

## **2021 Individual Experience Assessment (IEA) Survey**

The IEA is intended to measure each individual's level of awareness of and access to the residents' rights, privacy requirements and individual experience expectations, as outlined in the Home and Community Based Settings (HCBS) federal rule. Each section will walk you through characteristics that are expected to be present in all home and community-based settings that individuals might experience. TennCare uses the information collected for ongoing compliance monitoring and continual quality improvement strategies.

### **Instructions**

The IEA assessment process will begin on January 1, 2021 and end by December 31, 2021. As the Coordinator, you are responsible for conducting and submitting the assessment on each individual in your caseload who receives home and community based services through one of the 1915(c) waivers including the Comprehensive Aggregate Cap waiver (CAC), Statewide waiver and Self-Determination Waiver, or the 1115 waivers including CHOICES (groups 2 & 3), or Employment and Community First CHOICES (ECF CHOICES). The IEA is to be completed upon initial service initiation, as part of the individual's annual support plan review; within 30 days of a change in the mental or physical status of an individual that impacts modifications/restrictions in place, as applicable; and anytime a change in residence or provider occurs for a person receiving residential services. Participants in the IEA shall include the individual and his or her family members and/or representative, as appropriate. The individual's input should be used first, and input from others involved may be used when the person is not able to respond to one or more of the questions independently. Service provider staff may participate as requested by the individual and his or her family and/or representative.

In addition, the individual's Case Manager, Care Coordinator, Support Coordinator or Independent Support Coordinator, as applicable, shall address any issues regarding compliance with the HCBS rule or other concerns identified during the IEA. Each **NO** response should be investigated to determine if it is appropriately supported by the individual's service plan or if it is truly non-compliant. Each NO response that is truly non-compliant with the HCBS rule must be remediated within thirty [30] days of discovery. Modifications to the HCBS rule must be documented and supported in the individual's person-centered support plan (PCSP) or individual support plan (ISP) for all non-compliant responses.

When the pronoun "you" or "your" is used in the survey questions, the question is being asked of the individual supported through either the 1915(c) waivers or 1115 waivers. .

In order to be considered complete, the survey must be accurate and submitted into formstack using the links provided. **ALL SURVEYS FOR 2021 MUST BE ENTERED INTO FORMSTACK BY December 31, 2021.**

If you have questions please reach out to your organization's leadership. For further assistance, please contact TennCare Long Term Services and Supports at: [LTSSHCBS.SettingsQuestions@tn.gov](mailto:LTSSHCBS.SettingsQuestions@tn.gov)

## 2021 Individual Experience Assessment (IEA)

Section A – General Information		
<b>1. What is your name:</b> Use FULL LEGAL name only, enter in this format: First name, Last name		
<b>2. What is your social security number:</b> Enter full nine digit social security number using numbers only. No letters or dashes.		
<b>3. What is your date of birth:</b> Enter using this format: MM/DD/YYYY		
<b>4. Do you have a conservator?</b> If no, skip to question 5. If yes, answer 4a – 4b.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4a. Is the conservator a paid/corporate conservator (i.e. the conservator works for an agency), or an unpaid family/friend?</b>	<input type="checkbox"/> Paid Conservator <input type="checkbox"/> Unpaid Conservator	
<b>5. Please indicate the Long Term Services and Supports (LTSS) program in which you are enrolled:</b>	<b>Select one:</b> <input type="checkbox"/> CHOICES Group 2 <input type="checkbox"/> CHOICES Group 3 <input type="checkbox"/> ECF CHOICES Group 4 <input type="checkbox"/> ECF CHOICES Group 5 <input type="checkbox"/> ECF CHOICES Group 6 <input type="checkbox"/> ECF CHOICES Group 7 <input type="checkbox"/> ECF CHOICES Group 8 <input type="checkbox"/> Comprehensive Aggregate Cap Waiver <input type="checkbox"/> Statewide Waiver <input type="checkbox"/> Self-Determination Waiver	
<b>6. Date survey completed:</b> Enter using this format: MM/DD/YYYY		
<b>7. Reason for completing this survey:</b>	<input type="checkbox"/> Initial service initiation <input type="checkbox"/> Annual service plan review <input type="checkbox"/> Mental or physical status change that impacts modifications/restrictions <input type="checkbox"/> Residence change <input type="checkbox"/> Provider change	
<b>8. Name of person conducting survey:</b> Enter using this format: First name, Last name		
<b>8a. Title of person conducting survey</b>	<b>Select one:</b> <input type="checkbox"/> Independent Support Coordinator (1915 (c) waivers) <input type="checkbox"/> Case Manager (Self-Determination waiver) <input type="checkbox"/> Care Coordinator (CHOICES) <input type="checkbox"/> Support Coordinator (Employment and Community First CHOICES)	

