

## Arkansas HCBS Non-Residential Beneficiary Survey (draft)

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 federal guidelines were developed to ensure that beneficiaries 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 provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

The Beneficiary Survey must be conducted in person before August 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey 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 person conducting the survey, 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.

The Arkansas DHS inter-agency HCBS working group will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the survey and submit your responses to the inter-agency HCBS settings working group before August 31, 2016. The HCBS setting working group will give you instructions about how to submit the responses you record on this Word document.

### **Filling out the assessment:**

Individuals receiving Medicaid-reimbursed HCBS for non-residential services must receive an individual survey 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.

**CMS Regulatory Requirements:**

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

**Intro to read to beneficiary before interview:** The following survey will take about 15 minutes. There is no right or wrong answer. We will be asking you questions about your daily life and the support and services you get here at [insert provider name]. The reason we are talking about this is because the Arkansas Department of Human Services is trying to make sure that you have all the rights and freedoms of people who live in the community. Many others are doing the same survey. It's ok to be honest and say what you think.

## Section A – General Information

Date:

On-site Reviewers::

Setting Name:

Setting Type (*Please mark one*)

Day Setting (ADC/ADHC)

Does the individual have a conservator?  Yes  No

If so, name of the conservator or agency:

## Section B – Community Integration

Response shaded  equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
B1. Do you go shopping, go to church, or have lunch with friends or family? Do you do anything else with friends or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
<p>B1 Comments:</p> <p>Intent Statement: This question relates to whether the setting is integrated in and supports access to the broader community.</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> <li>• Are you able to do things in the community?</li> <li>• Do you get to pick which events/activities you want to do in the community?</li> <li>• Can you do things with your family (or friends) in the community?</li> </ul> <p><b>Reviewers can validate by (1) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (2) interviewing beneficiary, family members, or advocate and (3) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.</b></p>							









### Section C– Non-Residential Services

Response shaded  equals normative (compliance) response

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C1. If you want to, can you go out in the community during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C1 Comments:							
Intent Statement: This question relates to whether the setting is integrated and supports access to the broader community.							
<b>Reviewers can validate by (1) interviewing beneficiary, family member, or advocate, (2) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</b>							

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C2. If you want to, can you have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C2 Comments:							
<p>Intent Statement: This question relates to whether the setting provides opportunities to seek employment and work in a competitive environment.</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> <li>Do you know how to look for a job if you want one?</li> <li>Will the staff help you find a job if you want one?</li> </ul> <p><b>Reviewers can validate by (1) interviewing beneficiary, family member, or advocate, (2) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</b></p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C3. Do you get to go out in the community for different activities or events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C3 Comments:							
<p>Intent Statement: This question relates to whether the setting facilitates individual choice regarding services and supports and who provides them.</p> <p><b>Reviewers can validate by (1) interviewing beneficiary, family member, or advocate, (2) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</b></p>							

Validation Question	Criteria Met		Information Sources <i>(select all that apply)</i>	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C4. Can you update or make changes to your plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

C4 Comments:

Intent Statement: This question relates to whether the setting facilitates individual choice regarding services and supports and who provides them.

**Reviewers can validate by (1) interviewing beneficiary, family member, or advocate, (2) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.**

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No				Yes	No
C5. Can you be alone if you want/need to while you are here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>
C5 Comments:							
<p>Intent Statement: This question relates to whether the setting ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint.</p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> <li>Can you have a private conversation without others listening?</li> </ul> <p><b>Reviewers can validate by (1) interviewing beneficiary, family member, or advocate, (2) record reviews to include individual person-centered plans, service plans, health care plans, assessment data, and resident agreements.</b></p>							



**END OF NON-RESIDENTIAL BENEFICIARY SURVEY**