

**Home and Community Based Setting (HCBS) Rules
On-Site Assessment**

Member Interviews and File Review

On-Site Visit Date:	
Total Number of Interviews:	
Total Number of Member Interviews:	
Total Number of Family Member Interviews:	
Team Number:	
Team Member Name:	
Team Member Name:	

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 MCO representatives (contracted with the facility) can perform this component of the on-site assessments.

Instructions:		Task Completed
<i>Step 1</i>	Make copies of the Member File Review section (<i>page 5</i>). The number of copies will depend on the number of member files to be reviewed.	[]
<i>Step 2</i>	Review member files for each pre-selected members and document responses.	[]
<i>Step 3</i>	Make copies of the Member Survey (<i>pages 6 - 18</i>). The number of copies will depend on the number of members to be interviewed.	[]
<i>Step 4</i>	Contact the Member/Representative and administer the survey. Record Member/Representative responses and note any examples provided by the respondent and/or interviewer observations.	[]
<i>Step 5</i>	Observe member and staff interactions and members as they are engaged in individual or group activities and document observations.	[]

Member File Review

<i>Please indicate how much you agree or disagree with the following statement.</i>						Member File Review
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Reviewer Comments
The plan of care incorporates documentation of the member's current health condition/disability and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks/needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The plan of care and identifies the member's preferences and choices that do not pose a risk to the member's or another individual's health and safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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




	YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations	
Integration					
1. Local Area 	Is your home within walking distance to other houses?	<input type="checkbox"/>	<input type="checkbox"/>		
	Is your home within walking distance to stores?	<input type="checkbox"/>	<input type="checkbox"/>		
	Is your home within walking distance to businesses?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get to meet or visit with people who don't live in your home (family, friends, neighbors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get to meet or visit with people who don't work in your home (family, friends, neighbors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
1a. Employment	Do you have a job and get a paycheck?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you don't have a job and want one, are you getting help to find a job?	<input type="checkbox"/>	<input type="checkbox"/>		



		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
					
	Do you have a volunteer job?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you don't have a volunteer job and want one, are you getting help to find a volunteer job?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you work with people who do not have a disability?	<input type="checkbox"/>	<input type="checkbox"/>		
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.?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you pick what you do when you go out?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you pick who goes with you?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you don't go out, is it because you choose not to?	<input type="checkbox"/>	<input type="checkbox"/>		




		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
	Did you need help with transportation to go out?	<input type="checkbox"/>	<input type="checkbox"/>		
	Did you need help with personal care assistance to go out?	<input type="checkbox"/>	<input type="checkbox"/>		
	Did you get the help that you needed to go out?	<input type="checkbox"/>	<input type="checkbox"/>		
1c. Money 	Do you take care of your own money?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does someone else help you take care of your money?	<input type="checkbox"/>	<input type="checkbox"/>		
	Did you get to choose the person to help you with taking care of your money?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know how much money you have to spend in your bank account?	<input type="checkbox"/>	<input type="checkbox"/>		
	Can you get money when you need or want it?	<input type="checkbox"/>	<input type="checkbox"/>		





		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
1d. Other People 	Are there services you <u>can't</u> have, but other people living in your home have?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are there activities you <u>can't</u> do, but other people living in your home can do?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Your Home 	Did someone ask you if you wanted to visit other places to live?	<input type="checkbox"/>	<input type="checkbox"/>		
	Did you visit other places before you picked where you live now?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you did not visit other places before you picked where you live now, was that your choice?	<input type="checkbox"/>	<input type="checkbox"/>		
	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?	<input type="checkbox"/>	<input type="checkbox"/>		
	Did you pick where you live?	<input type="checkbox"/>	<input type="checkbox"/>		
2b. Your Room 	Were you given a choice for your own room if you could pay for it?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have your own room?	<input type="checkbox"/>	<input type="checkbox"/>		



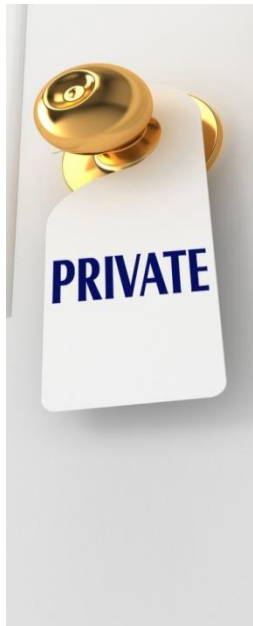
		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
3. Your Plan 	Do you meet with your case manager/support coordinator to talk about your needs?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you meet with your case manager/support coordinator to talk about your service plan?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you feel that people listen to you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get to make decisions?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do other people you want to be there participate in the meeting?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Your Rights	Does staff call you by the name you like to be called (i.e. Mrs. Smith, Mary)?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get help with bathing in private?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get help with dressing in private?	<input type="checkbox"/>	<input type="checkbox"/>		



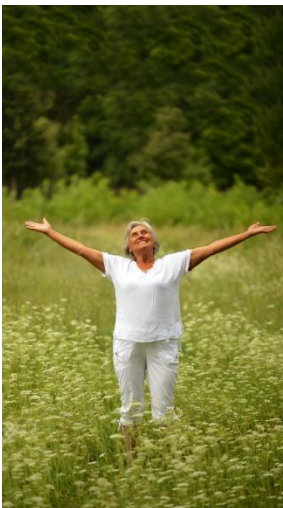
	YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations	
	Does staff listen to you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you feel that the staff keeps your personal and health information private?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does staff talk about you in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does staff talk about other people in front of you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Can you use a phone or computer to talk with people that you want to?	<input type="checkbox"/>	<input type="checkbox"/>		
	Can you make or get calls at any time?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get to talk in private if you want to?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you get mail?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you open your own mail?	<input type="checkbox"/>	<input type="checkbox"/>		




