

Missouri Home and Community Based Services (HCBS)

1915(c) Waiver Settings Statewide Transition Plan

***Report** of Enrolled HCBS Providers' Self-Assessments Regarding Waiver Settings, prepared by Missouri Medicaid Audit and Compliance (MMAC), a unit within the Missouri Department of Social Services.*

Background:

MMAC is the unit within DSS charged with administering and managing Medicaid Title XIX audit and compliance initiatives, including the utilization of Medicaid services and provider enrollment functions. MMAC's participation in the transition plan includes completion of an initial settings assessment tool, which incorporates specific regulatory requirements, and completion of on-site visits of all currently enrolled Adult Day Care providers and Doorways (an AIDS Waiver provider). MMAC utilized the tool during the initial on-site visits of Adult Day Care Centers and Doorways.

In Missouri, the Adult Day Care Waiver provides an additional community based alternative to disabled individuals 18 through 63 years of age who otherwise would be institutionalized in a nursing facility. Aged and Disabled Waiver services also include basic adult day care services. AIDS Waiver services include personal care services in a participant's home or licensed residential setting where the participant resides.

Assessment Tool:

The initial settings assessment tool, titled "Home and Community Based Setting Review" was originally six pages long. The tool was revised to better utilize space and consolidate redundant items and was revised to two pages.

The original tool asked the following questions:

- Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?
- Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?
- Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc.,

outside of the setting, and who in the setting will facilitate and support access to these activities?

- Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?
- Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc., that facilitates integration with the greater community?
- Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?
- Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?
- In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or saving account or other means to have access to and control over his/her funds? Is it clear that the individual is not required to sign over his/her paychecks to the provider?
- Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?
- Where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?
- Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS?
- Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment and tables/desks and chairs at a convenient height and locations, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individual's mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?
- Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?
- Do the setting options offered include non-disability-specific-settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?

- Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation?)
- Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?
- Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?
- Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the course of daily activities?
- Do setting requirements assure that staff don't talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if he or she were not present?
- Does the setting policy require that the individual and /or representative grant informed consent prior to the use of restraints and /or restrictive interventions and document these interventions in the person-centered plan?
- Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and /or restrictive to the rights of every individual receiving support within the setting?
- Does the setting offer a secure place for the individual to store personal belongings?
- Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs?
- Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?
- Does the setting allow for individuals to have a meal or snacks at the time and place of their choosing? Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals have access to food at any time consistent with individuals in similar and /or the same setting who are not receiving Medicaid-funded services and supports?
- Does the setting post or provide information on individual rights?

- Does the setting prohibit individuals from engaging in legal activities (i.e. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and / or the same setting who are not receiving Medicaid funded services and supports?
- Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities, and desires?
- Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?
- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?
- Does the setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference, and needs of individuals?
- Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?

The updated tool asked the following questions:

- Does the setting develop an individual plan that focuses on the needs and desires of the individual and provides an opportunity to restore optimal capability?
- Does the setting allow individuals to receive HCBS in an area that is fully integrated with individuals not receiving Medicaid HCBS?
- Is the setting in the community/building located among other residential buildings, private businesses, restaurants, doctor's offices, etc., that facilitate integration with the greater community?
- Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?
- Does the setting afford the opportunity for individuals to have knowledge of or access to information regarding appropriate activities including shopping, attending religious services, medical appointments, dining out, etc., outside of the setting?
- Does the setting afford activities to be conducted individually and in small and large groups?

- Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day / week?
- Is all information about individuals kept private? For instance, do paid staff/ providers follow confidentiality policy/ practices and do staff within the setting ensure that, for example, there are no posting of medications, restricted dies, etc., in a general open area?
- Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private as appropriate?
- Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance?
- Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?
- Does the setting offer a secure place for the individual to store personal belongings?
- Does the setting afford a variety of meaningful activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs?
- Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing?
- Does the individualized plan address the participants' physical, social, and psychological needs, goals, and means of accomplishing goals?
- Does the setting afford the opportunity for tasks and activities to be matched to the individuals' skills, abilities and desires?

