad, read and use signing exact English sign language all in our home so I could be available to help with my quadriplegic father. (Name provided) decided to change all of that and they only came to take us out into their office or stores or ride around in their vehicles. Mom, Dad, (brother's name) and I already visit stores, restaurants and swim without them. That was not the help we needed. I accidently drank 10 oz. of Jack Daniels that I thought was Dad's soda and I treated my mom badly while drunk. My mom had tried to get help from (name of agency) when we moved to (town) but (name provided) decided there was no funding for us. After I was bad, (name of agency) was forced to find the funding they couldn't find before. In May of 2014, I started to feel funny, sleep all the time, then it became harder to help dad (I put him into bed, wheelchair, truck, and stuff) I even dropped him in the swimming pool at the Peppermill Reno and other men had to help dad get into his wheelchair. I also started feeling horny and sexual and starting gagging and throwing up not being able to eat. Mom took me to the doctor and he said I was overdosed and cut my Rx from 2.5 to 1.25. The (name of agency) made (name of agency) give me my meds because (name provided) said my mom couldn't be trusted. When mom called and told (name provided) at (name of agency) that (name of doctor) had diagnosed an overdose she started screaming at my mom about a court order. They made mom let them give me the wrong dose for a long time until my mom took a picture of the pills and proved they were giving me twice the Haldol and that why I had all those overdose symptoms. Finally the psychiatrist nurse practitioner stopped the Haldol because it wasn't appropriate for an autistic person. (Name provided) refused to give control of my medication back to my mom as part of his "safety plan". We refused to let them hurt me again, even though mom could use help with us in our home, especially when we want to ride bikes or go swimming and she can't take us. When we did stuff with other (name of agency) clients we thought they were treated badly and also overdosed. Lots of people in town tell mom that they treat people badly and (name provided) at is mean and bossy and controlling if it isn't just her way. They also say the helpers can't be friends with the clients even if they go to the same church.
- Mine discussing any concerns, but #9 I don't. I cannot find any person to talk to except (name provided). #12- I have stairs to my home and have to a person to help one keep my balance but they seem reluctant

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- like I've have a disease. #17-It would be nice to talk to someone but I have no phone number. Even my social worker (name provided) rarely is in her office. My calls are answered by a machine leave message and no call back even after words later in that week.
- I am writing and answering the questions. (Recipient) would not understand how to do this. I am only answering from what I saw as observed. I took (recipient) out of the group home in less than about 90 days. The food was pitiful and (recipient) lost 25 lbs. in less than 90 days and (recipient) really loves to eat. I was there and observed some of the dinners and they were not able to get second's because the caregiver said we do not have that kind of budget. When we took him there we were told about the activities involved, there were none when (recipient) was there. My daughter saw the caregiver with (recipient) and about two of the other fellows in the casino one evening gambling at the slots. So between no hair cuts as promised once a month. No activities, not much food served daily, we became scared and pulled (recipient) out. We also told them please don't give him nuts or chocolate he's allergic. Of course we get a call he's in the hospital. They gave him nuts and chocolate. I am not trying to question the Center. It's just not for our son. He is use to activities on a weekly basis, nice home cooked meals, a loving home. (Recipient) has always lived at home. He is now 46 years old and he will unless I am not around. I am now 77. His sister is 54 and will also continue to live with us. Here's hoping if (recipient) ever has to have the services of a group home, things will be different (for the better). Thank you, (mother's name).
 - (Recipient) lives at home with his parents. We have guardianship on him.
 - Blind-89 years old. Lives at home alone-has Medicaid aide 2 times a day.
 - (Recipient) has advanced Dementia. (Recipient) has as much independence as the advance Dementia will allow. Without putting her in harm's way!
 - I am happy and so he hire (unreadable word).
 - I live in my own condo (recipient name).
 - (Recipient) still lives at home with mom and dad and his brother (name provided). He travels to a day program: (Name of worksite) daily. He is dropped off and picked up in private car by his father. (Recipient) and (brother's name) share a bedroom and participate in family meals and activities, (recipient) has his own TV and DVD player where he enjoys his Disney movies. (Recipient) goes shopping once a month and participates in buying his personal care items. He likes to go also to McDonald's and to the park. We are happy to have him still at home. Sincerely, (name provided) parent and guardian for (recipient).
 - My mother (recipient) has Alzheimer's and some of these questions do not apply to our situation. She is a resident at (name of provider) owned by (names provided) in (name of town). Overall, everyone There is a very caring and go by the rules. I do however, have some suggestions I wish it was possible for those residents who are not as advanced in their disease to have activities to go for a walk or a drive. Fifteen to 30 minutes only. These residents need mind stimulation. I also feel there should be guidelines in place for the group home owner to be accountable for the upkeep and maintenance of the property and furniture. One's environment and living condition affect their dignity. For example: the concrete lifting and splitting is a safety concern. I have to reiterate that the (name provided) and other caretakers at (name of provider) are nice and compassionate. What they do on a daily basis is very hard and I am fortunate they were able to assist with mom's care. I have been a caretaker and giver for many years; with my father followed by mom until it was no longer safe for her to be alone at my house. Another suggestion is to let the resident's family member know when an inspector or social worker has come by and share the results. Once a year is not enough. Thank you for this assessment. (name and phone number provided) P.S. I did not have enough notice to attend the January meeting.
 - I am in my own home, my elder son lives with me. I am still using a walker and wheelchair after having bones in my left leg broken and on the upper femur. I am still trying to learn to walk. I was (unreadable word) at the Manor in (name of town) and had great care up until my Medicare ran out and I had to

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- apply for Nevada State Medicaid. I have had this since 2012.
- Question #12- I have trouble moving around because of cabinet; Question #15-I don't know my resources; Question #24-I need a copy. I don't remember getting one; Question #4- I have no roommates. This form was reviewed by my PCA. She read out each question and helped me complete this form.
 - I am very thankful for Medicaid and (name of provider) because of them I am a very independent Person and able to make my own decisions. Thank God for being able to live in own home and receive help. Thank God for everything.