

DELAWARE HOME AND COMMUNITY BASED SERVICES (HCBS) SURVEY RESULTS

The following is a summary report describing the preliminary results of the Delaware Home and Community-Based Services (HCBS) provider and member surveys. It is important to note that the provider and member surveys are the initial phase of the provider setting assessment process. While these processes will yield important information that will provide guidance in terms of next steps, this information is preliminary. Additional assessment activities, such as onsite provider validation reviews, will be important in order to obtain a complete picture of the appropriateness and adequacy of provider settings.

Introduction and Background

On March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a Final Rule outlining requirements related to home and community-based services. On March 17, 2015, Delaware submitted to CMS its statewide HCBS transition plan (the Plan) describing how the State will conduct a systematic statewide review of its HCBS programs against the requirements set forth in the Final Rule. A revised version of the statewide HCBS transition plan was submitted to CMS on September 17, 2015. As part of that statewide review, Delaware committed to implementing provider and member surveys that assess how consistent current settings are with the expectations outlined in the Final Rule.

The State of Delaware's Department of Health and Social Services (DHSS), in conjunction with the Delaware's Division of Medicaid and Medical Assistance (DMMA), contracted with Mercer Government Human Service Consulting to assist in the survey process for all selected DSHP/DSHP-Plus providers and respective members, as outlined in the transition plan.

Using guidance issued by CMS as the basis for the survey questions, DMMA developed, administered, and analyzed responses to the surveys, which focused on collecting feedback from providers and members regarding service delivery and the settings where members receive their HCBS services.

This report provides a summary of the survey structure, rating methodology, and findings for all services and programs.

Overview of HCBS Programs

Providers delivering three different HCBS were included in the survey process. Below is a description of the services included in this survey, quoted from Delaware's statewide transition plan.

Personal Care in an Assisted Living Facility: Includes personal care and supportive services (homemaker, chore, attendant services, and meal preparation) that are furnished to members who reside in Assisted Living Facilities. Assisted Living includes a 24-hour

onsite response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under state law). Please note: providers who provide personal care and supportive services exclusively to members in their homes are not required to complete this survey.

Adult Day Services: Services furnished in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the member. For the purpose of this survey, a setting is the place where members receive adult day services.

Day Habilitation Services: Includes assistance with the acquisition, reacquisition, retention, or improvement in self-help, socialization and adaptive skills that take place in a non-residential setting separate from the member's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. For the purpose of this survey, a setting is the place where members receive day habilitation services.

Survey Administration

In the summer of 2015, DMMA worked with the MCOs to develop a state-wide list of providers and members who respectively render and receive these HCBS throughout the State. The MCOs used current claims data to identify enrolled members who were receiving these HCBS and the location(s) (sites) where the services were rendered.

A small pool of providers was chosen to complete a pilot survey; the pilot survey was distributed on July 7, 2015 and closed on July 21, 2015. Upon closing of the pilot survey, the results were used to revise the survey prior to survey administration.

On August 15, 2015, all providers were notified of the up-coming surveys and offered training opportunities. In the notification, providers were instructed to complete each survey by a specific timeframe. DMMA stated that failure to complete a provider survey would result in providers being excluded from future participation in the State HCBS program. On August 31 and September 2, DMMA conducted webinar training sessions to orientate providers to the statewide transition plan, guidance on the Final Rule and the web-based assessment. In addition, DMMA set up a help desk email and phone number for providers to contact with questions about the survey.

On August 10 and August 18 2015, DMMA met with the MCO leadership and MCO care managers to provide training on the member surveys. The MCOs and their care managers were asked to reach out to members and to provide assistance completing the surveys. DMMA wanted to leverage the experience and existing relationships care managers had with their members to encourage participation in the surveys. All members who were identified as receiving at least one HCBS included in the assessment (by the MCOs review of current claims data) were targeted for surveys.

On September 2, 2015 Delaware officials distributed the survey instructions and a link for the online survey to the identified providers and respective members. Providers were asked to identify themselves using a unique 3-digit code. Members were not identified; however, they were asked to include the 3-digit code of the provider they were assessing so that the provider and member surveys could be linked.

Survey Development and Structure

In addition to the Final Rule, CMS issued residential and non-residential exploratory questions to assist states in evaluating the consistency of settings with the Final Rule requirements. The development of Delaware's survey questions relied primarily on these residential and non-residential exploratory questions and can be found in Attachment A. Providers and members were surveyed to see how they felt their current settings align with the expectations outlined in the Final Rule.

Survey Review Categories

Providers were asked to indicate the services they provide to HCBS members and to fill out all the survey questions associated with those services. In some cases, providers were required to complete multiple service survey submissions. In addition, providers were asked to evaluate their current policies and procedures against the Final Rule. The survey asked providers to evaluate 11 statements specifically on current policies and procedures.

Members were asked to indicate (with assistance from MCO care managers) the type of HCBS they currently receive and to fill out a survey associated with those services and settings. Some members could have elected to complete multiple surveys if they received multiple services.

Please note, the Assisted Living questions are based on the residential exploratory questions and the Adult Day and Day Habilitations questions are based on the non-residential exploratory questions.

Each questionnaire included the following categories:

1. Choice of Setting or Choice of Residence – HCBS members' autonomy in selecting his/her setting.
2. Community Access and Integration – HCBS members' access and use of community services and integration into the community.
3. Living Space or Characteristics of the Setting – Living space or physical space at the residence/service setting.
4. Staff Interactions and Privacy – HCBS members' experiences with staff members of the residence/setting and privacy issues.
5. Services and Supports – HCBS members' experiences with services.

Rating Methodology and Scoring

Respondents were asked to assess up to 147 statements in the survey; the majority of members completing the survey received one service, which prompted them to respond to 40 to 55 statements depending on the service a member received.

