

Individual Experience Assessment

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 individual's level of awareness of and access to the residents' rights, privacy requirements and member experience expectations, as outlined in the HCBS requirements.

Instructions

Individual Experience Assessment process: **February 1, 2015 – January 31, 2016**. As the ISC/Care Coordinator/Case Manager, you are responsible for conducting and submitting the assessment on each individual in your caseload who receives residential and/or non-residential (day or employment) services.

Conducting the assessment: The Individual Experience Assessment must be conducted in person before January 31, 2016. Use this Word document to record the individual's responses during the face-to-face assessment. The assessment can be conducted as part of the individual's annual review, quarterly or monthly visit, or as a separate face-to-face assessment as long as it is conducted before January 31, 2016. The assessment must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the ISC/Care Coordinator/Case Manager conducting the assessment, *do not influence the individual's responses*. Certain questions include an option to explain when "No" is actually an appropriate response and not indicative of non-compliance.

Your designated reviewers (either DIDD or an MCO) will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the assessments and submit your responses to your reviewer before January 31, 2016. Your reviewer will give you instructions about how to submit the responses you record on this Word document.

Filling out the assessment:

Each individual receiving Medicaid-reimbursed HCBS for residential or non-residential (day or employment) services must receive an individual assessment measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS requirements. Each section on the following pages 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. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid. If the person is NOT receiving the types of services indicated in the questions below, then choose "N/A" at the start of

the section and do not fill out any questions in that section. Only fill out questions related to the services received by the individual you are assessing.

Section A – Member, ISC, or Case Manager/Care Coordinator Information
Individual ID # (this is a number assigned by your organization to each person for the purposes of this assessment):
Does the individual have a conservator? Yes/No If so, name of the conservator and agency, if applicable: _____
CHOICES Group (Circle: 1, 2, or 3) DIDD Waiver (Circle: Statewide, Arlington Waiver (to be renamed Comprehensive Aggregate Cap Waiver pending CMS approval), Self Determination)
CHOICES Effective Date: DIDD Waiver Enrollment Date:
Care Coordinator/ISC/Case Manager Name:
If ISC, then what is the ISC Agency:
If Care Coordinator, then what is the MCO?
If DIDD Case Manager, then what DIDD Region?
Number of Months Assigned to Individual:

Introduction to read to the person you are assessing:

The following assessment will take us about 30 minutes. We are going to talk about how you experience the [insert services the person receives: day/employment/residential] services you get from [name provider]. The reason we are talking about this is because the State Government is trying to make sure that you have all the rights and freedoms of people who live in the community but do not receive those services. Every state is doing a similar assessment. Everyone in Tennessee who receives [insert service(s)] is answering these same questions you are. Please be honest in your answers, it's ok to say 'no'.

Section B.1 – Individual Experience Assessment – Employment and Day Services

☐ N/A (Check this box if person does NOT participate in Employment or Day Services and skip to Section C).

Note: Individuals with more than one Employment/Day Services provider will be asked to complete assessments on both of their providers in sections B.1 and B.2. Both sections contain the same questions and will allow the individual to provide feedback on their experience with each provider. For purposes of completing sections B.1 and B.2, ask questions specific to one provider in B.1 and the second provider in B.2.

Information about services:

1. Name of the individual's Employment /Day Services Provider Agency? _____

2. Which service(s) does the individual participate in? Circle one of the following:

▪ Adult Day (CHOICES) ▪ Supported Employment (DIDD) ▪ Community-Based Day (DIDD) ▪ Facility Based Day (DIDD) ▪ In Home Day (DIDD)

HCBS Setting Requirement	Examples
Integrated and supports access to the greater community	1. If you want to, can you go out in the community during the day? <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
Provides opportunities to seek employment and work in a competitive environment	2. If you want to, can you have a job? For example, do you have the support you need to look for a job if you want one? <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
The Employment or Day setting facilitates individual choice regarding services and supports and who provides them.	3. Does the Employment or Day setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences? <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
	4. <u>For individuals in Day Services Only:</u> Does the Day Program afford individuals the opportunity to regularly and periodically update or change their preferences? <input type="checkbox"/> N/A: Not Applicable (the individual participates in employment services only; does not participate in Day Services)

	<input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
Ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint	5. <u>For individuals in Day Services Only:</u> Can you be alone if you want/need to be while participating in a day activity? For example, can you have a private conversation without others listening in while participating in a day activity? <input type="checkbox"/> N/A: Not Applicable (the individual participates in employment services only; does not participate in Day Services) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
	6. Do the staff who support you while you are working or participating in a day activity treat you the way you want to be treated? For example, Do the people who support you listen to your questions or concerns while you are working or participating in a day activity? <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)
Section B.2– Individual Experience Assessment –Employment and Day Services provider <input type="checkbox"/> N/A (Check this box if person does NOT have more than one Employment or Day Services Provider and skip to section C)	
Information about services: 1. Name of the individual's Employment /Day Services Provider Agency? <hr/>	
2. Which service(s) does the individual participate in? Circle one of the following: ▪ Adult Day (CHOICES) ▪ Supported Employment (DIDD) ▪ Community-Based Day (DIDD) ▪ Facility Based Day (DIDD) ▪ In Home Day (DIDD)	
HCBS Setting Requirement	Examples
Integrated and supports access to the greater community	1. If you want to, can you go out in the community during the day? <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No (non compliant)

