



My Individual Experience Survey August 2016



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



My Individual Experience Assessment

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https://www2.ncdhhs.gov/hcbs/myexp_residential.html

Apps Suggested Sites Imported From IE New Tab Toolkit Part 7: Using re... WPC References NC Innovations Medical Coverage Policy https://www.cms.gov/in Statewide Transition Pla


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	<input type="text"/>
State	North Carolina ▼
Zip Code	<input type="text"/>
LME/MCO	--Select One-- ▼
Provider Name	<input type="text"/>
Provider Location	<input type="text"/>
Guardianship	<p><input type="radio"/> I have a guardian.</p> <p><input type="radio"/> I have a power of attorney.</p> <p><input type="radio"/> I am my own guardian.</p> <p><input type="radio"/> I do not know if I have a guardian.</p>

Section II: General Questions

1. I don't have a job, but I have a place(s) to go during the day.	<input type="radio"/> Yes 	<input type="radio"/> No 	<input type="radio"/> Don't Know 	<input type="radio"/> Doesn't Apply 
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Section II: General Questions

1. I don't have a job, but I have a place(s) to go during the day.	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘
2. If I want to, I can have a job.	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘



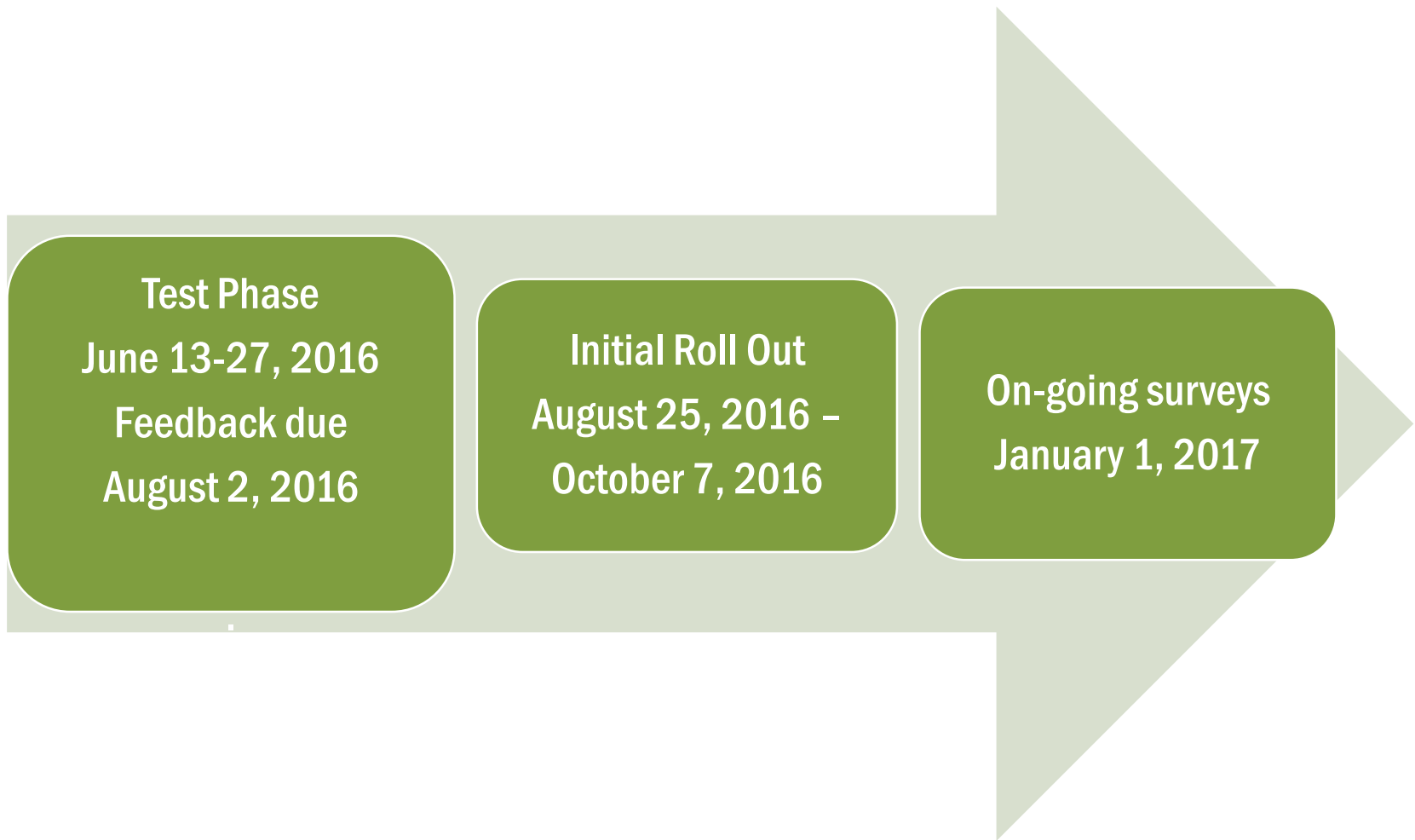
3. I go places like the bank, the grocery store, the mall, restaurants and church.	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘
4. I have a way to get to the places I want to go (car, bus, or other transportation).	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> 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).	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘
6. My friends and I can be alone when we want to be.	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘
7. My friends can visit me any time that I want them to come.	<input checked="" type="radio"/> Yes ✓	<input type="radio"/> No ✗	<input type="radio"/> Don't Know ?	<input type="radio"/> Doesn't Apply ⊘

Completion Process

- Who can help?
- How?
- Submission process
- Those not selected



Timeframe



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**