<p><b>8b. Name of organization person conducting survey represents:</b></p> <p>If ISC Agency, answer 8c.</p>	<p><b>Select one:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amerigroup</li> <li><input type="checkbox"/> BlueCare</li> <li><input type="checkbox"/> United Healthcare</li> <li><input type="checkbox"/> Independent Support Coordination Agency</li> </ul>
<p><b>8c. If an ISC agency, please enter the name of the agency:</b></p>	
<p><b>9. Number of months the person conducting survey has been assigned to supporting the individual surveyed:</b></p>	
<p><b>10. Region you reside in:</b></p>	<p><b>Select one:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> East</li> <li><input type="checkbox"/> Middle</li> <li><input type="checkbox"/> West</li> </ul>
<p><b>11. Is someone assisting you with responding to the survey?</b></p> <p>If no, skip to Section B. If yes, answer 11a and 11b.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
<p><b>11a. If yes, what is the name of the person assisting with responses?</b></p>	
<p><b>11b. What is your relationship to the person assisting?</b></p>	<p><b>Select one:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child</li> <li><input type="checkbox"/> Parent/Guardian</li> <li><input type="checkbox"/> Spouse/Partner</li> <li><input type="checkbox"/> Other Family</li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Personal Care Attendant / Direct Care Professional</li> <li><input type="checkbox"/> Conservator (unpaid/natural support)</li> <li><input type="checkbox"/> Conservator (paid/service provider)</li> <li><input type="checkbox"/> Other</li> </ul>

## Section B – HCBS Experience

All participants are asked to complete section B & C.

The remaining sections D, and E will be completed based on the services selected by each individual.

“No” responses to these questions require remediation if determined to be truly non-compliant.

Question:	Response:	HCBS Rule requirements:
1. Do you have your own bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allows individual to control personal resources.</i>
2. Do you have access to your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Can you buy the things you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been informed about the services and supports available to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facilitates individual choice regarding services and supports and who provides them.</i>
5. Do you choose the services and supports you receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you given options to choose from when selecting the agency that provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you choose the person/people who provide your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you know how to request a change in who provides your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you know how to request a change regarding your services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can you be alone if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Can you have a private conversation without others listening in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is your personal information kept secure so others cannot see it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do the people who support and/or assist you treat you the way you want to be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do the people who support and/or assist you listen to your questions or concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated, and supports access to the broader community.</i>
15. Are you able to go out into the community and do the things you like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section C - Employment and Day Services

### 1. Select the service(s) you are receiving:

If you responded that you are not currently receiving employment services, skip to question 2 and 3.

