



# **MISSOURI'S HOME AND COMMUNITY-BASED SERVICES (HCBS) TRANSITION PLAN**

## **HCBS ASSESSMENT ACTIVITIES AND FINDINGS**

APRIL 3, 2017

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# 1

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## Executive Summary

In January 2014, the Centers for Medicare & Medicaid Services (CMS) published the federal Home and Community Based Services (HCBS) regulation, commonly known as the “HCBS Final Rule.” The purpose of the HCBS Final Rule is to ensure that Medicaid HCBS participants have the benefit of community living and the opportunity to receive services in the most appropriate, integrated setting possible. Since it was published, Missouri has been engaged in a thoughtful process to understand and meet the letter and intent of the HCBS Final Rule as it applies to Missouri’s 10 Medicaid HCBS Waiver programs. To aid the path toward compliance, Missouri has outlined a roadmap—the “Transition Plan”—for the State and its providers to meet the requirements of the HCBS Final Rule by March 2019 and in later years. This report provides a high level overview of Missouri’s HCBS Medicaid programs, reviews the home and community-based (HCB) settings assessment processes and their results, and details other actions implemented by the State with regard to the HCBS Final Rule.

Missouri’s Transition Plan work has focused on engaging stakeholders through education and training on rule requirements, and on soliciting feedback regarding Missouri-specific approaches to assessments and compliance. Tools were designed to assess HCBS rule compliance among HCB settings and to determine any conflicts among State regulations, policies, and procedures. The tools were then put to use to assess HCB settings, and plans were designed to map a path toward full compliance by the State and providers by March 2019 and beyond. The Department of Mental Health (DMH), the Department of Health and Senior Services (DHSS) and the Missouri Medicaid Audit and Compliance Unit (MMAC) have each pursued assessment activities to help begin HCBS Final Rule compliance.<sup>1</sup>

At DMH, the department that currently administers five of the 10 HCBS Waivers, the assessment work has focused on HCBS participants and their input regarding experiences accessing DMH waiver services. While there have been a number of HCB setting assessment activities, the on-site assessment has been the focal point of the assessment process because it provides a firsthand perspective of how HCBS participants experience their HCBS settings. To date, DMH staff have conducted approximately 1,044 interviews with HCBS participants in on-site assessments that have produced a better understanding of HCB setting compliance with the HCBS Final Rule. Other assessment activities have included provider surveys, participant surveys, and Missouri’s self-assessment of State laws, regulations, policies, and procedures as they relate to compliance with the HCBS Final Rule.

DHSS currently administers the other five of Missouri’s 10 HCBS Waivers. DHSS has completed a number of assessment activities as well, to include the following: A participant survey was either mailed or delivered in-person to the 1,368 Adult Day Care (ADC) and AIDS Waiver attendant care participants, and 698 of those responded to DHSS. Their responses provided DHSS with insight and understanding regarding the participants’ HCBS experiences.

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<sup>1</sup> Note to reader: DMH HCBS assessment activities are outlined in the first half of the report from Section 3 through Section 7. DHSS-specific activities are outlined in Section 8 through Section 12.

MMAC conducted on-site visits of all the ADC and AIDS Waiver locations, and completed HCBS surveys with the providers. MMAC attached any participant surveys provided by DHSS, that identified the ADC center, to the corresponding provider surveys. MMAC then contacted each ADC provider to advise it of its initial assessment results based upon on-site observations, provider surveys, and participant surveys. The provider surveys also revealed valuable information regarding any potential areas of conflict among HCBS-related regulations. MMAC conducted an internal heightened scrutiny process, identifying ADC centers and AIDS Waiver Attendant Care providers that potentially have qualities of an institution, and through follow up with each provider, narrowed the list to the centers that still remain on the list at this point. The process now requires participant follow up before determining which center(s) must be submitted to CMS for the formal heightened scrutiny process. This process has been very effective in identifying those providers that potentially have the qualities of an institution.

Together, these assessment findings are illustrative. There are varying levels of compliance across the HCBS Final Rule requirements among HCB providers, including those providing employment, independent living skills development (ILSD), and residential services. In some areas of the HCBS Final Rule, for example, a majority of HCB providers in Missouri are already compliant with the requirement that an HCB provider is integrated in and supports full access to the greater community and engagement in community life. In other areas, such as the requirement that the HCB setting is selected by the participant from among setting options including non-disability specific settings, compliance varies by HCB provider type. Assessment results are discussed in greater detail in Section 4.