In addition, a majority of providers only rendered one service; these providers were required to respond to 40 to 55 statements depending on the service. In the case providers offered multiple services (e.g. Adult Day and Day Habilitation), these providers were required to respond to multiple surveys.

Certain statements required the respondent to choose from four possible response options:

1. Yes – the characteristic, service, or experience does occur or is available.
2. No – the characteristic, service, or experience does not occur or is not available
3. N/A (Not Applicable) – the question is not applicable.
4. Do not know – the respondent does not know the answer.

Certain other statements required respondents to choose from six possible response options:

1. Always – the characteristic, service, or experience always occurs.
2. Most of the time – the characteristic, service, or experience occurs most of the time or occurs frequently.
3. Some of the time – the characteristic, service, or experience sometimes occurs but does not occur frequently.
4. Never – the characteristic, service, or experience never occurs.
5. N/A (Not applicable) – the question is not applicable.
6. Do not know – the respondent does not know the answer.

For each survey, each response option was assigned a score based on the response options.

Summary of Overall Findings/Observations

The following summarizes the overall findings and observations regarding the survey results for all settings regarding providers and members.

High Level Summary of Provider and Member Responses

Overall for all provider settings and review categories, providers in all three service settings reported a high rate of consistency with the requirements of the Final Rule, as measured in the survey. The answers to the survey questions reflected that overall providers believe the settings in which they deliver services are in step with the Final Rule and other guidance issued by CMS regarding HCB setting requirements. However, when compared to member responses for the same settings, members typically did not report as high a rate of consistency with the requirements of the Final Rule, as measured in the survey.

The following table summarizes the overall response scores for all providers and members for each setting. The overall response score represents the total scores for all providers of each setting, divided by the maximum possible response score.

Setting Type	Provider Score	Member Score
Assisted Living Facility	92.4%	81.7%
Adult Day Services	91.7%	88.7%
Day Habilitation	90.6%	88.2%

Overall Response Rates^{1 2}

In total there were 28 unique provider submissions across all services, yielding an overall provider response rate of 100.0%. Of the 388 unique HCBS members who were contacted to complete a survey, 333 unique HCBS members completed a survey, yielding an overall member response rate of 85.8%.

Service Specific Findings and Observations

As previously noted, survey questions were compiled from a series of questions, which evaluate each of the three major services: personal care services in an assisted living facility, adult day services, and day habilitation. The results for the three services and the corresponding review categories are displayed in three tables and summarily discussed in the next section of this report.

Personal Care Services in Assisted Living Facility

Overall, the 13 providers rendering Personal Care Services in an Assisted Living Facility reported a high rate of consistency (92.4%) with the requirements of the Final Rule, as measured in the survey. The 137 members who completed a survey for assisted living did not report as high a rate of consistency with the Final Rule with an overall aggregate response score of 81.7%. The overall provider response score for Assisted Living providers was 10.7% higher than the overall member response scores.

Strengths

As illustrated in the table below, providers scored themselves highest in the review categories of Staff Interactions and Privacy, and Services at 98.4%, and 94.8%, respectively. Members reported relatively similar aggregate response scores for the same review categories at 90.4% and 92.7%, respectively. Although, there is 8% difference between member and provider response scores for the Staff Interactions and Privacy review category, both providers and members reported a high rate of consistency with the requirements of the Final Rule, as measured in the survey.

¹ Overall response rates are based on unique provider survey submissions for a specific service. Because some providers participate in multiple services, overall response rates are specific only to that service.

² Member responses rates are based on unique member survey submissions for a specific service. Because some members receive multiple services, overall response rates are specific only to that service. Note: Members could elect to have a care manager or guardian complete a survey on their behalf.

Review Category	Provider Survey	Member Survey
Staff Interactions and Privacy	98.4%	90.4%
Services	94.8%	92.7%

Areas for Improvement

As illustrated in the table below, providers delivering Personal Care Services in Assisted Living Facilities scored lower in the Community Access and Integration and Living Space review categories, in which providers self-reported at 86.2% and 88.7%, respectively. Members reported a lower response score for Choice of Residence, Community Access and Integration, and Living Space (75.4%, 74.6%, and 73.7%, respectively). Providers and members indicated the strongest difference of opinion in regards to Choice of Residence (-19.3%), followed by Living Space (-15.0%), and Community Access and Integration (-11.6%).

Review Category	Provider Survey	Member Survey
Choice of Residence	94.7%	75.4%
Community Access and Integration	86.2%	74.6%
Living Space	88.7%	73.7%

Adult Day Services

Overall, the 14 providers delivering Adult Day services reported a high rate of consistency (91.7%) with the requirements of the Final Rule, as reported within the survey. Of the three services included in the survey process, the 175 members who completed a survey for Adult Day services reported results at the highest rate of consistency with the Final Rule, with an overall aggregate response score of 88.7%. The overall provider response score for Adult Day providers was 3.0% higher than the overall member response scores, which indicates general consistency across providers and members; however, there are more notable differences in certain review categories.

Strengths

Provider results for Adult Day Services mirrored Personal Care Services in an Assisted Living Facility with Choice of Setting, Staff Interactions and Privacy, and Services being scored the highest (100.0%, 98.2%, and 95.0%, respectively). Similar to providers, member responses scored highest in Choice of Setting, Staff Interactions and Privacy, and Services (91.6%, 93.4%, and 92.6%, respectively). While there is an 8.4% difference among provider response scores and member response scores, both providers and members reported a high rate of consistency with the requirements of the Final Rule.

Review Category	Provider Survey	Member Survey
Choice of Setting	100.0%	91.6%
Staff Interactions and Privacy	98.2%	93.4%
Services	95.0%	92.6%

Areas for Improvement

The table below provides a further breakdown of providers scoring at a lower rate in Community Access and Integration and Characteristics of the Setting at 78.0% and 89.3%, respectively. Members' response score were reported at a lower rate in the survey for Community Access/Integration and Characteristics of the Setting at 81.2% and 85.6%, respectively. Provider and member responses for Adult Day Services reflected the smallest difference across all three services. The most significant difference among review categories was found in Choice of Setting (-8.4%), followed by Staff Interactions and Privacy (-4.8%), and Characteristics of the Setting (-3.7%). Members reported a higher aggregate response score for Community Access and Integration than did providers, at 81.2% and 78.0%, respectively.

