



MFP Satisfaction Survey

As a part of the Money Follows the Person Demonstration grant, if you were provided supplemental services, we would like your feedback as to the importance of the service(s) and your satisfaction with the service(s). Survey questions marked with an asterisk (*) require a response.

1. Did you receive any **Supplement Services**? (Examples of supplemental services are Home repairs, Medical supplies, Transportation, Pantry Stocking, Vehicle Modification, Occupational Therapy, etc.) *

Yes

No – Skip to Question 38

2. Did you take advantage of Assistive Technology? Assistive technology is used to increase independence and decrease the need for a care attendant. This may include items ranging from medication dispensers to temperature control and door lock/unlock for those participants whose disabilities require such intervention. *

Yes

No – Skip to Question 6

3. Did the **assistive technology** services help you get ready and move into your new home?

No, not at all

Yes, a little bit

Yes, mostly

Yes, absolutely

4. How happy are you with all the **assistive technology** services you received?

Not happy

A little happy

Mostly happy

Very happy

5. Did you get to pick and choose the **assistive technology** services that were right for you? *
- I had no say
 - I had a little say
 - I had a good amount of say
 - I chose everything
6. Did you take advantage of the **Clothing Grant**? The clothing grant allows participants to obtain essential clothing with the goal of community integration. Receipts are required. *
- Yes
 - No – Skip to Question 9
7. How happy are you with the **clothing** you received?
- Not happy
 - A little happy
 - Mostly happy
 - Very happy
8. Did you get to pick and choose the **clothing** that was right for you?
- I had no say
 - I had a little say
 - I had a good amount of say
 - I chose everything
9. Did you take advantage of **Home Modifications**? This may include wheelchair ramps, door widening, installation of grab bars, lifts and other modifications as identified and recommended by an Occupational or Physical Therapist. *
- Yes
 - No – Skip to Question 13
10. Did the **home modifications** help you get ready and move into your new home?
- No, not at all
 - Yes, a little bit
 - Yes, mostly
 - Yes, absolutely

11. How happy are you with the **home modification** services you received?

Not happy

A little happy

Mostly happy

Very happy

12. Did you get to pick and choose the **home modifications** that were right for you?

I had no say

I had a little say

I had a good amount of say

I chose everything

13. Did you take advantage of the **Home Repair** service? The intention behind this service will be to preserve existing housing while ensuring safety through the provision of minor repairs. This service is limited to participant or participant family-owned properties. *

Yes

No – Skip to Question 17

14. Did the **home repairs** help you get ready and move into your new home?

No, not at all

Yes, a little bit

Yes, mostly

Yes, absolutely

15. How happy are you with the **home repair** services you received?

Not happy

A little happy

Mostly happy

Very happy

16. Did you get to pick and choose the **home repairs** that were right for you?

I had no say

I had a little say

I had a good amount of say

I chose everything

17. Did you take advantage of the **Medical Supplies** service? Medical Supplies are for individuals who need 30 days of medically needed supplies that are not covered by Medicaid pre-transition. *

Yes

No – Skip to Question 20

18. How happy are you with the **medical supplies** you received?

Not happy

A little happy

Mostly happy

Very happy

19. Did you get to pick and choose the **medical supplies** that were right for you?

I had no say

I had a little say

I had a good amount of say

I chose everything

20. Did you take advantage of the **Occupational Therapist** service? A home visit would have been and executed with the MFP participant and the transition team while living in the institutional setting prior to transition to assess for safety needs and identify needed modifications and/or equipment (including assistive technology) to increase the participant's independence and safety. *

Yes

No – Skip to Question 22

21. How happy are you with the **occupational therapist** services you received?

Not happy

A little happy

Mostly happy

Very happy

22. Did you take advantage of the **Pantry Stocking (food)** service? Regional Transition Coordinators (RTCs) and MFP participants will meet one week prior to transition to compile a list of pantry items. Once the list has been compiled and approved, RTCs will complete the procurement of the items either by person shopping or online orders. *

Yes

No – Skip to Question 25

23. How happy are you with the **pantry stocking** service you received?

Not happy

A little happy

Mostly happy

Very happy

24. Did you get to pick and choose the **pantry items** that were right for you?

I had no say

I had a little say

I had a good amount of say

I chose everything

25. Did you take advantage of the **rental application fee** service? A rental application fee is a one time, often non-refundable, fee for securing a community-based home.*

Yes

No – Skip to Question 27

26. How happy are you with the **payment** that you received?

Not happy

A little happy

Mostly happy

Very happy

27. Did you take advantage of the **security deposit** service? A security deposit can include the first and last month's rent. *