On-Site Surveys:

Between February, 2015, and March, 2016, 116 enrolled providers received on-site visits and completed the assessment tool. **Twelve (12) providers completed the original assessment tool, and one hundred and four (104) providers completed the updated assessment tool.**

Results:

The majority of the providers answered “yes” to the majority of the questions. The “yes” answers do not require any further consideration, so long as what was observed during the on-site visit did not conflict with any “yes” answer. We observed no conflicts. Therefore,

we do not comment on the “yes” answers; but rather, we comment on “no” and “not applicable” answers, as well as providers’ comments.

“No” and “Not Applicable” Answers:

For the original assessment tool, **one (1) provider** out of 12 answered “No” to “Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals’ entrance to or exit from certain areas of the setting?” No supporting commentary was provided. This specific question was not included in the updated assessment tool.

For the original assessment tool, **eleven (11) providers** out of 12 answered “No” to “Does the setting prohibit individuals from engaging in legal activities (i.e. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?” This specific question was not included in the updated assessment tool. Due to the question’s construction, “No” is the preferred answer. No supporting commentary was provided for the **one (1)** “Yes” answer, specifically, but comments included, “No alcohol allowed on premises.”

For the original assessment tool, **one (1) provider** out of 12 answered “N/A” to the question, “Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?” This specific question was not included in the updated assessment tool. No supporting commentary was provided for the **one (1)** “N/A” answer.

For the original assessment tool, **nine (9) providers** out of 12 answered “N/A” to the question, “Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?” Comments included, “No one works.” This specific question was not included in the updated assessment tool.

For the original assessment tool, all **twelve (12)** of 12 providers answered “N/A” to the question, “In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or saving account or other means to have access to and control over his/her funds? Is it clear that the individual is not required to sign over his/her paychecks to the provider?” Comments included, “Money management is not offered.” This specific question was not included in the updated assessment tool.

For the original assessment tool, **one (1)** of the 12 providers answered “N/A” to the question, “Does the setting provide individuals with contact information, access to and

training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location.” The provider commented that they utilize private transportation. This specific question was not included in the updated assessment tool.

For the original assessment tool, **one (1)** of the 12 providers answered, “N/A” to the question, “Do the settings options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?” No supporting commentary was provided for the **one (1)** “N/A” answer. This specific question was not included in the updated assessment tool.

For the original assessment tool, **one (1)** of the 12 providers answered, “N/A” to the question, “Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g combine competitive employment with community habilitation)?” The provider comment stated personal care tasks are performed as necessary. This question was asked on the updated assessment tool. In response, **twelve (12)** of the 104 providers answered “No” or “N/A”.

- **Seven (7)** providers answered “No”.
- **Five (5)** providers answered “N/A”.
- There was no supporting commentary given by providers regarding this question.

For the updated assessment tool, **eight (8)** providers out of 104 answered “No” to “Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor’s offices, etc., that facilitates integration with the greater community?” **One (1)** provider answered, “N/A”. This question was replicated on the original assessment tool and none of those 12 providers answered “No” or “N/A”. Therefore, essentially **eight (8)** of 116 providers answered “No” and **one (1)** of 116 answered “N/A”. There was no supporting provider commentary.

For the updated assessment tool, **six (6)** providers out of 104 answered “No” to “Does the setting allow individuals to receive HCBS in an area that is fully integrated with individuals not receiving Medicaid HCBS?” **One (1)** provider answered, “N/A”. While this question was not replicated exactly in the original assessment tool, a similar question asked, “Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS?” None of those 12 providers answered “No” or “N/A” to this. Therefore, essentially **seven (7)** providers out of 116 answered “No” or “N/A” to this question. Provider comments included, “All are Medicaid,” and “No non-Medicaid clients.”

For the updated assessment tool, **six (6)** providers out of 104 answered, “No” to “Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?” **Six (6)** providers also answered, “N/A”. This question was replicated on the original assessment tool and none of the 12 providers answered “No” or “N/A”. Therefore, essentially **six (6)** providers out of 116 answered “No” and an additional **six (6)** answered “N/A”. Provider comments included, “CSRs are restrictive,” “No Medicaid participants yet,” and “No evidence because we don’t require visitors sign in.”

For the updated assessment tool, **one (1)** provider out of 104 answered, “No” to “Does the setting afford the opportunity for individuals to have knowledge of or access to information regarding appropriate activities including shopping, attending religious services, medical appointments, dining out, etc., outside of the setting?” **Three (3)** providers also answered, “N/A”. This question was replicated on the original assessment tool and none of the 12 providers answered “No” or “N/A”. Therefore, essentially **one (1)** provider out of 116 answered “No” and an additional **three (3)** answered “N/A”. Provider comments included, “Families do.”