Provides opportunities to seek employment and work in a competitive environment	<p>2. If you want to, can you have a job? For example, do you have the support you need to look for a job if you want one?</p> <p><input type="checkbox"/> Yes (compliant)</p> <p><input type="checkbox"/> No (non compliant)</p>
The Employment or Day setting facilitates individual choice regarding services and supports and who provides them.	<p>3. Does the Employment or Day setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?</p> <p><input type="checkbox"/> Yes (compliant)</p> <p><input type="checkbox"/> No (non compliant)</p>
	<p>4. <u>For individuals in Day Services Only:</u> Does the Day Program afford individuals the opportunity to regularly and periodically update or change their preferences?</p> <p><input type="checkbox"/> N/A: Not Applicable (the individual participates in employment services only; does not participate in Day Services)</p> <p><input type="checkbox"/> Yes (compliant)</p> <p><input type="checkbox"/> No (non compliant)</p>
Ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint	<p>5. <u>For individuals in Day Services Only:</u> Can you be alone if you want/need to be while participating in a day activity? For example, can you have a private conversation without others listening in while participating in a day activity?</p> <p><input type="checkbox"/> N/A: Not Applicable (the individual participates in employment services only; does not participate in Day Services)</p> <p><input type="checkbox"/> Yes (compliant)</p> <p><input type="checkbox"/> No (non compliant)</p>
	<p>6. Do the staff who support you while you are working or participating in a day activity treat you the way you want to be treated? For example, Do the people who support you listen to your questions or concerns while you are working or participating in a day activity?</p> <p><input type="checkbox"/> Yes (compliant)</p> <p><input type="checkbox"/> No (non compliant)</p>

Section C – Individual Experience Assessment – Residential Services

☐ **N/A** (Check this box if person does NOT participate in Residential Services) **NOTE: If you choose N/A, the person you are assessing does NOT receive Residential Services, then skip this section and move on to Section C.**

Information about services:

1. Name of the individual's Residential Provider Agency? _____

2. Which service does the individual participate in? Circle one of the following:

▪ Assisted Care Living Facilities or ACLFs (CHOICES) ▪ Adult Care Homes (CHOICES) ▪ Residential Habilitation, including Medical Residential and Community Living Supports (DIDD) ▪ Supported Living, including Medical Residential and Community Living Supports (DIDD) ▪ Family Model Residential, including Community Living Supports (DIDD)

HCBS Setting Requirement	Examples
Allows control of personal resources	<p>1. Do you have access to your money? For example, Can you buy the things you need? Can you use your money when you choose to? Do you have your own bank account, if you want one?</p> <p><input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)</p>
The setting was selected by the individual from among setting options, including non-disability specific settings	<p>2. Did you choose where you live and receive your services? For example, did you visit other places before choosing where you live now?</p> <p><input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)</p>
	<p>3. Were you given the option of a private room if you could afford it?</p> <p><input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> N/A not applicable, could not afford a private room.</p>
	<p>4. Do you know how to relocate and request new housing, if you want to move?</p> <p><input type="checkbox"/> No (non compliant)</p>

	<input type="checkbox"/> Yes (compliant)
Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement	5. Do you own your home or have a lease? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
	6. Do you know your rights as a tenant and protections from eviction? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
Unit has lockable entrance door	7. Do you have adequate privacy in your home? For example, can you close and lock your front door? Do you have a key to your home? Are you comfortable with the other people who have keys to your home? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	8. Do others knock before entering your unit? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
Each individual has privacy in their sleeping or living unit	9. Can you close and lock your bedroom door? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	10. Can you close and lock your bathroom door? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	11. Are you comfortable with the other people who have a key to your bedroom or bathroom?

	<input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
Choice of roommates	12. Did you get to choose your roommate(s) and the person you share your room with, if applicable? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	13. Do you know how to request a roommate change if you want to? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
Freedom to furnish and decorate. <i>Note: the freedom to furnish and decorate should be considered in regard to providers' rules and policies. You should not mark "no" if a person wants something they cannot afford; that is not the point of these questions.</i>	14. Did you decorate your room? For example, can you move the furniture where you want it? Can you hang or put up pictures if you want to? Can you choose the decorations in your room? Can you change things in your room if you want to? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
Integrated in and supports full access to the greater community	15. Do you participate in activities like shopping, going to church or having lunch with family and friends? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
	16. Do you know how to find out about upcoming events or activities? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
	17. Do you have the help you need to participate in the activities you want to do? For example, are you able to get to the activities you want to participate in?

	<input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
Access to food at any time	18. Can you eat what you choose, when you want to eat it? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	19. Are snacks accessible and available anytime? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
Allow visitors at any time	20. Can you have visitors when you want to have visitors? For example, can you invite friends or family over whenever you want? Can you have private visits if you want to? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
Physically Accessible	21. Do you have the supports you need to move around your room/house as you choose? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
	22. Can you enter and exit your room/house as you choose? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	23. Do you have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas? <input type="checkbox"/> No (non compliant)

	<input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
Optimizes individual initiative, autonomy, and independence in making life choices	24. Do you have access to a phone, computer or other technology? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)
	25. Do you have access to transportation to go the places you want to go? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant)
	26. Can you make decisions about your schedule, where you go, who you see and when? <input type="checkbox"/> No (non compliant) <input type="checkbox"/> Yes (compliant) <input type="checkbox"/> No, but supported by the person centered plan (compliant)