While the HCBS assessments are a necessary first step to bring Missouri into compliance with the HCBS Final Rule, just as important are the steps to ensure compliance in the long-term. DMH, DHSS and MMAC have developed processes to bring settings with HCBS Final Rule deficiencies identified in the on-site assessments into compliance through remediation activities. Other current and future projects include developing processes and tools for systemic HCBS Final Rule monitoring and compliance.

Missouri's assessment activities supporting HCBS Final Rule compliance have been comprehensive and multi-faceted. More importantly, the activities have prioritized the individual HCBS participant's role in the assessment process. The specific assessment activities and the assessment findings are outlined in greater detail in this report, which will be distributed to CMS and available to the public, in addition to being reviewed with Missouri State leadership and relevant stakeholders.

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## Overview of HCBS in Missouri

Missouri currently operates 10 HCBS Waivers, which are administered by the MO HealthNet Division (MHD), a division within the Missouri Department of Social Services (DSS). While administration authority of the HCBS Waivers is maintained by MHD, the HCBS Waivers are operated by the Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS).

DMH operates the following five HCBS Waivers:

- Autism Waiver (MO.0698)
- Comprehensive Waiver (MO.0178)
- Missouri Children with Developmental Disabilities Waiver (MO.4185)
- Partnership for Hope Waiver (MO.0841)
- Support Waiver (MO.0404)

DHSS operates the following five HCBS Waivers:

- Adult Day Care Waiver (MO.1021)
- Aged and Disabled Waiver (MO.0026)
- AIDS Waiver (MO.0197)
- Independent Living Waiver (MO.0346)
- Medically Fragile Adult Waiver (MO.40190)

Together, the HCBS Waiver programs operated by DMH and DHSS provide services to over 31,000 Missouri residents as of 2013.<sup>2</sup> Eligibility and services for each waiver vary. Details on each DMH HCBS program are outlined below. Additionally, covered services for each DMH and DHSS operated waiver are outlined in Exhibit A and Exhibit B, respectively.

### Autism Waiver

The Autism Waiver was implemented in 2009 and, as of 2013, serves 153 individuals. It is intended to provide services to individuals with an autism spectrum disorder (ASD) who live at home and have behavioral and/or social communication deficits that require supervision. The annual cap on services is \$22,000.

Individuals eligible for Autism Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Aged three through 18;
- Have an ASD diagnosis;
- Meet ICF/ID level of care; and

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<sup>2</sup> Note to reader: Data reported here is from 2013 because it reflects the most recent and complete information reported by both agencies in approved CMS 372 reports.

- Live in the community with family, but have behavioral and/or social communication deficits that require supervision which make it difficult for the family to provide care in the home and interfere with the child participating in community activities.

### **Comprehensive Waiver**

The Comprehensive Waiver was implemented in 1988 and, as of 2013, serves 8,442 individuals. It is the only waiver that provides residential services and, while this is an option for enrollees, not all choose to receive residential services. Some enrollees live with their families and receive support services, while others are supported in individualized supported living situations or reside in group home settings. There is no annual service cap.

Individuals eligible for Comprehensive Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Have an intellectual and/or developmental disability; and
- Require ICF/ID level of care.

### **Missouri Children with Developmental Disabilities (MOCDD) Waiver**

The MOCDD Waiver was implemented in 1995 and, as of 2013, serves 310 individuals. The MOCDD waiver allows certain State MO HealthNet eligibility requirements to be waived so that children targeted for participation may be determined MO HealthNet eligible. The MOCDD Waiver is intended to provide a community-based system of care to children with developmental disabilities. MOCDD Waiver participants receive regular Medicaid benefits, in addition to waiver services.

Individuals eligible for MOCDD services must meet the following criteria:

- Ineligible for Medicaid under regular guidelines;
- Under the age of 18;
- Have a permanent and total disability;
- Require ICF/ID level of care;
- Live with family; and
- Meet certain financial guidelines.

