

Home and Community Based Setting, HCBS Rules On Site Assessment. Member Interviews and File Review

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On Site Visit Date:

Facility Interviewee Name:

Facility Interviewee Title:

Facility Interviewee Phone:

Facility Interviewee Email:

Team Number:

Team Member Name:

Team Member Name:

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The purpose of this component is to gather information directly from the members or their representatives, regarding the member experience in the facility which may or may not be consistent with the HCBS Rules. The Team Member will be responsible for contacting members, or their representatives, and completing a survey. Additionally, the Team Member will be reviewing case files for members to gain an understanding of how and if the facility documents 1. member preferences to support limited decision making ability and or 2. individualized health and safety limitations that restrict community integration. Lastly, the Team Member will be observing member and staff interactions and members as they are engaged in individual or group activities.

Note: AHCCCS will be pre selecting the members to interview and files to review. The facility will know ahead of time which members will be interviewed and will notify the Team whether or not the member or the representative is the individual who should be interviewed. It is understood, in most cases, the interviews will be with representatives. Interviews are voluntary. Member files will be reviewed for each pre selected member. In an effort to secure member protected health information, only AHCCCS staff or M C O representatives, contracted with the facility, can perform this component of the on site assessments.

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Instructions:

Step 1. Make copies of the Member File Review section, page 5. The number of copies will depend on the number of member files to be reviewed. Task Completed?

Step 2. Review member files for each pre selected members and document responses. Task Completed?

Step 3. Make copies of the Member Survey, pages 6 to 18. The number of copies will depend on the number of members to be interviewed. Task Completed?

Step 4. Contact the Member and or Representative and administer the survey. Record Member or Representative responses and note any examples provided by the respondent and or interviewer observations. Task Completed?

Step 5. Observe member and staff interactions and members as they are engaged in individual or group activities and document observations. Task Completed?

Member File Review

Please indicate how much you agree or disagree with the following statement.

The plan of care incorporates documentation of the member's current health condition or disability and abilities.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care identifies the member's preferences and choices that do not pose a risk to the member's or another individual's health and safety.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

The plan of care includes goals that support the individual to either maintain or enhance mobility and choices enabling them to move about independently within and around the setting.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Member File Review. Reviewer Comments

Member Survey Script. Interview with the Member

Things to **KNOW** before you do the survey:

You don't have to participate in the survey. It is your choice.

Your responses to the survey are private. Your name will not be on the survey. Only a summary of the survey responses will be reviewed and reported.

The survey will help us understand what it is like to live in your home. We want to hear about your services and how they help you to be independent, make decisions and choices.

The survey will take approximately 30 minutes.

Things to **THINK** about when you are answering the survey questions:

1. Think about where you **LIVE**.
2. Tell us what it is like living in your **HOME**.
3. Tell us about the **CHOICES** you get to make.
4. You answer **YES** or **NO** to the questions. The person asking you the questions may write down any comments you make to help us understand more about what it is like to live in your home.

Member Survey Script. Interview with the Member's Representative

Things to KNOW before you do the survey:

You don't have to participate in the survey. It is your choice.

Your responses to the survey are private. Your name will not be on the survey. Only a summary of the survey responses will be reviewed and reported.

The survey will help us understand what it is like for the Member to live in their home. We want to hear about their services and how they help the Member to be independent, make decisions and choices.

The survey will take approximately 30 minutes.

Things to THINK about when you are answering the survey questions:

1. Think about where the AHCCCS Member LIVES and what you have observed or know.
2. Tell us about what it is like for the Member to live in their HOME.
3. Tell us about the RIGHTS they have and the CHOICES they get to make.
4. You answer YES or NO to the questions. The person asking you the questions may write down any comments you make to help us understand more about what it is like for the Member to live in their home.

Member Survey

Transcriber's note. The following table was made into a list format.

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Integration

One. Local Area

Is your home within walking distance to other houses? Yes or No

Is your home within walking distance to stores? Yes or No

Is your home within walking distance to businesses? Yes or No

Do you get to meet or visit with people who don't live in your home, family, friends, neighbors, etc.? Yes or No

Do you get to meet or visit with people who don't work in your home, family, friends, neighbors, etc.? Yes or No

One a. Employment.

Do you have a job and get a paycheck? Yes or No

If you don't have a job and want one, are you getting help to find a job? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

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Do you have a volunteer job? Yes or No

If you don't have a volunteer job and want one, are you getting help to find a volunteer job? Yes or No

Do you work with people who do not have a disability? Yes or No

1b. Your community.

Do you get information about things to do in the community such as going to lunch with friends, going shopping, going to casinos, going to concerts, bowling, etc.? Yes or No

Do you pick what you do when you go out? Yes or No

Do you pick who goes with you? Yes or No

If you don't go out, is it because you choose not to? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

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Did you need help with transportation to go out? Yes or No

Did you need help with personal care assistance to go out? Yes or No

Did you get the help that you needed to go out? Yes or No

1c. Money

Do you take care of your own money? Yes or No

Does someone else help you take care of your money? Yes or No

Did you get to choose the person to help you with taking care of your money? Yes or No

Do you have a bank account? Yes or No

Do you know how much money you have to spend in your bank account? Yes or No

Can you get money when you need or want it? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

1d. Other People

Are there services you can't have, but other people living in your home have? Yes or No

Are there activities you can't do, but other people living in your home can do? Yes or No

2. Your Home

Did someone ask you if you wanted to visit other places to live? Yes or No

Did you visit other places before you picked where you live now? Yes or No

If you did not visit other places before you picked where you live now, was that your choice? Yes or No