Review Category	Provider Survey	Member Survey
Community Access and Integration	78.0%	81.2%
Characteristics of the Setting	89.3%	85.6%

Day Habilitation

Overall, the three providers delivering Day Habilitation Services reported the overall lowest rate of consistency (90.6%) with the requirements of the Final Rule, as measure by the survey. The 36 members who completed a survey for day habilitation services reported at a lower rate of consistency with the Final Rule than providers, with an overall aggregate response score of 88.2%. The overall provider response score for Day Habilitation providers was 2.4% higher than the overall member response scores, amounting to the smallest difference between provider and member scores across all services.

Strengths

Results for Day Habilitation Services mirrored Personal Care Services in an Assisted Living Facility with Choice of Setting, Staff Interactions and Privacy, and Services receiving the highest provider response score of 100.0%, 98.3%, and 94.7%, respectively. Member responses for Staff Interactions and Privacy scored highest at 92.0%. The 11.1% difference among provider response scores and member response scores represents the third largest difference across all three services. Although providers reported a high rate of consistency, for the respective review categories, with the requirements of the Final Rule, members tended to report at a lower rate.

Review Category	Provider Survey	Member Survey
Choice of Setting	100.0%	88.9%
Staff Interactions and Privacy	98.3%	92.0%
Services	94.7%	88.6%

Areas for Improvement

Regarding Day Habilitation services, providers scored themselves at the lowest rate across all three services with Community Access/Integration and Characteristics of the Setting at 74.7% and 87.7%, respectively. Members reported lower response scores for Choice of Setting, Community Access/Integration, Characteristics of the Setting, and Services at 88.9%, 82.4%, 89.2%, and

88.6%, respectively. As measured in the survey, members perceived Community Access and Integration and Characteristics of the Setting at a higher rate than providers, highlighting an area of strength as perceived by members. It is important to note that, while members did score higher than providers for both Community Access and Integration and Characteristics of the Setting, the response scores for both groups indicate a lower rate of consistency with the requirements of the Final Rule, as measured by the survey. Differences between provider and member responses were highest in Choice of Setting (-11.1%), followed by Community Access and Integration (+7.7%), and Staff Interactions and Privacy (-6.3%). The primary review category of concern, Choice of Residence, reflected the third largest discrepancy across all three services.

Review Category	Provider Survey	Member Survey
Community Access and Integration	74.7%	82.4%
Characteristics of the Setting	87.7%	89.2%

Provider Policy and Procedures

As indicated above, providers were asked to evaluate their current policies and procedures against the Final Rule. The survey asked providers to evaluate 11 statements specifically regarding their current policies and procedures.

Policies and Procedures Compliance Rate	
Service	% Compliance
Assisted Living	97.5%
Adult Day Services	99.3%
Day Habilitation	100.0%
Policies and Procedures Overall	98.5%

Of the 11 statements evaluated by providers, providers reported their policies and procedures were consistent with the expectations in the Final Rule, as measured in this survey. However, issues deserving additional review occurred regarding informed consent and restraint. When prompted with the question “Do your policies require that the member and/or representative grant informed consent prior to the use of a restraint and/or restrictive intervention?”, 71.4% of providers responded “N/A”. The significantly low response rate, “Yes”, accounted for 28.6% of provider responses.

DMMA will schedule follow-up meetings and on-site reviews with all providers who completed the survey. During the provider onsite reviews, DMMA will address discrepancies highlighted in the surveys by working individually with each provider to create a unique remediation plan to ensure compliance with the Final Rule.

Appendix A – Survey Questions

Appendix A includes a list of all questions included in the surveys. In general, questions within each of the three services were kept the same across all services for both providers and members to allow comparison of responses in the aggregate and by each setting.

PERSONAL CARE SERVICES IN AN ASSISTED LIVING FACILITY– PROVIDER/MEMBER CROSSWALK

#	Provider Question	Corresponding Member Question	Scale
CHOICE OF RESIDENCE			
1.	Are members told how they can request a new assisted living facility if they would like to move?	Do you know how to request a new residence if you want to move?	Y/N/DK/(N/A)
2.	Do members currently have a lease or similar agreement?	Do you currently have a lease or similar agreement?	Y/N/DK/(N/A)
3.	Are members protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving HCB services?	Do you know what protections you have if you received an eviction notice?	Y/N/DK/(N/A)
COMMUNITY ACCESS AND INTEGRATION			
4.	Is the assisted living facility on the grounds of, or next to, a nursing home or other institution?	Is your residence on the grounds of, or next to, a nursing home or other institution?	Y/N/DK/(N/A)
5.	Is the assisted living facility near private residences?	Is your residence near private residences?	Y/N/DK/(N/A)
6.	Is the assisted living facility near retail businesses?	Is your residence near retail businesses?	Y/N/DK/(N/A)
7.	Are visitors allowed at the assisted living facility at any time?	Are visitors allowed at your residence at any time?	N/S/M/A/DK (N/A)
8.	Are members able to come and go from the assisted living facility when they want to?	Are you able to come and go from your residence when you want to?	N/S/M/A/DK (N/A)
9.	Do members participate in unscheduled community activities (activities that occur outside of the assisted living facility, such as shopping, lunch with family or friends) when they want to?	Do you participate in unscheduled community activities (activities that occur outside of your residence, such as shopping, lunch with family or friends) when you want to?	N/S/M/A/DK (N/A)
10.	Do members participate in scheduled community activities (e.g., religious services, community events, etc.) when they want to?	Do you participate in scheduled community activities (e.g., religious services, community events, etc.) when you want to?	N/S/M/A/DK (N/A)
11.	If members want to work, do they have the opportunity to participate in paid work in the community?	Do you have the opportunity to apply for paid work in the community?	Y/N/DK/(N/A)
12.	Do members have access to public transportation near the assisted living facility?	Do you have access to public transportation near your residence?	Y/N/DK/(N/A)