### **Partnership for Hope**

The Partnership for Hope Waiver was implemented in 2010 and, as of 2013, serves 2,009 individuals. The Partnership for Hope Waiver is a county-based waiver that is a product of a partnership between the Missouri Association of County Developmental Disabilities Services, the Division of Developmental Disabilities, and MHD. The annual cap on services is \$12,000.

Individuals eligible for Partnership for Hope Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Have an intellectual and/or developmental disability;
- Require ICF/ID level of care; and
- Reside in a participating county (waiver operates in more than 100 Missouri counties).

## Support Waiver

The Support Waiver was implemented in 2003 and, as of 2013, serves 1,504 individuals. The Support Waiver is intended for individuals who have a place to live in the community, usually with family, but the family is unable to provide all the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. The annual cap on services is \$28,000.

Individuals eligible for Support Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Have an intellectual and/or developmental disability;
- Require ICF/ID level of care; and
- Have a place to live in the community with informal supports.

## Adult Day Care Waiver

The Adult Day Care Waiver was implemented in 2013 and as of 2013, serves 1,333 participants. The Adult Day Care Waiver is intended to provide day care services for adults with physical and other disabilities. Adult day care services are available to enrollees for up to 10 hours per day, five days per week.

Individuals eligible for Adult Day Care Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Be between the age of 18 and 64;
- Have impairments and unmet needs; and
- Require nursing facility level of care.

## Aged and Disabled Waiver

The Aged and Disabled Waiver was implemented in 1982 and, as of 2013, serves 17,067 participants. The Aged and Disabled Waiver offers in-home services to aging enrollees who have impairments and unmet needs to the extent that they would need nursing home care in the absence of these services.

Individuals eligible for Aged and Disabled Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Age 63 or older;
- Have impairments and unmet needs;
- Require nursing facility level of care; and
- If the individual has a spouse, the spouse has income and resources below a certain level.

## AIDS Waiver

The AIDS Waiver was implemented in 1989 and, as of 2013, serves 73 participants. The AIDS Waiver provides in-home services to enrollees who have been diagnosed with AIDS or an HIV-related illness and also meet a nursing facility level of care.

Individuals eligible for AIDS Waiver services must meet the following criteria:



- Eligible for Missouri Medicaid;
- Have an AIDS or HIV-related diagnosis; and
- Require nursing facility level of care.

### **Independent Living Waiver**

The Independent Living Waiver was implemented in 2000 and, as of 2013, serves 187 participants. The Independent Living Waiver provides in-home services to participants with disabilities.

Individuals eligible for Independent Living Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Over the age of 18 and under the age of 65;
- Have a physical disability;
- Require nursing home level of care; and
- Have the ability to self-direct services.

### **Medically Fragile Adult Waiver**

The Medically Fragile Adult Waiver was implemented in 1998 and, as of 2013, serves 133 participants. The Medically Fragile Adult Waiver provides service coordination and authorization for medically necessary services for enrollees with serious and complex medical needs who age out of the Healthy Children and Youth (HCY) program at the age of 21.

Individuals eligible for Medically Fragile Adult Waiver services must meet the following criteria:

- Eligible for Missouri Medicaid;
- Aged 21 and older;
- Have a physical disability;
- Require ICF/ID level of care; and
- Previously required private duty nursing (PDN) through the HCY program.

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## DMH Assessment Process Overview

DMH's assessment process has provided a better understanding of the experience of Missouri's DMH HCBS Waiver population in accessing community supports, following the guidelines established in the HCBS Final Rule. Broadly, the HCBS assessment process has helped DMH identify which HCB settings are already compliant with the HCBS Final Rule. It has also helped DMH identify HCB settings that need modifications and those that should be reviewed by CMS for "Heightened Scrutiny"—a process in the HCBS Final Rule that allows states to submit evidence demonstrating that a setting presumed not to be compliant has home and community-based qualities and therefore complies. The work to support these assessment activities are discussed in greater detail below.

