

Public Engagement:

- ☐ Missouri has chosen to provide links to online documents throughout the revised STP. At the same time, the state maintains three different related websites, one for the Department of Social Services, Department of Mental Health and the Department of Health and Social Services. When reviewing documents, not all information can be easily accessed from all websites. In preparation for the posting of the final STP, CMS requests that the state review the links to ensure the public has access to all STP documents and any support materials referenced within the STP.

STATE RESPONSE: The State has reviewed the links associated with the statewide transition plan (STP).

STP and HCBS Settings:

- ☐ **Group Settings:** CMS wishes to remind the state that any setting in which individuals are clustered or grouped together for the purposes of receiving HCBS must be assessed for compliance with the federal HCBS settings criteria, and that these assessment findings must be validated in some way. Thus, this would include both group residential and non-residential services, including but not limited to group supported employment and day services. The state may presume that any setting where individualized services are being provided in typical community settings comport with the rule.

STATE RESPONSE: The following language was added in Section 1: Assessment, Settings Analysis (pg. 14) “(this includes settings for both individual and group services)”.

- ☐ **Reverse Integration:** CMS wishes to remind the state that states cannot comply with the home and community-based settings rule simply by bringing individuals without disabilities from the community into a setting; compliance requires a plan to integrate beneficiaries into the broader community. Reverse integration, or a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries in the facility-based setting, in and of itself is not a sufficient strategy for settings to meet the integration requirements outlined in the rule. All settings must assure that individuals have the opportunity to interact with the broader community of non-HCBS recipients and provide opportunities to participate in activities that are not solely designed for people with disabilities or HCBS beneficiaries that are aging but rather for the broader community. Settings cannot comply with the community integration requirements of the rule simply by only hiring, recruiting, or inviting individuals who are not HCBS recipients into the setting to participate in activities in which a non-HCBS individual would normally take part in a typical community setting.

STATE RESPONSE: The following language was added in Section 1: Assessment, Initial On-Site Assessments, under “DMH Waivers” (page 23): During the assessment process, DMH staff assured that the individuals had the opportunity to interact with the broader community of non-HCBS recipients and were provided opportunities to participate in activities that were not solely designed for people with disabilities or HCBS beneficiaries

that are aging but rather for the broader community. DMH staff required remediation if the settings only hired, recruited, or invited individuals who are not HCBS recipients into the setting to participate in activities in which a non-HCBS individual would normally take part in a typical community setting.

The following language was added in Section 1: Assessment, Initial On-Site Assessments, under “DHSS Waivers” (page 24): DHSS participant and provider self-assessment and on-site surveys included questions regarding the participants’ choice and opportunity to interact with the greater community in activities designed for individuals other than the aged and disabled. MMAC staff required remediation if the provider limited the participant’s choice or opportunity to interact with the greater community.

- ☐ ***Non-Disability Specific Settings:*** The STP should indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services. Please provide additional clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services.

STATE RESPONSE: Additional language was added to pages five and six of the STP.

Site-Specific Setting Assessment & Validation Activities:

Missouri’s revised STP describes the state’s site-specific assessment process, which included completion of provider self-assessments, collection of consumer survey responses, onsite visits for settings flagged under Heightened Scrutiny and/or from a representative sample, and an ongoing annual quality review. CMS requests that the state provide additional detail with regard to each of these activities:

- ☐ ***HCBS Participant/Consumer Feedback:*** The state offered a participant survey in a number of different formats across various waivers. Please provide additional details:
- Whether the questions posed in the HCBS participant survey cover all the criteria outlined in the federal HCBS rule;
STATE RESPONSE: See revision under section titled Missouri HCBS Waiver Participant Survey, 1st paragraph, page 9.
 - How many participants (percentage or number) per type of setting completed the survey, and whether each setting had consumers engage in the participant survey process;
STATE RESPONSE: See revision under section titled Missouri HCBS Waiver Participant Survey, 2nd and 3rd paragraphs, page 9.
 - How the state linked participant survey responses with provider self-assessments;
STATE RESPONSE: See revision under section titled Missouri HCBS Waiver Participant Survey, 1st paragraph, page 9 and the section titled Provider Self-

