

QIO – HCBS Money Follows the Person (“Where are they now?”) Survey

Purpose:

To conduct quality of life surveys for members enrolled in the Money Follows the Person (MFP) program as designated by federal funding requirements.

Identification of Roles:

HCBS support staff – schedule MFP surveys and conduct interview with members as assigned by the HCBS operations manager. Transfer data into the approved master list, update tracking tools.

HCBS operations manager - Coordinate all aspects of the MFP survey, including monitoring all tracking and reporting activities related to the MFP survey process.

Performance Standards:

100% of MFP surveys will be interviewed. completed within 30 days of assignment and will be uploaded within 2 business days of the interview.

A minimum of 90% of surveys will be logged within 2 days with an error rate not to exceed 5%.

100% of flagged responses will be remediated with a transition specialist within 15 days of survey completion.

Path of Business Procedure:

Step 1: HCBS operations manager will select members monthly based on the MFP program end date, with the oldest dates being selected first.

- a. MMIS will be utilized to verify member’s current MCO enrollment.

Step 2: HCBS support staff will email a request to the identified contact for each MCO requesting CBCM contact information.

Step 3: Once CBCM contact information is received back from the MCO an email will be sent with the CBCM Information Request Form to each individual CBCM.

Step 4: Upon receipt of the completed CBCM Information Request Form the HCBS support staff will schedule the survey.

Step 5: Once the survey has been completed the HCBS support staff will save the document on the share drive.

Step 6: If there is a concern regarding services or any other complaint the HCBS specialist will:

- a. FFS: An MFP Flag letter will be completed and sent to the case manager listed in IoWANS.
 - i. If remediation is not received within 30 days HCBS specialist will follow up.
 - ii. If the flag is concerning health and safety issues which pose immediate risk, complete abuse reporting as necessary, complete an incident report, and notify the HCBS incident and complaint specialist.
- b. MCO: A complaint intake form will be completed and forward to HCBS incident and complaint specialist to be sent to the appropriate MCO.
 - i. If the concern is health and safety issues which pose immediate risk, complete abuse reporting as necessary.

Step 7: Reporting will be compiled and provided as specified by the MFP program.

Forms/Reports:

NA

RFP References:

I.3.1.4 E. and F.

Attachments:

Attachment I: MFP Follow Up Survey

Money Follows the Person Follow-up Survey

Date of Survey:
Member's Name: _____ Member's State ID: _____
Address: _____ City, State, Zip: _____

What was the date of the member's transition?

Specialist completing survey: Specialist name _____

Did the member complete the survey?
Yes
Refused
Unable to contact

Who was interviewed for the survey?

If somebody other than the member was interviewed for the survey, what is that person's relationship to the member?

List the member's current services and providers (service, provider).

Is member still living in the community?
Yes (Complete Sections I. and III.)
No (Complete Sections II. and III.)

Section I: Questions for members in the community:

1. Were you happy with your transition specialist and the assistance they provided?
Yes
No
I don't know
 - a. Comments:
2. Are there any supports or services that you have needed but have not been able to access since MFP ended?
Yes
No
I don't know
 - a. What are the supports or services that you have been needed but have not been able to access since MFP ended?
3. Do you get to choose your supports and providers?
Yes
No
I don't know

Comments:

4. Are you happy with your services and providers?

Yes

No

I don't know

Comments

5. Is there anything you need that you don't have or feel like you can't get?

6. Is there any way the MFP program could have helped you better?

7. Overall, do you feel like you are being provided the best possible services for your needs?

Yes

No

I don't know

Comments

8. What do you like most about where you live now?

9. How many roommates do you have? (0 if they live by themselves)

a. Do you get along with your roommate(s)?

10. What types of activities do you get to do outside of your home?

a. Do you help choose your activities?

Yes

No

I don't know

b. Do you like doing these activities?

Yes

No

I don't know

c. Comments

11. Are there activities that you would like to do in the community but don't get the chance?

Yes

No

I don't know

What are the activities you would like to do but don't get to?

12. Are you currently working?

Yes

No

I don't know

Would you like a job?

13. Is your life better than it was before you moved into the community?

Yes

No

I don't know

Please describe how it is better or how it is not better.

14. Is there anything else you would like to tell us about your community and or facility experiences?

Section II: Questions for members residing in a facility:

1. What supports or services were you not getting in the community but needed?

2. Would you like to return to the community?

Yes

No

I don't know

Why or why not?

3. What supports would you need to make returning to the community possible? (If member responded no to above do not ask this question)

4. What do you like most about where you live now?

5. What do you like least about where you live now?

6. Is there anything else you would like to tell us about your community and or facility experiences?

Section III: Additional Details

1. Are there any additional details you would like to provide?

2. Would you be willing to share your story with others?

Yes

No

I don't know

What is the best way to contact you to share your story?

3. Does the specialist feel this is a good member to include in the case study of MFP members?

4. Does the specialist have any other comments about the interview or items you feel are important? (use this space to identify the number of attempts you have completed)