13.	Is an accessible van available to transport members to appointments, shopping, etc.?	Is an accessible van available to transport you to appointments, shopping, etc.?	Y/N/DK/(N/A)
14.	If an accessible van is available to members, is it available in a timely manner?	If an accessible van is available to you, is it available in a timely manner?	N/S/M/A/DK (N/A)
15.	Do members have access to their money?	Do you have access to your own money?	N/S/M/A/DK (N/A)
16.	Do staff at the assisted living facility help members to effectively secure and protect their money?	Do staff at your residence help you to effectively secure and protect your money?	N/S/M/A/DK (N/A)
LIVING SPACE			
17.	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the assisted living facility other than those designed to protect the safety of members or private information?	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of your residence other than those needed for safety or to protect private information?	N/S/M/A/DK (N/A)
18.	Is the assisted living facility easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	Is your residence easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	N/S/M/A/DK (N/A)
19.	Are members able to move about inside of the assisted living facility as they like?	Are you able to move about inside of your residence as you like?	N/S/M/A/DK (N/A)
20.	Are members able to move about outside of the assisted living facility as they like?	Are you able to move about outside of your residence as you like?	N/S/M/A/DK (N/A)
21.	Do members choose and control their schedule to meet their wishes?	Do you choose and control your schedule as you wish?	N/S/M/A/DK (N/A)
22.	Do members have access to personal communication devices (telephone, cell phone, computer or other devices) to use in private at any time?	Do you have access to personal communication devices (telephone, cell phone, computer or other devices) to use in private at any time?	N/S/M/A/DK (N/A)
23.	Are members' rooms equipped with a telephone jack, WI-FI or ETHERNET connection?	Is your room equipped with a telephone jack, WI-FI or ETHERNET connection?	Y/N/DK/(N/A)
24.	Are members able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) in the assisted living facility at their convenience?	Are you able to participate in leisure activities (e.g., TV, radio, cards, reading, board games, etc.) in your residence at your convenience?	N/S/M/A/DK (N/A)
25.	If members share a bedroom, were they given a choice of a roommate?	If you share a bedroom, were you given a choice of a roommate?	Y/N/DK/(N/A)
26.	Are members given information about how to change roommates, if they would like to do so?	Were you given information about how to change roommates if you would like to change roommates?	Y/N/DK/(N/A)
27.	Can members lock the bathroom door(s)?	Can you lock the bathroom door(s)?	Y/N/DK/(N/A)

28.	Can members lock their bedroom door(s)?	Can you lock the bedroom door(s)?	Y/N/DK/(N/A)
29.	Are members able to furnish and decorate their bedroom in a way they like?	Are you able to furnish and decorate your bedroom in a way you like?	N/S/M/A/DK (N/A)
30.	Do members have full access to comfortable seating in shared areas within the assisted living facility?	Do you have full access to comfortable seating in shared areas within your residence?	Y/N/DK/(N/A)
31.	Do members have access to a kitchen with cooking facilities?	Do you have access to a kitchen with cooking facilities?	Y/N/DK/(N/A)
32.	Do members have access to food at any time?	Do you have access to food at any time?	Y/N/DK/(N/A)
33.	Do members have access to a dining area to use at their convenience?	Do you have access to a dining area to use at your convenience?	Y/N/DK/(N/A)
34.	Can members choose when and where to have a meal?	Can you choose when and where to have a meal?	N/S/M/A/DK (N/A)
35.	Can members request and receive alternative meals?	Can you request and receive a different meal if you want one?	N/S/M/A/DK (N/A)
36.	Can members choose with whom to eat or to eat alone?	Can you choose with whom to eat or to eat alone?	N/S/M/A/DK (N/A)
STAFF INTERACTIONS AND PRIVACY			
37.	Are members given information on how they can file a complaint?	Have you been given information on how to file a complaint?	Y/N/DK/(N/A)
38.	Do staff speak to members in a language they understand?	Do staff speak to you in a language you understand?	N/S/M/A/DK (N/A)
39.	Do staff provide assistance to members in private, as appropriate (e.g., getting dressed, going to the bathroom, etc.)?	Do staff help you in private, as appropriate (e.g., getting dressed, going to the bathroom, etc.)?	N/S/M/A/DK (N/A)
40.	Are staff friendly to members?	Are staff friendly to you?	N/S/M/A/DK (N/A)
41.	Are staff attentive to members' requests and needs?	Are staff attentive to your requests and needs?	N/S/M/A/DK (N/A)
42.	When members request services or help from staff, do staff accommodate those requests?	When you request services or help from staff, do they accommodate those requests?	N/S/M/A/DK (N/A)
43.	Are staff required to familiarize themselves with the abilities, interests, preferences, and needs of members?	Do you feel that staff are knowledgeable about your abilities, interests, preferences, and needs?	N/S/M/A/DK (N/A)
44.	Do staff ask for and receive permission before entering a member's personal living space (e.g., bathroom and bedroom)?	Do staff ask for and receive permission before entering your personal living space (e.g., bathroom and bedroom)?	N/S/M/A/DK (N/A)
45.	Do staff treat members with dignity at all times?	Do you feel that staff at your residence treat you with dignity at all times?	Y/N/DK/(N/A)
46.	Is members' personal and health information kept private and	Do you feel your personal and health information is kept private and	N/S/M/A/DK

