

Transcriber's note. E text - Appendix W Member File Review. AHCCCS, Arizona Health Care Containment System.

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Home and Community Based Setting, HCBS , Rules On Site Assessment

Member Interviews and File Review

Figure. table.

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.	

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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 MCO representatives, contracted with the facility, can perform this component of the on site assessments.

Figure. Table.

Instructions.	Task Completed
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.	
Step 2 Review member files for each pre selected members and document responses.	
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.	
Step 4 Contact the Member or Representative and administer the survey. Record Member or Representative responses and note any examples provided by the respondent and or interviewer observations.	
Step 5 Observe member and staff interactions and members as they are engaged in individual or group activities and document observations.	

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Figure. Table. Member File Review**Figure. Table.**

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Member File Review Reviewer Comments
The plan of care incorporates documentation of the member's current health condition or disability and abilities.						
The plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs.						
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.						
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.						

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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.

Figure, Table. Member Survey Integration

Transcriber's Note. Print page numbering is inconsistent with text do to E TEXT formatting. **Return to text.**

		YES	NO	Member or Representative Comments	Interviewer Comments and Observations
1. Local Area	Is your home within walking distance to other houses?				
	Is your home within walking distance to stores?				
	Is your home within walking distance to businesses?				
	Do you get to meet or visit with people who don't live in your home, family, friends, neighbors, et cetera.?				
	Do you get to meet or visit with people who don't work in your home, family, friends, neighbors, et cetera.?				
1. a. Employment	Do you have a job and get a paycheck?				
	Do you have a volunteer job?				
	If you don't have a volunteer job and want one, are you getting help to find a volunteer job?				
	Do you work with people who do not have a disability?				
1. b. 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, et cetera?				
	Do you pick what you do when you go out?				
	Do you pick who goes with you?				
	If you don't go out, is it because you choose not to?				
	Did you need help with transportation to go out?				
	Did you need help with personal care assistance to go out?				
	Did you get the help that you needed to go out?				
1. c. Money	Do you take care of your own money?				
	Does someone else help you take care of your money?				
	Did you get to choose the person to help you with taking care of your money?				
	Do you have a bank account?				
	Do you know how much money you have to spend in your bank account?				
	Can you get money when you need or want it?				
1. d. Other	People Are there services you can't have, but other people living in your home have?				
	Are there activities you can't do, but other people living in your home can do?				
2. Your Home	Did someone ask you if you wanted to visit other places to live?				

	Did you visit other places before you picked where you live now?				
	If you did not visit other places before you picked where you live now, was that your choice?				
	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?				
	Did you pick where you live?				
2. b. Your Room	Were you given a choice for your own room if you could pay for it?				
	Do you have your own room?				
3. Your Plan	Do you meet with your case manager or support coordinator to talk about your needs?				
	Do you meet with your case manager or support coordinator to talk about your service plan?				
	Do you feel that people listen to you?				
	Do you get to make decisions?				
	Do other people you want to be there participate in the meeting?				
4. Your Rights	Does staff call you by the name you like to be called, i.e. Mrs. Smith, Mary?				
	Do you get help with bathing in private?				
	Do you get help with dressing in private?				
	Does staff listen to you?				
	Do you feel that the staff keeps your personal and health information private?				
	Does staff talk about you in front of other people?				
	Does staff talk about other people in front of you?				
	Can you use a phone or computer to talk with people that you want to?				
	Can you make or get calls at any time?				
	Do you get to talk in private if you want to?				
	Do you get mail?				
	Do you open your own mail?				
	Do you know who to talk to if you have something that upsets or worries you about a provider or service?				
	Do you know that you can make a complaint in secret?				
	Have you ever made a complaint?				
	Did the person you made the complaint to listen to you?				
	Do you feel safe in your home?				
	Have you ever had anything taken away from you and you didn't understand why, i.e. food, TV, visitors, et cetera.?				
	Have you ever been forced to stay in one place by yourself and not talk to other people, i.e. locked in a room?				
	Does staff tell you about the medications you are taking?				
	Are you allowed to refuse medication if you want to?				

5. Your Independence	Do you decide everyday what you want to do?				
	When you want to get up and go to bed?				
	When you want to eat, bathe, watch				
	T V, talk on the phone, go on the computer?				
	Do you pick how often you go out for activities, such as shopping, out to eat, church, gym, et cetera.?				
	Are you allowed to change your mind and do something that was not planned?				
	Are you allowed to change your plans or schedule when you want or need to?				
6. Your Staff	Does staff ask you about what you need and what you want?				
	Does staff ask you about what you like and dislike?				
	Do you pick who helps you?				
	Do you know how to ask for a new or different staff member to help you?				
	Do you know who to ask if you want a new or different staff member to help you?				
	Have you ever asked for a new or different staff member to help you?				
	If you asked for a different staff member to assist you, did you get the new staff member?				
7. a. Your Paperwork	Do you have something in writing, like a lease or agreement, for where you live?				
	Does the lease or agreement have your name on it?				
	Do you know what the agreement says about your rights?				
	Do you know how much time you have if you are asked to move?				
	Do you know how to ask for a different place to live if you wanted to move?				
7. b. Your Privacy and Room	Do you have a key to your home?				
	Do you have a key to your bedroom or unit?				
	Can you close and lock the				
	Bedroom or unit door?				
	Can you close and lock the bathroom door?				
	Do staff and other people knock and ask your permission to enter your bedroom or unit or bathroom?				
	Do you share a room?				
	If you share a room, do you know how to ask to change your roommate if you want to?				
	Are you allowed to decorate your room?				
	Are you allowed to rearrange the furniture?				
	Are you allowed hang or put up pictures?				
7. c. Your Freedom	Are you allowed to leave your home at any time?				
	Are you allowed to stay out for as long as you want?				

	Do you have to be back home at a certain time?					
	Are you allowed to eat when you want to?					
	Are you allowed to choose who you eat with?					
	Are you allowed to eat alone?					
	Do you have access to food, snacks, drinks at any time?					
	Are you allowed to buy your own food, snacks, drinks?					
7. d. Visitors	Are there visiting hours when family and friends are allowed to come over?					
	Are you allowed to invite family and friends over when you want to and at any time?					
	Are you allowed to spend time alone with family and friends without staff?					
7. e. Accessibility	Can you safely and freely move around your home?					
	Are the stove, microwave, refrigerator and toaster in places that you can reach to use them?					
	Is the furniture, tables, chairs, et cetera. comfortable to get into and use?					
	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?					
	Does your home have any gates,					
	Velcro strips, locked doors, or other things that stop you from going in or out of some places?					

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Figure. Table. Member and Staff Observations

Figure. table.

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Member and Staff Observations Reviewer Comments
Members are freely navigating, in groups, inside and outside of the facility, within parameters.						
Members are freely navigating, individually, inside and outside of the facility, within parameters.						
Members have options to choose activities including both individual and group activities.						
Members are observed interacting with people who don't live or work in the home setting.						
Call light or other device is available for member to signal his or her need for Assistance, for staff to respond to members.						
Staff address members by their name						
Staff asks for member's permission before providing assistance.						

End of material.