



TennCare

2020 Individual Experience Assessment Survey -

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following individual assessment is intended to measure each member's level of awareness of and access to the residents' rights, privacy requirements and member experience expectations, as outlined in the HCBS requirements. Each section will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience.

Instructions

Individual Experience Assessment process: January 1, 2020 – December 31, 2020

As part of the member's annual service plan review, as applicable, the Care Coordinator or Support Coordinator shall assess each member's experience in receiving Medicaid HCBS using the Individual Experience Assessment (IEA) as prescribed by TennCare. Participants in the IEA shall include the member and his or her family members and/or representative, as appropriate. The individual's input should be used first, and input from others involved may be used when the person is not able to respond to one or more of the questions independently. Service provider staff may participate as requested by the member and his or her family and/or representative.

In addition, the member's Care Coordinator or Support Coordinator, as applicable, shall address any issues regarding compliance with the HCBS Settings Rule or other concerns identified during the IEA. Each NO response should be investigated to determine if it is appropriately supported by

the member’s service plan or if it is truly Non-Compliant. Individual remediation must occur for any response that is determined to be Non-Compliant.

Section A – General Information	
<u>A response to each question is required unless otherwise indicated.</u>	
1. Member’s Name <i>First Name Last Name</i>	
2. Member’s social security number <i>Numbers only. No letters or dashes.</i>	
3. Member’s date of birth:	Month/Day/Year (MM/DD/YYYY)
4. Do you (the member) have a conservator? <i>A conservator is a person appointed by the probate court to oversee the personal and/or financial affairs of an adult who is determined to be incapable of managing his or her own affairs or unable to care for himself or herself.</i> If no, skip to question 5. If yes, answer 4a – 4b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If yes, is the conservator a paid/corporate conservator (i.e. the conservator works for an agency), or an unpaid family/friend?	<input type="checkbox"/> Paid Conservator <input type="checkbox"/> Unpaid Conservator
4b. If unpaid conservator, enter the name of the conservator:	
4b. If paid Conservator, select the name of the agency providing conservatorship:	<input type="checkbox"/> Comcare <input type="checkbox"/> Michael Dunn <input type="checkbox"/> Other Please explain:
5. Please indicate the LTSS Program in which you (the member) are enrolled:	Select one: <input type="checkbox"/> CHOICES Group 2 <input type="checkbox"/> CHOICES Group 3 <input type="checkbox"/> ECF CHOICES Group 4 <input type="checkbox"/> ECF CHOICES Group 5 <input type="checkbox"/> ECF CHOICES Group 6 <input type="checkbox"/> ECF CHOICES Group 7

	<input type="checkbox"/> ECF CHOICES Group 8 <input type="checkbox"/> Comprehensive Aggregate Cap Waiver (CAC) <input type="checkbox"/> Statewide Waiver <input type="checkbox"/> Self-Determination Waiver
6. Date Survey Completed: <i>Day/Month/Year</i>	
7. Reason for completing this survey	<input type="checkbox"/> Initial service initiation <input type="checkbox"/> Annual service plan review <input type="checkbox"/> Mental or physical status change that impacts modifications/restrictions <input type="checkbox"/> Residence change <input type="checkbox"/> Provider change <input type="checkbox"/> Other:
8. Name of person conducting survey	
8a. Title of person conducting survey	Select one: <input type="checkbox"/> ISC (DIDD Waiver) <input type="checkbox"/> Case Manager (DIDD Waiver) <input type="checkbox"/> Care Coordinator (CHOICES) <input type="checkbox"/> Support Coordinator (ECF CHOICES)
8b. Name of organization person conducting survey represents: <i>If ISC Agency, answer 8c.</i>	Select one: <input type="checkbox"/> Amerigroup <input type="checkbox"/> BlueCare <input type="checkbox"/> United <input type="checkbox"/> ISC Agency <input type="checkbox"/> DIDD
8c. If an ISC agency, please enter name	
9. Number of months assigned to member	
10. Region you (the member) reside in	Select one: <input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West
11. Is someone assisting you (the member) in responding to the survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If no, skip to Section B. If yes, answer 11a – 11b.</p>	
<p>11a. If yes, what is the name of the person assisting with responses?</p>	
<p>11b. What is your (the member’s) relationship to the person assisting?</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Friend <input type="checkbox"/> Personal Care Attendant / Direct Care Worker <input type="checkbox"/> Conservator (unpaid/natural support) <input type="checkbox"/> Conservator (paid/service provider) <input type="checkbox"/> Other

Section B – HCBS Setting Experience Overall

All participants are required to complete this section.

The remaining sections **C, D,** and **E** will be completed based on the services selected by each individual.