	confidential?	confidential?	(N/A)
47.	Does the assisted living facility post or provide information on individual rights?	Does your residence give you information on your rights?	Y/N/DK/(N/A)
SERVICES			
48.	Do members, or a person chosen by a member, have an active role in the development and update of their person-centered plan/plan of care?	Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?	N/S/M/A/DK (N/A)
49.	Do you feel members are generally satisfied with the personal care/supportive services they receive from staff at the assisted living facility?	Are you generally satisfied with the personal care/supportive services (e.g., assistance with personal hygiene, light housekeeping, etc.) you receive from staff at the residence?	N/S/M/A/DK (N/A)
50.	Do you give members information on how to make a request to change their services?	Do you know how to ask for a change to your services if you want one?	Y/N/DK/(N/A)
51.	Does the assisted living facility help members make their own decisions to the greatest extent possible (e.g., what activities to participate in, what to wear, etc.)?	Do you feel you can make your own decisions as much as you would like (e.g., what activities to participate in, what to wear, etc.)?	N/S/M/A/DK (N/A)
52.	Are members who need help with grooming, groomed as they like?	If you need help with grooming, are you groomed as you like?	N/S/M/A/DK (N/A)
53.	Are members who need help with dressing, dressed in their own clothes?	If you need help dressing, are you dressed in your own clothes?	N/S/M/A/DK (N/A)
54.	Are members who need help with dressing, dressed appropriately for the time of day?	If you need help dressing, are you dressed appropriately for the time of day?	N/S/M/A/DK (N/A)
55.	Are members who need help with dressing, dressed appropriately for the season?	If you need help dressing, are you dressed appropriately for the season?	N/S/M/A/DK (N/A)

ADULT DAY SERVICES – PROVIDER/MEMBER CROSSWALK

#	Provider Survey Questions	Corresponding Member Questions	Scale
CHOICE OF SETTING			
56.	Are members told how they can request services from a new provider if they would like a new provider?	Do you know how to request services from a new provider if you would like a new provider?	Y/N/DK/(N/A)
COMMUNITY ACCESS AND INTEGRATION			
57.	Is the setting on the grounds of, or next to, a nursing home or other institution?	Is the setting on the grounds of, or next to, a nursing home or other institution?	Y/N/DK/(N/A)
58.	Is the setting near private residences?	Is the setting near private residences?	Y/N/DK/(N/A)
59.	Is the setting near retail businesses?	Is the setting near retail businesses?	Y/N/DK/(N/A)
60.	Are visitors allowed at the setting at any time?	Are visitors allowed at the setting at any time?	N/S/M/A/DK (N/A)
61.	Does the setting afford opportunities for members to choose with whom to do activities?	When you receive services in the setting, can you choose the people you do activities with?	Y/N/DK/(N/A)
62.	Does the setting help members learn about and access age-appropriate activities?	At the setting, do you learn about and do activities that you find interesting?	Y/N/DK/(N/A)
63.	Do members have access to public transportation near the setting?	Do you have access to public transportation near the setting?	Y/N/DK/(N/A)
64.	Is an accessible van available to transport members to appointments, shopping, etc.?	Is an accessible van available to transport you to appointments, shopping, etc.?	Y/N/DK/(N/A)
65.	If an accessible van is available to members, is it available in a timely manner?	If an accessible van is available to you, is it available in a timely manner?	N/S/M/A/DK (N/A)
CHARACTERISTICS OF THE SETTING			
66.	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the setting other than those designed to protect the safety of members or private information?	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the setting other than those needed for safety or to protect private information?	N/S/M/A/DK (N/A)
67.	Is the setting easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	Is your setting easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	N/S/M/A/DK (N/A)
68.	Are members able to move about inside of the setting as they like?	Are you able to move about inside of the setting as you like?	N/S/M/A/DK (N/A)
69.	Are members able to move about outside of the setting as they like?	Are you able to move about outside of the setting as you like?	N/S/M/A/DK (N/A)
70.	Is equipment at the setting easy for members to access?	Is equipment at the setting easy for you to access?	Y/N/DK/(N/A)
71.	Is furniture at the setting easy for members to access?	Is furniture at the setting easy for you to access?	Y/N/DK/(N/A)

72.	Are there any obstructions at the setting that limit members' ability to move around (e.g., stairs, lips in the doorways, narrow hallways, etc.)?	Is there anything in the setting that makes it difficult for you to get around (e.g., stairs, lips in the doorways, narrow hallways, etc.)?	Y/N/DK/(N/A)
73.	Does the setting have large spaces for group activities (e.g., social groups, exercise groups, large group games, etc.)?	Does the setting have large spaces for group activities (e.g., social groups, exercise groups, large group games, etc.)?	Y/N/DK/(N/A)
74.	Does the setting have private spaces for solitary activities (e.g., one-on-one skill building activities, individualized activities, etc.)?	Does the setting have private spaces for solitary activities (e.g., one-on-one skill building activities, individualized activities, etc.)?	Y/N/DK/(N/A)
75.	Does the setting have outdoor gathering spaces?	Does the setting have outdoor gathering spaces?	Y/N/DK/(N/A)
76.	Does the setting provide access to a dining area with comfortable seating?	Do you have access to a dining area with comfortable seating?	Y/N/DK/(N/A)
77.	Do members have access to a dining area where they can talk with others during break or meal times?	Do you have access to a dining area where you can talk with others during break or meal times?	Y/N/DK/(N/A)
78.	Can members choose when and where to have a meal to the same extent as members not receiving Medicaid-funded HCB services?	Can you choose when and where to have a meal?	N/S/M/A/DK (N/A)
79.	Can members choose the people they want to eat with or to eat alone to the same extent as members not receiving Medicaid-funded HCB services?	Can you choose with whom to eat or to eat alone?	N/S/M/A/DK (N/A)
80.	Does the setting offer a secure place for the member to store personal belongings?	Do you have a secure place to store your personal things?	Y/N/DK/(N/A)
STAFF INTERACTIONS AND PRIVACY			
81.	Are members given information on how they can file a complaint?	Have you been given information on how to file a complaint?	Y/N/DK/(N/A)
82.	Do staff speak to members in a language they understand?	Do staff speak to you in a language you understand?	N/S/M/A/DK (N/A)
83.	Do staff provide assistance to members in private, as appropriate (e.g., changing clothes, going to the bathroom, etc.)?	Do staff help you in private, as appropriate (e.g., changing clothes, going to the bathroom, etc.)?	N/S/M/A/DK (N/A)
84.	Are staff friendly to members?	Are staff friendly to you?	N/S/M/A/DK (N/A)
85.	Are staff attentive to members' requests and needs?	Are staff attentive to your requests and needs?	N/S/M/A/DK (N/A)
86.	Do staff treat members with dignity at all times?	Do you feel that staff at your setting treat you with dignity at all times?	Y/N/DK/(N/A)
87.	When members request services or help from staff, do staff accommodate those requests?	When you request services or help from staff, do they accommodate those requests?	N/S/M/A/DK (N/A)