Importantly, the assessments and other phases of the Transition Plan process have also been rooted in active stakeholder engagement. Before starting assessment activities, DMH formed a stakeholder workgroup to provide feedback on assessment and other Transition Plan work. The stakeholder workgroup reflects a range of relevant interests including HCBS participants, their advocates, and providers. Stakeholder workgroup members include the Missouri Developmental Disability (DD) Council, People First Missouri, Missouri Protection & Advocacy Services, the Missouri Association of Rehabilitation Facilities (MARF), and the Missouri Association of County Developmental Disabilities Services (MACDDS). The stakeholder workgroup has provided input on various parts of the Transition Plan, including assessment tools, through regular meetings as well as through informal discussions. This stakeholder group will continue to serve as a resource to DMH as compliance work continues in the future.

### ***Participant/Guardian Survey***

In November 2014, DMH began developing a participant survey for individuals enrolled in DMH HCBS Waiver programs. The participant survey was the first assessment DMH implemented to better understand how HCBS participants are integrated into the community, from the individual's perspective. In general, the participant survey was also intended to serve as a baseline snapshot of HCB setting compliance with the HCBS Final Rule. The DMH survey included CMS exploratory questions modified for "easy-read." DMH developed and distributed "easy-read" documents about the HCBS rule. After the survey was completed in January 2015, DMH posted the survey online (<http://dmh.mo.gov/dd/hcbs.html>) and distributed it through its support coordinators during monitoring visits, at plan meetings, via stakeholder listservs like *Partners in Policy Making*, and various stakeholder conferences, including the People First conference, MACDDS and Real Voices Real Choices. Support coordinators and various stakeholder groups also assisted in notifying participants of the surveys and helping individuals complete it. The optional survey was completed independently by HCBS participants or with help from their guardians and returned to DMH via email, postal mail, through support coordinators, and in-person by the end of January 2015. In total, approximately 450 survey responses were returned and reviewed by DMH, including 201 surveys from residential settings, 47 surveys from employment settings, and 200 day service settings. The survey can be found in Exhibit C of this report.

### ***Provider Survey***

Like the participant survey, the provider survey was intended to provide a baseline measure of HCBS Final Rule compliance, from the providers' perspectives. In August 2014, DMH developed a provider survey for each of its five HCBS Waiver programs to assess initial provider compliance with the HCBS Final Rule. The provider survey incorporated HCBS Waiver questions, which were derived from a DMH-developed document called the "*Missouri Exploratory Questions for Assessment of HCBS Residential Settings*." The "*Missouri Exploratory Questions for Assessment of HCBS Residential Settings*" was intended to help HCBS providers review how their services are integrated into the community and was based on a document from CMS, "*Exploratory Questions to Assist States in Assessment of Residential Activities*." The provider survey was originally posted online in SurveyMonkey in October 2014, which HCB setting providers were alerted to by DMH at the same time. Despite the fact that the survey was optional, DMH received 78 provider survey responses from 32 HCB providers in total.

### ***HCB Settings Analysis***

The aggregate HCB settings analysis consisted of a State analysis, a Geographic Information System (GIS) evaluation, and on-site assessments, work for which began in September 2014 and was completed in April 2016 at the conclusion of the on-site assessment reviews. Each layer of the HCB settings analysis has helped lead to the identification of which HCB settings are compliant with the HCBS Final Rule and which settings need modifications. For those settings in need of modifications, the HCB settings analysis has also helped pinpoint areas in need of change.

For the State analysis, DMH developed a list of HCBS Waiver settings in Missouri. Again, like the provider and participant surveys, the State analysis was intended to provide a baseline understanding of HCBS Final Rule compliance. This list, referred to as the, "*Missouri HCBS Settings Analysis*," was developed between September 2014 and February 2015 and organized HCBS into general presumed compliance categories. It is important to note that the *Missouri HCBS Settings Analysis* was intended to serve as a general guide for the on-site assessment and the actual compliance determination is based on information gathered during all assessment activities. The categories and their corresponding presumed compliance description are outlined below.

The *Missouri HCBS Settings Analysis* presumed compliance categories include:

- **Yes – Settings presumed fully compliant with HCBS characteristics.** The State considers settings where individuals own or lease their homes, or reside with family as fully compliant unless information is provided that would lead the State to believe the setting is institutional in nature. The State would then move the setting to the Heightened Scrutiny review. It is assumed that approximately 83% of the individuals in these DMH settings will fall under this category.
- **Not Yet – Settings may already be compliant, or with changes will comply with HCBS characteristics.** The State considers settings where individuals reside in provider-owned or controlled housing of any size, reside in a staff member's home, , or receive services in a day program setting located in a building that also provides other disability-specific services as not yet compliant but may be with changes. It is assumed approximately 17% of the individuals in these DMH settings will fall under this category.