### Check all that apply

#### 1915(c) waiver:

- Supported Employment-Individual
- Supported Employment- Small Group
- Stabilization and Monitoring
- Exploration
- Discovery
- Job Coaching
- Job Development
- Intermittent Employment and Community Participation Wraparound
- Community Participation
- Facility-Based Day
- Non-Residential Homebound Support Services

#### 1115 waiver: CHOICES

- Adult Day Care

#### 1115 waiver: Employment and Community First CHOICES

- Independent Living Skills Training
- Community Integration Support Services
- Exploration
- Discovery
- Situational Observation and Assessment
- Job Development Planning
- Self-Employment Planning
- Job Development Start-Up
- Self-Employment Start-Up
- Job Coaching for Individual Integrated Employment
- Job Coaching for Self-Employment
- Co-Worker Supports
- Career Advancement
- Benefits Counseling
- Supported Employment – Small Group
- Integrated Employment Path Services
  
- Does not receive employment OR day services

1a. If you receive employment and/or day services, please enter the name of your service provider:

<b>1b. Provider Medicaid ID #:</b>	
<b>1c. Do you have more than one employment and/or day services provider?</b> If yes, answer 1d and 1e If no, skip to question 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1d. Please enter the name of the second employment and/or day service provider (if applicable).</b>	
<b>1e. Second provider's Medicaid ID #:</b>	
<b>2. Are you able to have a job if you want one?</b> If yes, answer 2a. If no, skip to section D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2a. Do you have the help you need to look for a job if you want one?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No I already have a job.

<b>Do you participate in residential services?</b>  If yes, complete Section D. If no, SKIP Section D.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<b>Section D – Residential Services</b>	
<b>1. Select the residential service you (are receiving):</b>	<p><b>1915 (c) Waivers:</b></p> <input type="checkbox"/> Supported Living <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Family Model Residential <input type="checkbox"/> Medical Residential <input type="checkbox"/> Semi-Independent Living
	<p><b>1115 Waivers: CHOICES</b></p> <input type="checkbox"/> Assisted Living Facility (ACLF) <input type="checkbox"/> Community Living Supports <input type="checkbox"/> Community Living Supports - Family Model <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Companion Care
	<p><b>1115 Waivers: Employment and Community First CHOICES</b></p> <input type="checkbox"/> Community Living Supports <input type="checkbox"/> Community Living Supports – Family Model <input type="checkbox"/> Intensive Behavioral Community Transition and Stabilization Services (Group 8 only)
<b>1a. If you receive residential services, please enter the name of your service provider:</b>	

1b. Provider Medicaid ID #:	
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Question:	Response:	HCBS Setting Requirement:
2. Did you choose where you live ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The setting was selected by the individual from among setting options, including non-disability specific settings.</i>
3. Did you visit other possible places to live before choosing this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you know how to request new housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you own or rent (with a lease agreement) your place of residence?	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
6. Are you familiar with home owner/renter's rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement.</i>
7. Are you able to close and lock your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
8. Do you have the key/access code to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does anyone other than you have a key/access code to your front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do others knock or let you know before entering your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are you able to lock your bedroom door when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each individual has privacy in their sleeping or living unit.</i>
12. Are you able to lock your bathroom door when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you decide who has a key/access code to your bedroom or bathroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do others knock or let you know before entering your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Were you given the option of a private room (if you are able to afford it)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Option for a private unit.</i>
16. Are you able to choose who you share your room/home with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not share room/home	<i>Choice of roommates.</i>
17. Did you choose your house/room mate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not share room/home	
18. Do you like living with your house/room mate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> Do not share room/home	
19. Do you know how to request a house/room mate change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not share room/home	
20. Are you allowed to furnish and/or decorate your room however you would like to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom to furnish and decorate.</i>
21. Are you allowed to participate in activities in the community (e.g. shopping, going to church or having lunch with family and friends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated in and supports full access to the greater community.</i>
22. Do you know how to find out about upcoming events or activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Do you have the help you need to participate in the activities you want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Are you able to get to the activities you would like to participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Can you make decisions about your schedule, where you go, who you see, and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Freedom and support to control schedules and activities.</i>
26. Can you decide when you perform daily activities (e.g. take a bath/shower, exercise, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Can you watch television, listen to the radio and do things that you like when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Can you eat meals/snacks when you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
29. Can you eat meals/snacks where you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Can you eat what you want to for meals/snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Can you request a different meal if you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Are you allowed to have visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Allow visitors at any time.</i>
33. Are your visitors allowed to visit anytime you prefer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Can you be alone with friends or visitors at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Do you have the supports you need to move around your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physically accessible.</i>



