

B.3.5 Individual Experience Assessment (IEA)

*B.3.5.a Initial - IEA*

**Responsible Office:** Community Waiver Program

**Reference:** 2014 HCBS Rule

**Effective:** Historical Practice

**Revised:** July 1, 2024

**Statement:** The Home and Community Based Settings (HCBS) Rule that went into effect March 17, 2014, set forth by The Centers for Medicare and Medicaid Services (CMS,) requires that states review and evaluate the quality of HCBS supports and services experienced by persons receiving these services. Upon initiation of waiver supports and services AND at least annually thereafter, the Support Coordinator shall assess each person's experience in receiving Medicaid HCBS waiver services.

**Purpose/Intent:** The purpose of this guideline is to specify the State's procedures and timelines for assessing and measuring each person's level of awareness of and access to exercising their rights, privacy requirements and life experiences in their day-to-day activities while living in their communities. The assessment results will be used to assess changes that may be needed to improve the experience people have when receiving Home and Community Based Services. This assessment will also help ensure Alabama is compliant with the HCBS Settings Rule.

**HCBS Waivers:** CWP

**Definitions:** People - HCBS Waiver participants; Support Coordinators; CWP Planning & Quality Assurance Specialist

**Procedures:**

1. Support Coordinators shall assess people moving into **NEW settings within 5 days before or after day 60 of enrollment in waiver services and/or move into the new setting**. This assessment should be coordinated with the Regional Office's validation Report of 100% compliance with the 2014 HCBS Settings Rule by the assigned Monitor in the same time-frame. See OG: B.5.5. New Settings HCBS Compliance
2. For persons currently receiving Alabama Medicaid Waiver services, the initial IEA will be completed at the time of their first annual PCP assessment/meeting and annually thereafter.
3. Participants in the IEA shall include the person and his or her family members and/or representative, as appropriate. The person's input should be obtained first, with input from others involved 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.
4. Results are submitted to the provider and the Regional Office Monitor via the information management system, tagging the monitors as a note recipient, within at least TEN (10) business days of the date the assessment was completed. [Original to the Regional Office Monitor, copies to the provider agency(s), Support Coordination Supervisor and Support Coordinator].
5. Follow up on any area NOT in Compliance shall be completed within TEN business days of date of assessment. Follow up may consist of revision of the PCP by the Support Coordinator or remediation by the provider with completion verified by the Regional

Office Monitor and Support Coordination Supervisor.

6. The person's Support Coordinator, as applicable, shall address any issues regarding compliance with the HCBS Settings Rule or other concerns identified during the IEA. Each **NO** response should be investigated to determine if it is appropriately supported by the PCP or if it is truly **Not in Compliance**. Specific remediation should occur for any response that is determined to be **Not in Compliance**.
7. Initial assessments (original) should be forwarded to the Regional Office Monitors, and Support Coordination Supervisors. Thereafter, only surveys reflecting non-compliance should be forwarded to Regional Office Monitors and Support Coordinator. Provider agency(s) shall receive copies of initial and annual assessments.

**NOTE:** If Personal Care Supports/Services are provided to a person in a setting that is NOT provider owned or operated (i.e. their own apartment/home, family home or they reside with someone considered a natural support), a response of **NO in Section C does not automatically indicate Not in Compliance**.