My Individual Experience Assessment

• This assessment is mirrored against the provider assessment.

• The format that is easily understood, in person-first language, and contains graphics.
My Individual Experience Assessment

• A representative sample of individuals will be chosen to take part in the “My Individual Experience Assessment” during fall of 2016.

• This information will be used to validate the responses to the provider self-assessment.

• Annually, thereafter, a representative sample of individuals will be chosen to participate each year based on the number of individuals served in each service per LME-MCO
The Four Surveys

- Residential
- Adult Day Health
- Day Supports
- Supported Employment
My Individual Experience Assessment

MY INDIVIDUAL EXPERIENCE SURVEY - RESIDENTIAL SUPPORT

You only need to fill out this if you live in an alternative family living or a group home.

With NC DHHS Home and Community Based Settings (HCBS)

Residential Support

NO electronic Protected Health Information is to be entered on this form.

Section I: About you and your service

City
State
Zip Code
LME/MCO
Provider Name
Provider Location
Guardianship

Section II: General Questions

1. I don't have a job, but I have a place(s) to go during the day.
## My Individual Experience Assessment

### Section II: General Questions

1. I don't have a job, but I have a place(s) to go during the day.  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

2. If I want to, I can have a job.  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

3. I go places like the bank, the grocery store, the mall, restaurants and church.  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

4. I have a way to get to the places I want to go (car, bus, or other transportation).  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

5. I have the help I need to use the services in my community (places to eat, places to shop, schools, gyms, bus, doctor's office).  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

6. My friends and I can be alone when we want to be.  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply

7. My friends can visit me any time that I want them to come.  
   - Yes ✔️  
   - No ❌  
   - Don't Know  
   - Doesn't Apply
Completion Process

• Who can help?
• How?
• Submission process
• Those not selected
Timeframe

- Test Phase
  - June 13-27, 2016
  - Feedback due August 2, 2016

- Initial Roll Out

- On-going surveys
  - January 1, 2017
Sampling for My Individual Experience Survey:

• Each MCO will need to send a request to complete the My Individual Experience Survey to a statistically valid sampling of individuals who are authorized (for the time period of 4/1/16 through 6/30/16) by the PIHP to receive Day Supports, Supported Employment, or Residential Supports.

• For individuals who are authorized for Adult Day Health under CAP-DA, surveys will be sent out by DMA to a statistically valid sampling of individuals who are authorized for Adult Day Health (for the time period of 4/1/16 through 6/30/16).
Determining the Sample Size

Raosoft Tool will be used determine sampling size for PIHP:

http://www.raosoft.com/samplesize.html
Determining the Random Sample

Rat Stats will be used to determine the individuals that will be included in the survey for PIHP:

https://oig.hhs.gov/compliance/rat-stats/
Survey ID

• MCOs and DMA (for CAP DA) will need to assign each individual a survey number to enter into the online survey (or to enter in on a hard copy of the survey).

• This number must be 4 numerical characters beginning with a 0.
Sample Frame Elements

The following information (data elements) should be included in the sample frame for the My Individual Experience Survey:

• Unique ID (This field must be maintained throughout the study. It should not be the same number as the member ID.)

• Service Received (Day Supports, Supported Employment, or Residential Supports).

• Name of person (first and last names in separate fields)
Sample Frame Elements (Continued)

• Gender

• Date of birth

• Home address (includes street address, city, state, and ZIP Code each in a separate field)

• Telephone number with area code (if available)

• Email address (if available)
Threshold Questions

• These are a series of questions.

• If all of these questions are answered in a manner which is non-compliant by HCBS standards, the LME/MCO and State staff will be alerted via email.

• The LME-MCO/DMA will be required to follow up with the individual.

• DHHS is developing standardized follow up questions to be used in this process.
Review and Follow-up

• If My Individual Experience results are inconsistent with provider Self-Assessment results and LME/MCO determinations, a review of the specific areas of differentiation must occur:
  • What percentage of each area was there a difference in results?
  • What is the root cause of the individuals’ experience?
  • What can the provider do to address each area?

• Providers must address each area identified and submit a Corrective Action Plan

• The LME/MCO must validate the Corrective Action Plan and the implementation to determine final approval of compliance
Questions should be sent via email to the state HCBS Team at HCBSTransPlan@dhhs.nc.gov