For the updated assessment tool, **seven (7)** providers out of 104 answered, “No” to “Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week?” **Five (5)** providers also answered, “N/A”. This question was replicated on the original assessment tool and no providers answered “No”; one (1) provider answered “N/A”. Therefore, essentially **seven (7)** providers out of 116 answered “No” and six (6) additional provider answered “N/A”. Provider comments included, “ADL included,” and “ADL performed on site.”

For the updated assessment tool, **three (3)** providers out of 104 answered, “No” to “Does the setting offer a secure place for individuals to store personal belongings?” **One (1)** provider also answered, “N/A”. This question was replicated on the original assessment tool and none of the 12 providers answered “No” or “N/A”. Therefore, essentially **three (3)** providers out of 116 answered “No” and **one (1)** answered “N/A”. Provider comments included, “Participants keep their own belongings” and “We discourage bringing valuables.”

For the updated assessment tool, **nine (9)** providers out of 104 answered, “No” to “Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing?” Another **three (3)** providers answered “N/A”. This question was replicated on the original assessment tool and no providers answered “No” or “N/A”. Provider comments included: “Must eat within the building,” “Scheduled meals are delivered from the AAA,” “Designated meals due to the CACFP but they may choose place,” “Meals are scheduled,” “scheduled- there are dietary needs- some participants steal others’ food.”

Provider Comments:

Providers submitted a variety of comments on questions where they were compliant, in order to submit additional information:

- Regarding who facilitates access to activities, and what types of activities are offered:
 - LPN
 - Employees
 - Caregivers
 - Owner and staff
 - Program coordinator
 - Activities coordinator
 - CNAs
 - Nurse
 - Social workers
 - Activities director
 - *What types of activities:*
 - Dining out
 - Shopping
 - Field trips
 - Religious appointments
 - Cardinals games
 - Bird sanctuary
 - Restaurants
 - Easter egg hunt
- Regarding visitors:
 - Pastor
 - Friends
 - Family
 - Schools
 - Preschoolers
 - Nursing students
 - Red Cross
 - Students
 - Entertainment
 - GED program
 - Massage therapists
 - Service dogs

- Doctors
- Hairdressers
- Medicine shops
- Church lectures
- Fall festival
- Birthday parties
- DJ music
- Library
- Dance group

Summary of Provider Responses:

116 providers responded to 34 or 16 questions depending upon which assessment tool was used during the survey. At least one provider responded “No” or “N/A” to 15 of the questions.

MMAC has posted the provider self-assessment to its website and has advised providers of the same. The self-assessment is available to any prospective or currently enrolled provider, and any other person who wishes to view it. The self-assessment will also be used as a survey tool during pre-enrollment site visits, audits, investigations, and revalidation on-site visits.

Comparison to Results of DHSS Participant Surveys:

The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) provided results of participant surveys to MMAC. DSDS compiled and maintains a report of participant responses.

MMAC did not consider the first question of the participant survey, for comparison to provider survey responses. The first question of the participant survey asks, “Are you employed or active in the community (church, shopping, etc.) outside of the adult day care?” The answers (whether the participants work or are active in the community) are not necessarily indicative of the adult day care centers providing information or opportunities regarding work or other activities.

MMAC did not consider participant surveys, for comparison to provider survey responses, where the participant survey answers were aggregated among several providers with the same name and different locations, as there was no way to differentiate individual locations.

MMAC did consider all other answers to participant survey questions, for comparison to provider survey responses, when the answer was “No.” In cases where the answer was

“Yes,” this indicated the setting complied with HCBS setting requirements. Some questions were not answered by participants, and this was indicated on the DSDS surveys by “NR”. On all participant surveys, when participants answered “No” or “NR”, DSDS indicated contact with the participant was attempted but not completed.

MMAC compared all “No” answers from participants where a specific adult day care center was identified, with the corresponding provider surveys and MMAC on-site observations. MMAC will include all “No” answers in its follow up correspondence with providers, for discussion and follow-up purposes, to identify possible areas of non-compliance and the possible need for remediation.