

HCBS Setting Rule Member Survey Instructions

The intent of this survey is to ensure member's home residence meets regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as to ensure that individual rights are not restricted.

The survey should be complete at least once every six months at the time of the evaluation. The survey should not be given to the member but rather the questions should be scored by direct observation of the home or as part of member interviews conducted in the evaluation/assessment process, the Plan of Care (POC) development or Child and Family Team (CFT) meeting. The questions could be directed at a member, if the member is above 18 years of age, or a parent, if the child is a minor. The surveys should be kept in the member's treatment record.

If member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days, do not complete survey questions, but complete the "Institution Exception" section on page 5. If member is homeless but is currently residing with a family member or friend, please answer the survey questions for the member's current residence. If member is homeless and has no temporary residence (e.g., living on the streets) or is living in a shelter, do not complete survey questions, but complete the "No Current Residence" section on page 5.

If the member scores "**Not Met**" to any of the survey questions or "**Yes**" to "No Current Residence" section, please complete follow-up questions and submit form to Magellan by fax or email. Magellan will then collaborate with the Office of Behavioral Health (OBH) and Medicaid to address next steps with the goal of ensuring Medicaid members being served in a way that will enable them to live and thrive in truly integrated community settings.

HCBS Setting Rule Member Survey

Demographic Information:

Member Information			
First Name:		Last Name:	
Date of Birth:		Medicaid Number:	
Member Address:			
Completed By			
Signature			
Printed Name:		Title:	
Wraparound Agency:		Region:	
Date:			

Survey Questions

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
1	The member's home setting is not located in a building that also provides inpatient institutional treatment (such as a nursing facility/nursing home, Institute for Mental Disease (IMD), Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD), or a hospital).	Question can be answered using WAA observation of the member's residence.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.
2	The member's home setting is not located in a building on the grounds of or immediately adjacent to a public institution.	Question can be answered using WAA observation of the member's residence. Public institution doesn't include schools or universities or private entities, but rather means a public institution such as a nursing facility/home, IMD, ICF/DD, or hospital.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
3	The member's home setting is not owned by a service provider.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. Service provider includes any provider type in the Service Definition Manual (e.g., CPST, PSR, ILSB, STR, etc.). There are no provider types excluded and this can include Permanent Supportive Housing or Therapeutic Foster Care (TFC)/Foster Care (FC). In the case of TFC/FC, the question would be scored met if the member is living with a foster family in a home that is not owned by the provider (DCFS or the entity who pays/oversees the family). If member is residing in a Therapeutic Group Home (TGH)/Non-Medical Group Home (NMGH), this question would be scored not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET and the member resides in TGH/NMGH, please list the name and location of the group home. If the question is scored NOT MET and they are residing with a service provider other than TGH/NMGH, please complete home setting owned by service provider section below.
4	The member's home is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc. that facilitates integration within the greater community	Question can be answered using WAA observation of the member's residence. If member's home is located within 30 miles of other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc., score with question has met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, then please provide details regarding the home environment.

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
5	The member participates in community outings to the same degree as children/youth who don't receive HCBS services. If not, HCBS services are working to address barriers and to increase the member's participation in the community.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. The intent of the question is to determine if the member is being integrated into the community and not being isolated to only interacting with CSoC members. For instance, is the member attending church activities, activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.? They can interact with other CSoC members (e.g., their sibling is also in CSoC); however, it should not be exclusive to only CSoC members. If HCBS services are addressing barriers, score MET. Documentation of this can be on the POC or progress notes. If HCBS Services are not addressing barriers, score not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored Not Met, please document why barriers are not able to be addressed.
6	The member does not reside with 3 or more unrelated persons (step families are considered related).	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. This does not include foster family members.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list name and relationship of non-related persons.

Home Setting Owned by Service Provider	
Follow-up Question	Response
Did the participant or his/her parent choose where they live and receive services?	
Does the participant or his/her parent have a lease?	
Does the participant or his/her parent know their rights as a tenant and protections from eviction?	
Does anyone else besides the participant or his/her parent have a key to their home?	

Institution Exception		
Member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and estimated date of discharge:

No Current Residence Section		
Member is currently not residing in a home (e.g., living on the streets) or is living in a shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and what actions are being taken to locate permanent residence.

If any survey questions scored "NOT MET" or answered "Yes" to "No Current Residence" Section, please complete follow-up questions and submit form by secure fax or email:

Email: LACSoCQI@Magellanhealth.com

Fax: 1(888)656-3857