If you were not able to visit other places before you picked where you live now, was it because you didn't have a way to get there? Yes or No

Did you pick where you live? Yes or No

2b. Your Room

Were you given a choice for your own room if you could pay for it? Yes or No

Do you have your own room? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

3. Your Plan

Do you meet with your case manager and or support coordinator to talk about your needs? Yes or No

Do you meet with your case manager and or support coordinator to talk about your service plan? Yes or No

Do you feel that people listen to you? Yes or No

Do you get to make decisions? Yes or No

Do other people you want to be there participate in the meeting? Yes or No

4. Your Rights

Does staff call you by the name you like to be called, i.e. Mrs. Smith, Mary? Yes or No

Do you get help with bathing in private? Yes or No

Do you get help with dressing in private? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

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Does staff listen to you? Yes or No

Do you feel that the staff keeps your personal and health information private? Yes or No

Does staff talk about you in front of other people? Yes or No

Does staff talk about other people in front of you? Yes or No

Can you use a phone or computer to talk with people that you want to? Yes or No

Can you make or get calls at any time? Yes or No

Do you get to talk in private if you want to? Yes or No

Do you get mail? Yes or No

Do you open your own mail? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

Do you know who to talk to if you have something that upsets or worries you about a provider or service? Yes or No

Do you know that you can make a complaint in secret? Yes or No

Have you ever made a complaint? Yes or No

Did the person you made the complaint to listen to you? Yes or No

Do you feel safe in your home? Yes or No

Have you ever had anything taken away from you and you didn't understand why, i.e. food, TV, visitors, etc.? Yes or No

Have you ever been forced to stay in one place by yourself and not talk to other people, i.e. locked in a room? Yes or No

Does staff tell you about the medications you are taking? Yes or No

Are you allowed to refuse medication if you want to? Yes or No

5. Your Independence

Do you decide everyday what you want to do? Yes or No

When you want to get up and go to bed? Yes or No

When you want to eat, bathe, watch TV, talk on the phone, go on the computer? Yes or No

Do you pick how often you go out for activities, such as shopping, out to eat, church, gym, etc.? Yes or No

Do you have transportation to go to places where you want to go? Yes or No

Are you allowed to change your mind and do something that was not planned? Yes or No

Are you allowed to change your plans or schedule when you want or need to? Yes or No

6. Your Staff

Does staff ask you about what you need and what you want? Yes or No

Does staff ask you about what you like and dislike? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

Do you pick who helps you? Yes or No

Do you know how to ask for a new or different staff member to help you? Yes or No

Do you know who to ask if you want a new or different staff member to help you? Yes or No

Have you ever asked for a new or different staff member to help you? Yes or No

If you asked for a different staff member to assist you, did you get the new staff member? Yes or No

7a. Your Paperwork

Do you have something in writing, like a lease or agreement, for where you live? Yes or No

Does the lease or agreement have your name on it? Yes or No

Do you know what the agreement says about your rights? Yes or No

Do you know how much time you have if you are asked to move? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

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Do you know how to ask for a different place to live if you wanted to move? Yes or No

Do you know how much time you have to give the home if you want to move? Yes or No

7b. Your Privacy and Room

Do you have a key to your home? Yes or No

Do you have a key to your bedroom or unit? Yes or No

Can you close and lock the bedroom or unit door? Yes or No

Can you close and lock the bathroom door? Yes or No

Do staff and other people knock and ask your permission to enter your bedroom or unit or bathroom? Yes or No

Do you share a room? Yes or No

If you share a room, did you choose a roommate? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

If you share a room, do you know how to ask to change your roommate if you want to? Yes or No

Are you allowed to decorate your room? Yes or No

Are you allowed to rearrange the furniture? Yes or No

Are you allowed hang or put up pictures? Yes or No

7c. Your Freedom

Are you allowed to leave your home at any time? Yes or No

Are you allowed to stay out for as long as you want? Yes or No

Do you have to be back home at a certain time? Yes or No

Are you allowed to eat when you want to? Yes or No

Are you allowed to choose what you want to eat? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

Are you allowed to choose who you eat with? Yes or No

Are you allowed to eat alone? Yes or No

Do you have access to food, snacks, drinks at any time? Yes or No

Are you allowed to buy your own food, snacks, drinks? Yes or No

7d. Visitors

Are there visiting hours when family and friends are allowed to come over? Yes or No

Are you allowed to invite family and friends over when you want to and at any time? Yes or No

Are you allowed to spend time alone with family and friends without staff? Yes or No

Is there a place for you to meet in private with your family and friends? Yes or No

7e. Accessibility

Can you safely and freely move around your home? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

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Are the stove, microwave, refrigerator and toaster in places that you can reach to use them? Yes or No

Is the furniture, tables, chairs, etc. comfortable to get into and use? Yes or No

Do you have or can you ask for equipment to assist you in moving around your home, bedroom and bathroom, i.e. grab bars, shower chair? Yes or No

Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places? Yes or No

Member or Representative Comments.

Interviewer. Comments and Observations.

End of Member Interview Complete.

Member and Staff Observations

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Please indicate how much you agree or disagree with the following statement.

Members are freely navigating in groups inside and outside of the facility, within parameters.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Members are freely navigating individually inside and outside of the facility, within parameters.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Members have options to choose activities including both individual and group activities.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Members are observed interacting with people who don't live or work in the home or setting.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Call light or other device is available for member to signal his or her need for assistance or for staff to respond to members.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Member or Representative Comments.

Interviewer. Comments and Observations.

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Staff address members by their name

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Staff asks for member's permission before providing assistance.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Member or Representative Comments.

Interviewer. Comments and Observations.

End of Material.