88.	Are staff required to familiarize themselves with the abilities, interests, preferences, and needs of members?	Do you feel that staff is knowledgeable about your abilities, interests, preferences, and needs?	N/S/M/A/DK (N/A)
89.	Is members' personal and health information kept private and confidential?	Do you feel your personal and health information is kept private and confidential?	N/S/M/A/DK (N/A)
90.	Does the setting post or provide information on individual rights?	Does the setting give you information on your rights?	Y/N/DK/(N/A)
SERVICES AND SUPPORTS			
91.	Do members, or a person chosen by the member, have an active role in the development and update of their person-centered plan/plan of care?	Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?	N/S/M/A/DK (N/A)
92.	Do you feel members are generally satisfied with the services they receive from staff at the setting?	Are you generally satisfied with the services you receive from staff at the setting?	N/S/M/A/DK (N/A)
93.	Can members choose whether or not to participate in service(s) at the setting?	Can you choose whether or not to participate in service(s) at the setting?	Y/N/DK/(N/A)
94.	Does the setting offer tasks and activities matched to members' skills, abilities, and desires?	Can you participate in tasks and activities that match your skills, abilities, and desires?	N/S/M/A/DK (N/A)
95.	Does the setting help members make their own decisions to the greatest extent possible (e.g., what activities to participate in, what to wear, etc.)?	Do you feel you can make your own decisions as much as you would like (e.g., what activities to participate in, what to wear, etc.)?	N/S/M/A/DK (N/A)

DAY HABILITATION SERVICES – PROVIDER/MEMBER CROSSWALK

#	Provider Survey Questions	Corresponding Member Questions	Scale
CHOICE OF SETTING			
96.	Are members told how they can request services from a new provider if they would like a new provider?	Do you know how to request services from a new provider if you would like a new provider?	Y/N/DK/(N/A)
COMMUNITY ACCESS AND INTEGRATION			
97.	Is the setting on the grounds of, or next to, a nursing home or other institution?	Is the setting on the grounds of, or next to, a nursing home or other institution?	Y/N/DK/(N/A)
98.	Is the setting near private residences?	Is the setting near private residences?	Y/N/DK/(N/A)
99.	Is the setting near retail businesses?	Is the setting near retail businesses?	Y/N/DK/(N/A)
100.	Are visitors allowed at the setting at any time?	Are visitors allowed at the setting at any time?	N/S/M/A/DK (N/A)
101.	Does the setting afford opportunities for members to choose with whom to do activities?	When you receive services in the setting, can you choose the people you do activities with?	Y/N/DK/(N/A)
102.	Does the setting help members learn about and access age-appropriate activities?	At the setting, do you learn about and do activities that you find interesting?	Y/N/DK/(N/A)
103.	Do members have access to public transportation near the setting?	Do you have access to public transportation near the setting?	Y/N/DK/(N/A)
104.	Is an accessible van available to transport members to appointments, shopping, etc.?	Is an accessible van available to transport you to appointments, shopping, etc.?	Y/N/DK/(N/A)
105.	If an accessible van is available to members, is it available in a timely manner?	If an accessible van is available to you, is it available in a timely manner?	N/S/M/A/DK (N/A)
CHARACTERISTICS OF THE SETTING			
106.	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the setting other than those designed to protect the safety of members or private information?	Are there barriers (e.g., gates or locked doors) preventing entrance to, or exit from, certain areas of the setting other than those needed for safety or to protect private information?	N/S/M/A/DK (N/A)
107.	Is the setting easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	Is your setting easily accessible with appropriate working support structures in place (e.g., ramps, lifts, elevators, etc.)?	N/S/M/A/DK (N/A)
108.	Are members able to move about inside of the setting as they like?	Are you able to move about inside of the setting as you like?	N/S/M/A/DK (N/A)
109.	Are members able to move about outside of the setting as they like?	Are you able to move about outside of the setting as you like?	N/S/M/A/DK (N/A)
110.	Is equipment at the setting easy for members to access?	Is equipment at the setting easy for you to access?	Y/N/DK/(N/A)
111.	Is furniture at the setting easy for members to access?	Is furniture at the setting easy for you to access?	Y/N/DK/(N/A)