Question:	Response:	HCBS Setting Requirement:
1. Do you (the member) have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allows individual to control personal resources.</i>
2. Do you (the member) have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you (the member) buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you (the member) been informed about the services and supports available to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facilitates individual choice regarding services and supports and who provides them.</i>
5. Do you (the member) choose the services and supports you receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you (the member) given options to choose from when selecting the agency that provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Do you (the member) choose the person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you (the member) know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you (the member) know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Do you (the member) participate in Employment or Day Services?</p> <p><i>If yes, complete Section C.</i> <i>If no, SKIP Section C.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section C - Employment and Day Services	
<p>Select the service(s) the member is receiving:</p>	<p>Check all that apply –</p> <p>DIDD Waiver:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supported Employment <input type="checkbox"/> Variable Job Coaching <input type="checkbox"/> Pre-Employment Services <input type="checkbox"/> Exploration <input type="checkbox"/> Discovery <input type="checkbox"/> Job Development <input type="checkbox"/> Intermittent Employment and Community Participation Wraparound <input type="checkbox"/> Facility-Based Day Supports <p>CHOICES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Day Care <p>ECF CHOICES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exploration <input type="checkbox"/> Discovery

	<ul style="list-style-type: none"> <input type="checkbox"/> Situational Observation and Assessment <input type="checkbox"/> Job Development Planning <input type="checkbox"/> Self-Employment Planning <input type="checkbox"/> Job Development Start-Up <input type="checkbox"/> Self-Employment Start-Up <input type="checkbox"/> Job Coaching for Individual Integrated Employment <input type="checkbox"/> Job Coaching for Self-Employment <input type="checkbox"/> Co-Worker Supports <input type="checkbox"/> Career Advancement <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Supported Employment – Small Group <input type="checkbox"/> Integrated Employment Path Services
<p>Name of Service Provider: <i>If the Provider name does not appear on the list in FormStack, please reach out to your Organization Contact.</i></p>	
<p>Provider Medicaid ID #:</p>	
<p>Do you (the member) have more than one Employment and/or Day services provider?</p> <p>If yes, enter the 2nd provider name and Medicaid ID#. If no, skip to question 1.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Name of second service provider (if applicable): <i>If the Provider name does not appear on the list in FormStack, please reach out to your Organization Contact.</i></p>	
<p>Provider 2 Medicaid ID #:</p>	

Question:	Response:	HCBS Setting Requirement:
<p>1. Do you (the member) have a job?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p style="text-align: center;"><i>Provides opportunities to seek employment and work in a competitive environment.</i></p>
<p>2. Could you (the member) have a job if you want one?</p> <p><i>If yes to question 1, select “I already have a job”.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have a job. 	

<p>3. Do you (the member) have the help you need to look for a job if you want one?</p> <p><i>If yes to question 1, select "I already have a job".</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have a job.</p>	
<p>4. Can you (the member) be alone if you want to?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint.</i></p>
<p>5. Can you (the member) have a private conversation without others listening in?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. Is your (the member's) personal information kept secure so others can't see it?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7. Do the people who support and/or assist you (the member) treat you the way you want to be treated?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>8. Do the people who support and/or assist you (the member) listen to your questions or concerns?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Integrated, and supports access to the broader community.</i></p>
<p>9. If you (the member) want to, can you go out in the community?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>Do you (the member) participate in Residential Services?</p> <p><i>If yes, complete Section D. If no, SKIP Section D.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Section D – Residential Services</p>	
<p>Select the Residential service you (the member) are receiving:</p>	<p>DIDD Waiver:</p> <p><input type="checkbox"/> Supported Living <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Family Model Residential <input type="checkbox"/> Medical Residential <input type="checkbox"/> Semi-Independent Living</p>

	<p>CHOICES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assisted Living Facility (ACLF) <input type="checkbox"/> Community Living Supports <input type="checkbox"/> Community Living Supports - Family Model <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Companion Care <p>ECF CHOICES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community Living Supports <input type="checkbox"/> Community Living Supports – Family Model <input type="checkbox"/> Intensive Behavioral Community Transition and Stabilization Services (Group 8 only)
<p>Name of Service Provider:</p> <p><i>If the Provider name does not appear on the list in FormStack, please reach out to your Organization Contact.</i></p>	
<p>Provider Medicaid ID #:</p>	
<p>How long have you (the member) lived in your current residence?</p> <p><i>Enter # in Weeks/Months/Years.</i></p>	

Question:	Response:	HCBS Setting Requirement:
1. Did you (the member) choose where you live and receive your services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>The setting was selected by the individual from among setting options, including non-disability specific settings.</i></p>
2. Did you (the member) visit other places before choosing this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you (the member) know how to relocate and request new housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you (the member) own or rent (with a lease agreement) your place of residence?	<input type="checkbox"/> Rent <input type="checkbox"/> Own	

5. Are you (the member) familiar with home owner/renter's rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement.</i>
6. Are you (the member) able to close and lock your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
7. Do you (the member) have the key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does anyone other than you (the member) have a key to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do others knock before entering your (the member's) residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you (the member) able to close and lock your bedroom door when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each individual has privacy in their sleeping or living unit.</i>
11. Are you (the member) able to close and lock your bathroom door when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you (the member) decide who has a key to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do others knock before entering your (the member's) bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Were you (the member) given the option of a private room (if you are able to afford it)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Option for a private unit.</i>
15. Can you (the member) choose who you share your room with?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice of roommates.</i>
16. Did you (the member) choose your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Do you (the member) like living with your roommate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Do you (the member) know how to request a roommate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19. Did you (the member) decide how to decorate your room?	<input type="checkbox"/> Yes	<i>Freedom to furnish and decorate.</i>