Assessments, 1st paragraph, page 12. Also reference the “HCBS Assessment Activities and Findings” report dated April 3, 2017 at the following link: <https://dss.mo.gov/mhd/waivers/files/HCBS-assessment-activities-findings.pdf>

- What the aggregate findings of the survey responses across the main areas of HCBS criteria were by setting type in contrast to the provider self-assessment findings; and
STATE RESPONSE: See the revisions under “Missouri HCBS Waiver Participant Survey, 2nd paragraph, page 9 and under DHSS Waivers, page 11 (Adult Day Care) and page 12 (AIDS Waiver Attendant Care). Also reference the “HCBS Assessment Activities and Findings” report dated April 3, 2017 at the following link: <https://dss.mo.gov/mhd/waivers/files/HCBS-assessment-activities-findings.pdf>
- How the state worked with providers to address any discrepancies between participant feedback and provider self-assessment responses to assure that such discrepancies are addressed at the setting level.
STATE RESPONSE: The participant and provider self-assessments were optional.
For DMH Waivers, the state relied on initial on-site assessments which included feedback from participants and the providers. No changes were made to the STP.
For DHSS Waivers, for Adult Day Care services, when feedback was given by participants who indicated a concern with the Adult Day Care setting, staff called the participant and provider to address the concern. In addition, the HCBS Participant Choice Statement allows for a participant to report a concern. All concerns reported are relayed to MMAC for provider review.
For Attendant Care services, the aggregated results of the survey were reviewed with the provider. After the review, the provider was able to make updates to their policies, procedures and handbooks. No changes were made to the STP.

? Provider Self-Assessments

- Confirm whether completion of the provider self-assessment is mandatory for all HCBS providers, and whether providers are asked to complete an assessment of each individual setting for which they are responsible. Please also address how the state addressed any providers who did not participate in the self-assessment process.
STATE RESPONSE: The provider self-assessments were optional.
For DMH Waivers, the state identified a statistically valid sample size of settings (based on 95% confidence level) was utilized for assessment using the RAOSoft Sample Size Calculator program, which resulted in 930 on-site assessments out of approximately 2,200 service sites. All additional settings will be assessed through on-going compliance/monitoring reviews (please see

section titled **On-Going Compliance/Monitoring Reviews**). In addition to the random sample pull and GIS identified Heightened Scrutiny settings, individuals and providers requested and still may request DMH to conduct on-site assessments through the participant and provider surveys. See **Initial On-Site Assessment** section, page 22.

For Adult Day Care and Waiver Attendant Care services, an on-site review of 100% of the settings was conducted, page 23.

Site-Specific Remedial Actions

- ❓ ***Ongoing Technical Assistance to Assist Providers in Setting Remediation:*** On page 27, the state commits to providing technical assistance to providers that require support to bring settings into full compliance with the federal HCBS criteria. Please provide additional detail about the state's plans for providing technical assistance.

STATE RESPONSE: See revision under section titled **Periodic Provider Remediation Status Updates**, page 30 for DMH Waivers, and information provided under **Periodic Provider Remediation Status Updates**, page 36 for DHSS Waivers.

- ❓ ***Communication with and Support to Beneficiaries of Options when a Provider will not be Compliant:*** For those settings that are not able to be brought into compliance by the end of the transition period, please provide the following information related to the communication, alternative funding streams, and assistance provided to beneficiaries to locate and transition to compliant settings:

DHSS:

- A timeline and a description of the strategies for continued service provision to beneficiaries living in settings the state determines to be non-compliant.
- Include the timeframe for providing notice to individuals receiving services in non-compliant settings.

STATE RESPONSE: See revisions under section titled **Individuals Transition to Settings that Align with HCBS Requirements**, page 37.

Upon discovery of an Adult Day Care no longer compliant, DSDS would immediately contact all participants by phone and inform them. Participants would be given a list of potential Adult Day Care providers and would be transferred to their provider of choice.

