

Missouri Medicaid Audit and Compliance (MMAC)

Home and Community Based Setting Requirement

Annual Provider Self-Assessment

The Centers for Medicare & Medicaid Services (CMS) published a final rule to enhance the quality of Home and Community-Based Services (HCBS) and to provide protections for participants. The rule, or “setting requirements” makes sure individuals receiving HCBS have full access to the benefits of community living and have the opportunity to receive services in the most integrated and still appropriate type of setting.

Missouri, like other states, is in a transition period, during which the state agencies will assess the HCBS programs, and the rules and regulations that govern the programs, to ensure services will be delivered in settings that meet the new requirements.

Missouri Medicaid Audit and Compliance (MMAC) is giving providers the opportunity to complete a self-assessment (see below). In the future, these self-assessments may be required annually. MMAC will notify providers of any new regulatory language that will require them to complete these self-assessments. If you complete the self-assessment this year (2016) it will assist you in determining if your Adult Day Center or other Home and Community Based type services are already compliant with the Setting Requirements.

You may complete this self-assessment fill-in form in Word. You may also print and complete the assessment by hand. Once completed, please sign in the signature box at the top of the form. Scan the assessment form and send as an email attachment to mmac.hcbssettings@dss.mo.gov. You will not be penalized for any areas in which you are not compliant, at this time. MMAC is providing the self-assessment now so you are able to determine where you may need to make improvements before the Setting Requirements are written into state law or regulation. This is to assist you, and to help us understand where more education is needed, and where certain items may be confusing and need clarification. MMAC will inform providers of any new regulatory language that will make these setting requirements mandatory for MO HealthNet providers. Providers should expect that to occur in the future, as examining and updating state regulations is part of Missouri’s Transition Plan.

You can view the entire Transition Plan [here](#). Please submit any questions to mmac.hcbssettings@dss.mo.gov.

Self-Assessment

Provider Name:				Date completed:
Name of person completing form:				Signature of person completing form:
NPI:				Setting Address:
Average Daily Number of Participants:				Setting Type (circle all that apply): Adult Day Care / AIDS Waiver / Med Fragile Adult
Setting requirement	Yes	No	N/A	If No, or N/A, please describe why the answer is no, or why the requirement is not applicable to your setting or location
Are participants allowed snacks when they want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do participants have optional meal choices/menu choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there a variety of activities for various needs and goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are outside activities provided for the participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there individual, small group, and large group activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the activities matched to the participant's individual skills, abilities, and desires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is information available to participants regarding activities in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do participants know they do not have to adhere to a set schedule for eating, activities, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does your setting develop individual plans for participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the plans address physical, social, and psychological needs and goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the setting provide an opportunity to restore optimal capability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do personnel ask the participants about their needs and preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are participants' schedules flexible so they can receive other types of HCBS services during the same day that they're at the ADC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the participants control their schedules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do participants' schedules vary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you encourage outside visitors/ people from the greater community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of visitors regularly being there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are participants allowed visitors any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Medicaid participants fully integrated with non-Medicaid participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the Medicaid participants have access to all the same services and amenities as non-Medicaid participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is your location near other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do participants receive or have access to information about shopping, religious services, medical appointments, dining out, etc., outside of the ADC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can participants access employment opportunity information about work opportunities in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the participants have access to public transportation and the phone numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are participants able to ask for help/assistance throughout the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are participants treated with dignity and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do your personnel assist participants who need help with personal appearance, and is this done privately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ensure that staff members don't discuss participants with other staff members or other persons while the participant is there, but as though he or she weren't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do participants have access to easily understandable information about filing a complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can the participants' complaints be anonymous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do the participants know how to request a new provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a secure location for participants to store personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is health information kept private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are medication schedules kept private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For participants who need help moving about, are there supports such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*At this time we do not have the capability for you to submit the assessment on-line. Please sign the completed assessment, scan, and email to MMAC at mmac.hcbssettings@dss.mo.gov or fax it to 573-634-3105. If you wish to discuss the assessment with someone at MMAC, please contact us at 573-751-3399.