	<input type="checkbox"/> No	
20. Are you (the member) able to move the furniture where you prefer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are you (the member) able to hang or put up pictures if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Are you (the member) able to change the decorations in your room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Do you (the member) participate in activities like shopping, going to church or having lunch with family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated in and supports full access to the greater community.</i>
24. Do you (the member) know how to find out about upcoming events or activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Do you (the member) have the help you need to participate in the activities you want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Are you (the member) able to get to the activities you would like to participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Can you (the member) make your own schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom and support to control schedules and activities.</i>
28. Can you (the member) decide when you get up, take a bath, eat, exercise or participate in other activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Can you (the member) watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Can you (the member) eat when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
31. Can you (the member) eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Can you (the member) eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Can you (the member) request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Are you (the member) able to have any visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allow visitors at any time.</i>

36. Are your (the member's) visitors able to visit anytime you prefer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Can you (the member) have private visits with family and friends when you would like to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Do you (the member) have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physically accessible.</i>
39. Are you (the member) able to enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Do you (the member) have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Do you (the member) have a resident handbook or know how to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Policies outlining residents' rights are available and accessible to the member.</i>
42. If you (the member) do have a resident handbook, do you know who to ask questions about the information in the handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Do you (the member) have access to a phone, computer or other technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes individual initiative, autonomy, and independence in making life choices.</i>
44. Do you (the member) have access to transportation to go the places you want to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Can you (the member) make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Do you (the member) participate in Personal Assistance Services?</p> <p><i>If yes, complete Section E.</i></p> <p><i>If no, SKIP Section E.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Section E – Personal Assistance Services	
<p>Select the Personal Assistance services you (the member) are receiving:</p>	<p>DIDD Waiver:</p> <p><input type="checkbox"/> Personal Assistance</p> <p>CHOICES:</p>

	<input type="checkbox"/> Attendant Care <input type="checkbox"/> Personal Care Visits ECF CHOICES: <input type="checkbox"/> Personal Assistance <input type="checkbox"/> Supportive Home Care <input type="checkbox"/> Intensive Behavioral Family-Centered Treatment Stabilization and Supports (Group 7 only)
Name of Service Provider: <i>If the Provider name does not appear on the list in FormStack, please reach out to your Organization Contact.</i>	
Provider Medicaid ID #:	

Question:	Response:	HCBS Setting Requirement:
1. Do you (the member) live with family member in their home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice in living arrangement.</i>
2. Do you (the member) live in your own home or apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you (the member) live in your own home or apartment if you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you (the member) have the help you need to participate in the activities you want to do? <i>For example, are you able to get to the activities you want to participate in and the support you need to participate in those activities?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated and supports access to the greater community</i>
5. If you (the member) want to, can you go out in the community during the day? <i>For example, do you participate in activities like shopping, going to church or having lunch out with family and friends?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. If yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to	

	<input type="checkbox"/> Not as much as I would like	
6. Other than family or paid caregivers, do you (the member) spend time with people who do not have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. If yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
7. Do you (the member) know how to find out about upcoming events or activities in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If you (the member) want to, can you have a job or volunteer? <i>For example, do you have the support you need to look for a job or volunteer somewhere if you want?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Provides opportunities to seek employment or volunteer opportunities.</i>
9. Are you (the member) able to change how and where you receive personal assistance if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The service facilitates individual choice regarding services and supports and who provides them.</i>
10. Can you (the member) be alone if you want/need to be while receiving personal assistance services? <i>For example, can you have a private conversation without others listening?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
11. Do the staff who support you treat you (the member) the way you want to be treated? <i>For example, do staff listen and respond to your questions or concerns?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you (the member) have adequate privacy in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Can you (the member) close and lock your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you (the member) have a key to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
15. Are you (the member) comfortable with the other people who have keys to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do others knock before entering your (the member's) bedroom?	<input type="checkbox"/> Yes	

	<input type="checkbox"/> No	
17. Can you close and lock your (the member's) bedroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each individual has privacy in their sleeping or living unit.</i>
18. Can you close and lock your bathroom door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. If other people have a key to your (the member's) bedroom or bathroom, are you comfortable with this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Can you eat when you (the member) want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
21. Can you (the member) eat where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Can you (the member) eat what you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Are snacks accessible and available anytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Do you (the member) have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physical accessibility.</i>
25. Can you (the member) enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Do you (the member) have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Do you (the member) have access to a phone, computer, or other technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes individual initiative, autonomy, and independence in making life choices.</i>
28. Do you (the member) have access to transportation to go the places you want to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Can you (the member) make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	