Yes

No – Skip to Question 29

28. How happy are you with the **security deposit** that you received?

Not happy

A little happy

Mostly happy

Very happy

29. Did you take advantage of the **specialized equipment** service? Specialized equipment includes items such as bariatric beds, hospital bed, lift bed, lift recliner, Hoyer lift, stair lift, inflatable pads and pillows to prevent bed sores, egg crate mattresses for wound care and prevention, shower chair, shower head with detachable head, lift seat on toilet, grab bars, large walk on scale with handles, commode, orthotics, cane, walker, and grabber tool. *

Yes

No – Skip to Question 33

30. Did the **specialized equipment** help you get ready and move into your new home?

No, not at all

Yes, a little bit

Yes, mostly

Yes, absolutely

31. How happy are you with the **specialized equipment** that you received?

Not happy

A little happy

Mostly happy

Very happy

32. Did you get to pick and choose the **specialized equipment** that was right for you?
- I had no say
 - I had a little say
 - I had a good amount of say
 - I chose everything
33. Did you take advantage of the **transportation** service? Transportation is designed to facilitate on site visits to community housing which may include visit to community-based housing entities. *
- Yes
 - No – Skip to Question 35
34. How happy are you with the **transportation** service that you received?
- Not happy
 - A little happy
 - Mostly happy
 - Very happy
35. Did you take advantage of the **vehicle modification** service? A vehicle modification allows for the modification of an individual's previously purchased vehicle. Supports the availability of a modified vehicle prior to and upon participant discharge. *
- Yes
 - No – Skip to Question 38
36. How happy are you with the **vehicle modification** that you received?
- Not happy
 - A little happy
 - Mostly happy
 - Very happy
37. Did you get to pick and choose the **vehicle modifications** that were right for you?
- I had no say
 - I had a little say
 - I had a good amount of say
 - I chose everything

38. On a scale of 1 to 5, where 1 is "very difficult" and 5 is "very easy", how would you describe the overall process of moving from the institutional setting to your new community home?

1 - Very Difficult

2 - Difficult

3 - Neutral

4 - Easy

5 - Very Easy

39. What were some of the most challenging aspects of your move? (Check all that apply) *

Finding suitable housing

Setting up utilities (electricity, water, etc.)

Obtaining necessary furniture and household items

Arranging transportation

Connecting with community resources/support

Managing personal belongings

Emotional adjustment to a new environment

Other

40. Before or during your transition, were you informed that you could direct your own services in the community? *

Yes

No

I don't remember

41. Did you choose to self-direct any of your services after transitioning?

Yes

No

Not applicable

42. Would you be interested in learning more about self-directed services?

Yes

No

I'm not sure

43. For each demonstration service you received, please rate its helpfulness in making your move possible or easier on a scale of 1 to 5 (1= Not helpful at all, 5 = Extremely helpful). *

Not helpful at all Slightly helpful Moderately helpful Very helpful Extremely helpful Not applicable / Did not receive

Housing search and placement (Regional Transition Coordinator)

Rental application assistance (Regional Transition Coordinator)

Utility deposit assistance (Transition Service)

Purchase of essential household furnishings (Transition Service)

Assistance with obtaining adaptive equipment / assistive technology (Information Technology)

Moving expenses / logistics (Transition Service)

Connection to community-based supports (Peer Support Service)

Not helpful at all Slightly helpful Moderately helpful Very helpful Extremely helpful Not applicable / Did not receive

Assistance with setting up utilities (Regional Transition Coordinator)

Personal assistance with packing / unpacking (Transition Service)

Changes to your transportation (Vehicle Modification)

Help after hours (Overnight Support)

44. Do you believe your move into the community would have been possible **without** the demonstration services you received? *

Yes, it would have been possible, but much harder

No, it would have been very difficult or impossible

Unsure

45. Where are you located (City or Town)?

46. Where did you move to?

Assisted Living Facility

Apartment

Home owned by participant

Home owned by other

Other

47. Interviewer Name (name of RTC)

48. Gender*

Woman

Man

Prefer not to say

49. Age*

20 or less

21 - 64

65 - 80

81 or greater

Other

50. Can you give us a few comments about what went well and what needs improvement in the process of moving to your new home? *

51. Please fill in your name.*

52. Thank you for sharing your time with us. If you would like us to follow up on your feedback, please leave your phone number OR email address below.

53. Date Survey Completed - Please input date (mm/dd/yyyy) *