112.	Are there any obstructions at the setting that limit members' ability to move around (e.g., stairs, lips in the doorways, narrow hallways, etc.)?	Is there anything in the setting that makes it difficult for you to get around (e.g., stairs, lips in the doorways, narrow hallways, etc.)?	Y/N/DK/(N/A)
113.	Does the setting have large spaces for group activities (e.g., social groups, exercise groups, large group games, etc.)?	Does the setting have large spaces for group activities (e.g., social groups, exercise groups, large group games, etc.)?	Y/N/DK/(N/A)
114.	Does the setting have private spaces for solitary activities (e.g., one-on-one skill building activities, individualized activities, etc.)?	Does the setting have private spaces for solitary activities (e.g., one-on-one skill building activities, individualized activities, etc.)?	Y/N/DK/(N/A)
115.	Does the setting have outdoor gathering spaces?	Does the setting have outdoor gathering spaces?	Y/N/DK/(N/A)
116.	Does the setting provide access to a dining area with comfortable seating?	Do you have access to a dining area with comfortable seating?	Y/N/DK/(N/A)
117.	Do members have access to a dining area where they can talk with others during break or meal times?	Do you have access to a dining area where you can talk with others during break or meal times?	Y/N/DK/(N/A)
118.	Can members choose when and where to have a meal to the same extent as members not receiving Medicaid-funded HCB services?	Can you choose when and where to have a meal?	N/S/M/A/DK (N/A)
119.	Can members choose the people they want to eat with or to eat alone to the same extent as members not receiving Medicaid-funded HCB services?	Can you choose with whom to eat or to eat alone?	N/S/M/A/DK (N/A)
120.	Does the setting offer a secure place for the member to store personal belongings?	Do you have a secure place to store your personal things?	Y/N/DK/(N/A)
STAFF INTERACTIONS AND PRIVACY			
121.	Are members given information on how they can file a complaint?	Have you been given information on how to file a complaint?	Y/N/DK/(N/A)
122.	Do staff speak to members in a language they understand?	Do staff speak to you in a language you understand?	N/S/M/A/DK (N/A)
123.	Do staff provide assistance to members in private, as appropriate (e.g., changing clothes, going to the bathroom, etc.)?	Do staff help you in private, as appropriate (e.g., changing clothes, going to the bathroom, etc.)?	N/S/M/A/DK (N/A)
124.	Are staff friendly to members?	Are staff friendly to you?	N/S/M/A/DK (N/A)
125.	Are staff attentive to members' requests and needs?	Are staff attentive to your requests and needs?	N/S/M/A/DK (N/A)
126.	Do staff treat members with dignity at all times?	Do you feel that staff at your setting treat you with dignity at all times?	Y/N/DK/(N/A)

127.	When members request services or help from staff, do staff accommodate those requests?	When you request services or help from staff, do they accommodate those requests?	N/S/M/A/DK (N/A)
128.	Are staff required to familiarize themselves with the abilities, interests, preferences, and needs of members?	Do you feel that staff is knowledgeable about your abilities, interests, preferences, and needs?	N/S/M/A/DK (N/A)
129.	Is members' personal and health information kept private and confidential?	Do you feel your personal and health information is kept private and confidential?	N/S/M/A/DK (N/A)
130.	Does the setting post or provide information on individual rights?	Does the setting give you information on your rights?	Y/N/DK/(N/A)
SERVICES AND SUPPORTS`			
131.	Do members, or a person chosen by the member, have an active role in the development and update of their person-centered plan/plan of care?	Do you, or a person chosen by you, have an active role in the development and update of your person-centered plan/plan of care?	N/S/M/A/DK (N/A)
132.	Do you feel members are generally satisfied with the services they receive from staff at the setting?	Are you generally satisfied with the services you receive from staff at the setting?	N/S/M/A/DK (N/A)
133.	Can members choose whether or not to participate in service(s) at the setting?	Can you choose whether or not to participate in service(s) at the setting?	Y/N/DK/(N/A)
134.	Does the setting offer tasks and activities matched to members' skills, abilities, and desires?	Can you participate in tasks and activities that match your skills, abilities, and desires?	N/S/M/A/DK (N/A)
135.	Does the setting help members make their own decisions to the greatest extent possible (e.g., what activities to participate in, what to wear, etc.)?	Do you feel you can make your own decisions as much as you would like (e.g., what activities to participate in, what to wear, etc.)?	N/S/M/A/DK (N/A)

HCBS POLICIES AND PROCEDURES – PROVIDERS ONLY

#	Provider Polices and Procedures Survey Questions	Scale
136.	Do you have policies and procedures for assessing the appropriateness of care provided to members and for modifying services as appropriate to meet individual needs?	Y/N/DK/(N/A)
137.	Do your policies and procedures ensure the member is supported in having a lead role in developing plans to support his/her needs and preferences?	Y/N/DK/(N/A)
138.	Do your policies require a clearly-defined and member-friendly informed consent procedure for receipt of services?	Y/N/DK/(N/A)
139.	Do your policies require that the member and/or representative grant informed consent prior to the use of a restraint and/or restrictive intervention?	Y/N/DK/(N/A)
140.	Do your policies require that staff document the use of restraints and/or restrictive interventions?	Y/N/DK/(N/A)
141.	Do you have policies and procedures related to protecting the confidentiality of member's information and records?	Y/N/DK/(N/A)
142.	Do you have policies and procedures to ensure that a member's personal rights (i.e. privacy, dignity, respect, and freedom from coercion) are protected?	Y/N/DK/(N/A)
143.	Are members or their representatives educated and supported to effectively control their personal resources (including money)?	Y/N/DK/(N/A)
144.	Is your staff oriented to and have access to policies, procedures, and practices?	Y/N/DK/(N/A)
145.	Does designated staff receive initial and ongoing training to implement the policies and procedures?	Y/N/DK/(N/A)
146.	Do the provider's policies support members, or a person chosen by the member, having an active role in service planning?	Y/N/DK/(N/A)
147.	Please provide any additional feedback you may have in regards to the services being provided/you are receiving through the DSHP/DSHP-Plus programs.	[Narrative Box]

DELAWARE HCBS TRANSITION PLAN

MCO Survey

Overview

The Delaware Home and Community-Based Services (HCBS) Statewide Transition Plan (hereafter, Transition Plan) is Delaware's plan to come into compliance with the requirements of the Federal HCBS final rule, also known as the Community Rule, published on January 16, 2014.

A copy of Delaware's Transition Plan is available online at:
<http://dhss.delaware.gov/dmma/files/statewidetransitionplan.pdf>.

The first step in implementing the Transition Plan is assessing current compliance at all levels of our Medicaid system in Delaware.