	YES 	NO 	Member/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?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you know that you can make a complaint in secret?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever made a complaint?	<input type="checkbox"/>	<input type="checkbox"/>		
Did the person you made the complaint to listen to you?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you feel safe in your home?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever had anything taken away from you and you didn't understand why (i.e. food, TV, visitors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever been forced to stay in one place by yourself and not talk to other people (i.e. locked in a room)?	<input type="checkbox"/>	<input type="checkbox"/>		
Does staff tell you about the medications you are taking?	<input type="checkbox"/>	<input type="checkbox"/>		
Are you allowed to refuse medication if you want to?	<input type="checkbox"/>	<input type="checkbox"/>		




		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
5. Your Independence 	Do you decide everyday what you want to do?	<input type="checkbox"/>	<input type="checkbox"/>		
	When you want to get up and go to bed?	<input type="checkbox"/>	<input type="checkbox"/>		
	When you want to eat, bathe, watch TV, talk on the phone, go on the computer?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you pick how often you go out for activities (such as shopping, out to eat, church, gym, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have transportation to go to places where you want to go?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to change your mind and do something that was not planned?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to change your plans or schedule when you want or need to?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Your Staff	Does staff ask you about what you need and what you want?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does staff ask you about what you like and dislike?	<input type="checkbox"/>	<input type="checkbox"/>		

	YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations	
	Do you pick who helps you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know <u>how</u> to ask for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know <u>who</u> to ask if you want a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>		
	Have you ever asked for a new or different staff member to help you?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you asked for a different staff member to assist you, did you get the new staff member?	<input type="checkbox"/>	<input type="checkbox"/>		
7a. Your Paperwork 	Do you have something in writing, like a lease or agreement, for where you live?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does the lease or agreement have your name on it?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know what the agreement says about your rights?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know how much time you have if you are asked to move?	<input type="checkbox"/>	<input type="checkbox"/>		

		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
	Do you know how to ask for a different place to live if you wanted to move?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you know how much time you have to give the home if you want to move?	<input type="checkbox"/>	<input type="checkbox"/>		
7b. Your Privacy and Room 	Do you have a key to your home?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have a key to your bedroom/unit?	<input type="checkbox"/>	<input type="checkbox"/>		
	Can you close and lock the bedroom/unit door?	<input type="checkbox"/>	<input type="checkbox"/>		
	Can you close and lock the bathroom door?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do staff and other people knock and ask your permission to enter your bedroom/unit or bathroom?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you share a room?	<input type="checkbox"/>	<input type="checkbox"/>		
	If you share a room, did you choose a roommate?	<input type="checkbox"/>	<input type="checkbox"/>		

		YES 	NO 	Member/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?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to decorate your room?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to rearrange the furniture?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed hang or put up pictures?	<input type="checkbox"/>	<input type="checkbox"/>		
7c. Your Freedom 	Are you allowed to leave your home at any time?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to stay out for as long as you want?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have to be back home at a certain time?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to eat when you want to?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to choose what you want to eat?	<input type="checkbox"/>	<input type="checkbox"/>		

		YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations
	Are you allowed to choose who you eat with?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to eat alone?	<input type="checkbox"/>	<input type="checkbox"/>		
	Do you have access to food/snacks/drinks at any time?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to buy your own food/snacks/drinks?	<input type="checkbox"/>	<input type="checkbox"/>		
7d. Visitors 	Are there visiting hours when family and friends are allowed to come over?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to invite family and friends over when you want to and at any time?	<input type="checkbox"/>	<input type="checkbox"/>		
	Are you allowed to spend time alone with family and friends without staff?	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there a place for you to meet in private with your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>		
7e. Accessibility	Can you safely and freely move around your home?	<input type="checkbox"/>	<input type="checkbox"/>		

	YES 	NO 	Member/Representative Comments	Interviewer Comments and Observations	
	Are the stove, microwave, refrigerator and toaster in places that you can reach to use them?	<input type="checkbox"/>	<input type="checkbox"/>		
	Is the furniture (tables, chairs, etc.) comfortable to get into and use?	<input type="checkbox"/>	<input type="checkbox"/>		
	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)?	<input type="checkbox"/>	<input type="checkbox"/>		
	Does your home have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?	<input type="checkbox"/>	<input type="checkbox"/>		

Member and Staff Observations

<i>Please indicate how much you agree or disagree with the following statement.</i>						Member and Staff Observations
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Reviewer Comments
Members are freely navigating <u>in groups</u> inside and outside of the facility (within parameters).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Members are freely navigating <u>individually</u> inside and outside of the facility (within parameters).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Members have options to choose activities including both individual and group activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Members are observed interacting with people who don't live or work in the home/setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Call light or other device is available for member to signal his or her need for assistance/for staff to respond to members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<i>Please indicate how much you agree or disagree with the following statement.</i>						Member and Staff Observations
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Reviewer Comments
Staff address members by their name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Staff asks for member's permission before providing assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	