- **Not Yet – Settings presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review.** The State considers settings located in a building that also provides inpatient institutional treatment, any setting on the grounds of or adjacent to a public institution, or settings that isolate participants from the broader community, such as multiple locations on the same street operated by the same provider (including duplexes and multiplexes) to be not yet compliant, but evidence may be presented to CMS for heightened scrutiny review when the State further evaluates and determines that the setting does meet the qualities for home and community based settings. Approximately 134 providers with 388 settings (physical addresses) through DMH will fall under this category; and
- **No – Settings that do not and cannot meet HCBS characteristics.** The state considers settings located in Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) (except Respite), Nursing Facilities/Skilled Nursing Facilities, Hospitals and Institutions for Mental Disease (IMD) to not be compliant.

The purpose of the GIS mapping evaluation was to identify HCB settings that would be subject to “Heightened Scrutiny” review by CMS. The GIS evaluation began in December 2014 and was finalized in March 2015. The Missouri Office of Administration developed the GIS mapping, which consisted of identifying all HCBS sites licensed or certified by DMH’s Licensure and Certification Unit, the Department of Health and Senior Services Nursing facilities, public institutions, residential care facilities, assisted living facilities, and DMH providers accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF). Once the settings had been mapped, each county was analyzed for HCBS settings located within one-eighth of a mile radius of another setting that is a publicly or privately-owned facility that provides inpatient treatment or a public institution. HCB settings collocated within one-eighth of a mile were identified for Heightened Scrutiny. DMH identified 134 providers in 388 HCB settings for Heightened Scrutiny through the GIS evaluation, all of which were reviewed in on-site assessments.<sup>3</sup>

The findings from the State analysis and the GIS evaluation were foundational to the on-site assessment, which again, is the nucleus of the HCB settings analysis. The on-site assessment work began in February 2014, when DMH started to develop the on-site assessment tool. The on-site assessment tool, which can be found in Exhibit D, incorporates the *Missouri Exploratory Questions for Assessment of HCBS Residential Settings*. Following completion of the tool in December 2014 DMH began training staff on utilization of the tool during HCBS participant assessments.

While DMH was developing the on-site assessment tool and training staff on its use, the Department was also working to identify HCBS participants for the actual on-site assessment. In total, DMH identified approximately 1,044 HCBS participants for the on-site assessment through three outlets: a random sample, Heightened Scrutiny settings identified in the GIS evaluation, and through assessments requested in participant and provider surveys.

For the random sample population, DMH identified 930 HCBS participants for the on-site assessments. DMH determined that this randomly selected pool of HCBS participants was statistically significant, with a 95% confidence level, based on the RAOSoft sample size calculator program. All settings identified in the GIS evaluation for Heightened Scrutiny were also reviewed in on-site assessments. Additionally, both the participant and provider survey included the option to request an on-site assessment and those who requested an on-site assessment received one. After

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<sup>3</sup> The number of providers and settings identified for Heightened Scrutiny here has been updated from the HCBS Statewide Transition Plan submitted on October 4, 2016.

the HCB settings and HCBS participants were identified, DMH began the process of conducting the actual on-site assessments from March 2015 through April 2016.

The process for each on-site assessment began when DMH staff notified the HCBS participant of the on-site assessment opportunity. The individual then had the choice to participate or not participate in the on-site assessment. If the individual chose to participate, then DMH notified his or her guardian, support coordinator, and HCBS provider within one day of the on-site visit. The individual also had the option of including his or her guardian or support coordinator in the on-site interview, or not. Once an on-site assessment had been scheduled, DMH teams of two used the on-site assessment tool to conduct an interview with the HCBS participant.