36. Are you able to enter and exit your room/house as you choose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Do you have full access to the common areas such as the kitchen, dining area, laundry, and shared living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Have you been provided with education and materials regarding your rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Policies outlining residents' rights are available and accessible to the individual.</i>
39. Do you know who to ask questions about your rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Do you have access to a phone, computer or other technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes individual initiative, autonomy, and independence in making life choices.</i>
41. Do you have access to transportation to go the places you want to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p><b>Do you participate in Personal Assistance Services?</b></p> <p>If yes, complete Section E. If no, SKIP Section E.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<b>Section E – Personal Assistance Services</b>	
<p><b>1. Select the Personal Assistance services you are receiving:</b></p>	<p><b>1915(c) Waiver:</b></p> <p><input type="checkbox"/> Personal Assistance</p> <p><b>1115 Waiver: CHOICES</b></p> <p><input type="checkbox"/> Attendant Care <input type="checkbox"/> Personal Care Visits</p> <p><b>1115 Waivers: Employment and Community First CHOICES</b></p> <p><input type="checkbox"/> Personal Assistance <input type="checkbox"/> Supportive Home Care <input type="checkbox"/> Intensive Behavioral Family-Centered Treatment Stabilization and Supports (Group 7 only)</p>
<p><b>2. If you receive 1915(c) waiver or Employment and Community First CHOICES personal assistance services, please enter the name of your service provider:</b></p>	
<p><b>2a. Provider Medicaid ID #:</b></p>	

Question:	Response:	HCBS Setting Requirement:
3. Can you live in your own home or apartment if you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Choice in living arrangement.</i>
4. Do you have the help you need to participate in the activities you want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Integrated and supports access to the greater community</i>
5. If you want to, can you go out in the community during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. If yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
6. Other than family or paid caregivers, do you spend time with people who do not have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. If yes, how often?	<input type="checkbox"/> Every time I want to <input type="checkbox"/> Most of the time I want to <input type="checkbox"/> Not as much as I would like	
7. Do you know how to find out about upcoming events or activities in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If you want to, can you have a job or volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are you able to change your personal assistance services if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The service facilitates individual choice regarding services and supports and who provides them.</i>
10. Can you be alone if you want/need to be while receiving personal assistance services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ensures individual's rights of privacy, dignity, respect and freedom from coercion and restraint.</i>
11. Do your personal assistance staff treat you the way you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you allowed to have privacy in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit has lockable entrance door.</i>
13. Can you close and lock your front door?	<input type="checkbox"/> Yes	

	<input type="checkbox"/> No	
<b>14. Do you have a key/access code to your home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. Are you able to decide who has a key/access code to your home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16. Do people knock or let you know before entering your bedroom?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>17. Can you lock your bedroom door?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Each individual has privacy in their sleeping or living unit.</i>
<b>18. Can you lock your bathroom door?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19. If other people have a key/access code to your bedroom or bathroom, are you comfortable with this?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>20. Can you eat meals/snacks when you want to?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Access to food at any time.</i>
<b>21. Can you eat meals/snacks where you want to?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>22. Can you eat what you want to for meals/snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23. Do you have the supports you need to move around your room/house as you choose?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Physical accessibility.</i>
<b>24. Can you enter and exit your room/house as you choose?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. Do you have full access to the common areas in your residence? (e.g. kitchen, dining area)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>26. Do you have access to a phone, computer, or other technology?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optimizes individual initiative, autonomy, and independence in making life choices.</i>
<b>27. Do you have access to transportation to go the places you want to go?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>28. Can you make decisions about your schedule, where you go, who you see, and when?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	