The purpose of this survey is to collect information from the Diamond State Health Plan (DSHP) MCOs regarding how your organization in Delaware currently supports compliance with the Community Rule. This is not an audit. We will use the results of this survey to work with you to make any changes needed to support compliance with federal requirements moving forward.

Instructions

Please complete this survey based upon review of your existing policies and procedures.

For each question, please document:

1. Whether your MCO meets the requirement stated in the question by indicating Yes or No for each question.
2. If your MCO meets the requirement (Yes), provide a description of how the requirement is met and cite current policies and procedures on file that support the MCO's compliance with the requirement. Please focus your answer on how your policies and procedures support compliance.
3. If your MCO does not meet the requirement (No), provide a description of the remediation activities needed to bring your policies and procedures into compliance, as well as anticipated timeframes for these activities.

Please note, for any policies and procedures that you determine are not in compliance with the Community Rule, please submit the revised policy and procedure to DMMA for review.

Please submit your completed survey by email to Takeya Perez at Takeya.Perez@state.de.us by October 31, 2015.

For questions about the survey, feel free to contact Maureen Ludlum or Takeya Perez at (302) 255-9587 or Maureen.Ludlum@state.de.us / Takeya.Perez@state.de.us.

Next Steps

Upon receipt of your completed survey, DMMA staff will review the results and schedule a meeting with each MCO to discuss the findings as well as the remediation plan. Moving forward, we will work with you to monitor the remediation plan to ensure that Delaware can demonstrate compliance with the Community Rule by March 17, 2019.

HCBS Member Rights

1. Does your MCO protect the privacy of HCBS member information?

Yes No

2. For members with a plan of care that involve money management, does your MCO encourage HCBS member control of personal resources?

Yes No

(Enter explanation here)

3. Do your MCO's policies and procedures support the use of restrictive interventions (including but not limited to chemical, physical or seclusion restraints) such that the intervention is supported by a specific assessed need and justified in a members' plan of care?

Yes No

(Enter explanation here)

4. Does your MCO ensure that a member's personal rights (i.e. privacy, dignity, respect, and freedom from coercion) are protected?

Yes No

(Enter explanation here)

MCO Planning Process for HCBS Members' Plan of Care

5. Does your MCO support and enable the HCBS member a lead role in the development of their plan of care?

Yes No

(Enter explanation here)

6. Does your MCO's planning process for members' plan of care optimize, but 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?

Yes No

(Enter explanation here)

7. Does the MCO's planning process for members' plan of care ensure HCBS members have informed choice of services, supports and providers?

Yes No

(Enter explanation here)

8. Is individual choice of services, supports and providers facilitated in a manner that promotes empowerment among members to make decisions?

Yes No

(Enter explanation here)

9. Does your MCO encourage HCBS member access to and integration in the community according to each member's unique goals and wishes?

Yes No

(Enter explanation here)

Plan of Care Requirements

10. Does your MCO ensure that every member's plan of care meets the following requirements?

By checking a box a below you are indicating that the requirement is met – please include citations of specific policies and procedures in the narrative box below.

By NOT checking a box below you are indicating the requirement is not met – provide a description of the remediation activities needed to bring your policies and procedures into compliance, as well as anticipated timeframes for these activities

- Reflects the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

(Enter explanation here)

- Reflects that the setting in which the individual resides is chosen by the individual.

(Enter explanation here)

- Reflects the individual's strengths and preferences.

(Enter explanation here)

- Reflects clinical and support needs as identified through an assessment of functional need.

(Enter explanation here)

- Includes individually identified goals and desired outcomes.

(Enter explanation here)

- Reflects the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports.

(Enter explanation here)

- Reflects risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.

(Enter explanation here)

- Is understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.

(Enter explanation here)

- Identifies the individual and/or entity responsible for monitoring the plan.

(Enter explanation here)

- Is finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.

(Enter explanation here)

- Is distributed to the individual and other people involved in the plan. Includes those services, the purpose or control of which the individual elects to self-direct.

(Enter explanation here)

- Prevents the provision of unnecessary or inappropriate services and supports.

(Enter explanation here)

11. Do your MCO's policies and procedures support review and revision of the plan of care at least every 12 months, when the HCBS member's circumstances or needs change significantly, or at the request of the member?

Yes No

(Enter explanation here)

12. Does your MCO have policies and procedures regarding appropriate documentation of modifications to the plan of care?

Yes No

(Enter explanation here)

Provider Compliance with HCB Settings Requirements

For more information on HCBS setting requirements please follow this link: [HCB Settings Requirements](#).

13. Do your MCO's HCBS provider participation agreements require HCBS provider compliance with the settings requirements of the Community Rule?

Yes No

(Enter explanation here)

14. Do your MCO's HCBS credentialing and re-credentialing standards require HCBS provider compliance with the settings requirements of the Community Rule?

Yes No

(Enter explanation here)

15. Do your MCO's HCBS provider manual requirements require HCBS provider compliance with the settings requirements of the Community Rule?

Yes No

(Enter explanation here)

16. Do your MCO's HCBS provider outreach and training requirements require HCBS provider compliance with the settings requirements of the Community Rule?

Yes No

(Enter explanation here)

17. Do your MCO's HCBS provider monitoring procedures require HCBS provider compliance with the settings requirements of the Community Rule?

Yes No

(Enter explanation here)

Staff Training

18. Does your MCO incorporate topics related to the Community Rule in initial and ongoing staff training? Please specify training topics, frequency and audience.

Yes No

(Enter explanation here)

Policy and Procedure Development and Review

19. Does your MCO have a plan for regularly reviewing policies and procedures related to compliance with the Community Rule?

Yes No

(Enter explanation here)

20. Does your MCO have a procedure in place to determine “how” and “when” there is a need for a new policy or procedure related to the Community Rule?

Yes No

(Enter explanation here)