If relocation of individuals receiving Attendant Care services is necessary, the HIV Medical Case Manager would immediately contact all participants receiving Attendant Care in person and inform them. Since the residential provider where Attendant Care services are delivered only serves homeless individuals, case managers would assist the participant in choosing where they would like to move. Choices may include nursing homes and other long term care facilities, homeless shelters, or referral to a HUD funded facility in order to

find suitable housing. Waiver services would only continue if the individual relocates to a HCBS settings compliant location.

DMH

- The link to Division Directive 5.010 takes the user to a page where the directive is not listed. It appears that the transitional manual (pg. 30 of the STP) has been developed to replace the division directive. Please clarify and provide a link to the transition manual.

STATE RESPONSE: Language and link updated.

- o A timeline and a description of the strategies for continued service provision to beneficiaries living in settings the state determines to be non-compliant.
- o Include the timeframe for providing notice to individuals receiving services in non-compliant settings.

STATE RESPONSE: Added language under Individuals Transition to Settings that Align with HCBS Requirements referencing the Community Transition Manual, Transition Guideline #67, and the provider contract template which provides a description of the strategies and timelines for continued service provisions.

Ongoing Compliance Monitoring: Missouri has identified a comprehensive monitoring process and has already started the integration of various monitoring activities across the respective agencies involved in implementing the federal HCBS requirements. CMS requests information regarding the training and ongoing technical assistance the state has provided to various personnel (i.e. case managers, service coordinators, quality assurance reviewers, etc.) that are involved in ongoing setting compliance with the federal HCBS rule.

STATE RESPONSE: DMH held and will continue to hold various trainings and workshops for department personnel, including quality integrated function personnel, providers, and TCM entities. Links to trainings and workshops are located at <https://dmh.mo.gov/dd/hcbs.html>. An example is DMH Central Office staff held 21 HCBS workshops which included a presentation and one-on-one technical assistance across the state during the months of October and November 2017. Regional Offices continue to replicate the training with department personnel and providers.

DSDS provided state wide training to all assessor staff in November 2017 regarding the Final Rule. In addition, Policy 1.20 Final Rule: Medicaid HCBS, was added to the HCBS Manual. DSDS staff must be familiar with Policy 1.20 and the HCBS Participant Choice Statement, which includes information regarding the Final Rule.

MMAC includes the HCBS surveys in pre-enrollment site visits and provider revalidation site-visits, for all HCBS providers. MMAC personnel go over the survey/requirements, provide the opportunity to ask questions, and discover where improvements need to be made in order to be compliant. The state is in the process of promulgating rules that will require providers to be compliant with the new setting requirements.

MMAC will include the survey/requirements in future audits and investigations of HCBS providers to monitor locations for the new settings requirements. Opportunity to ask questions and receive information and assistance will be provided as needed. MMAC will provide education and information about the new setting requirements to all HCBS providers at Provider Update Training and Designated Manager Training. The HCBS rule has been reviewed and discussed with the Quality Service Managers (QSMs) who authorize HCBS services as well as AIDS Waiver case managers.

Heightened Scrutiny

Using Geographic Information System (GIS) data, Missouri identified 140 providers with 152 settings across its DMH waivers and 34 settings across DHSS waivers that fall under at least one of the three prongs that would trigger heightened scrutiny. Although Missouri has provided considerable detail on the heightened scrutiny process, it is still unclear what steps the state has taken beyond GIS to identify whether any settings may have characteristics of settings that isolate individuals from the greater community of individuals not receiving Medicaid HCBS.

In addition to laying out the various components that will be included in the state's evidentiary packages for each setting once the reviewer's findings have been completed, we request that the state articulate the rationale used to support the state's final determination to move a setting to CMS for HS review

STATE RESPONSE: Language under "DMH Waivers" was revised. For DHSS Waivers, on-site visits of 100% of the settings were used to determine if the setting fell under the category "Not Yet- Settings presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review." The rationale used to determine that a setting would be moved to CMS for HS review is indicated on pages 20 and 21 of the STP.

Milestones

- ② CMS provided the state with a draft milestone chart reflecting anticipated milestones gleaned from the states STP. Please review and edit these milestones and resubmit the document to CMS. CMS will upload the information into the milestone tracking system where the state will be able to track and edit the STP milestones.