After the on-site assessments were completed, DMH analyzed the results and developed a “summary of findings” report for each HCB setting. Within 45 days of the on-site assessment, DMH sent the “summary of findings” to each HCBS provider setting. The findings from the on-site assessment helped identify whether the HCB setting was compliant with the HCBS Final Rule, and if not, what remediation plans were needed to help bring it into compliance. For on-site assessments where HCBS Final Rule compliance deficiencies were found, the “summary of findings” also outlined remediation activities, which are discussed in greater detail in Section 5 of this report.

During the review process, DMH identified 134 providers in 388 settings that may meet CMS’ Heightened Scrutiny qualifications. Of those identified, two providers in two different settings were located adjacent to a publicly or privately-owned facility providing inpatient treatment, and six providers in six different settings were located on grounds of or immediately adjacent to a public institution. The rest of the providers and settings (126 providers in 380 settings) were identified as possibly having the effect of isolating HCBS participants from the broader community. Before submitting evidence to CMS, DMH will conduct an internal review of the presumed institutional settings for evidence of home and community qualities. After the internal review process is complete, DMH intends to submit a formal request for Heightened Scrutiny review by CMS for the settings. Formal requests for Heightened Scrutiny review by CMS will be posted online for public comment and will consist of Heightened Scrutiny evidence. Data collected on each HCB setting from the on-site assessments has been organized in a DMH-developed database, which is intended to provide analysis on various factors from the on-site assessment such as HCB setting type and region. DMH also plans to use this database, to some extent, to monitor compliance with remediation plans. A summary of the data collected and the results of the on-site assessments are discussed in the next section.

# 4

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## DMH Summary of Findings

The HCBS participant is the focus of the HCBS Final Rule compliance review. DMH dedicated significant time with HCBS participants to understand and capture their perspective on HCBS Final Rule compliance, using the on-site assessment tool found in Exhibit D. The findings from those on-site interviews with HCBS participants are analyzed in this section. This section also compares findings from the HCBS participant interviews with self-reported compliance from HCB providers, as well as efforts DMH will take to bring HCB providers into compliance through remediation and state systemic changes. While there are changes to be made, the findings indicate that there are many areas where HCB providers are meeting the letter and intent of the HCBS Final Rule and participants have the benefit of community living and the opportunity to receive services in the most appropriate, integrated setting possible.

To better understand the HCBS participant perspective, the on-site assessment tool was used by DMH staff to interview HCBS participants in employment, ILSD, and residential settings. The on-site assessment tool includes specific questions intended to measure compliance with broader HCBS Final Rule requirements, which CMS refers to as the “seven pillars of compliance.” Each “compliance pillar” aligns with specific requirements in the HCBS Final Rule. For example, *Compliance Pillar IV* requires that an HCB setting is “selected by the individual from among setting options including non-disability specific settings.”<sup>4</sup> To measure compliance with this requirement, the on-site assessment asked HCBS participants specific questions related to that particular requirement, such as “was the individual given a choice of available options regarding where to receive services.”

These “seven pillars of compliance” are as follows:

- Pillar I** The HCB provider is integrated in and supports access to the greater community.<sup>5</sup>
- Pillar II** The HCB provider provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.<sup>6</sup>
- Pillar III** The HCB provider ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.<sup>7</sup>
- Pillar IV** The HCB provider is selected by the individual from among setting options including non-disability specific settings.<sup>8</sup>
- Pillar V** The HCB provider ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint.<sup>9</sup>

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<sup>4</sup> 42 CFR 441.301(c)(4)(ii), <https://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>

<sup>5</sup> 42 CFR 441.301(4)(i)

<sup>6</sup> 42 CFR 441.301(4)(i)

<sup>7</sup> 42 CFR 441.301(4)(i)

<sup>8</sup> 42 CFR 441.301(4)(ii)

<sup>9</sup> 42 CFR 441.301(4)(iii)

**Pillar VI** The HCB provider optimizes individual initiative, autonomy, and independence in making life choices.<sup>10</sup>

**Pillar VII** The HCB provider facilitates individual choice regarding services and supports and who provides them.<sup>11</sup>

As mentioned, each compliance pillar is measured by several questions from the on-site assessment tool. The summary of findings analyzes participant responses from two vantage points: a detailed analysis of specific on-site assessment questions, and a comprehensive perspective on how HCB providers meet each compliance pillar. A detailed analysis of participant answers to on-site assessment questions by employment, ILSD, and residential provider type can be found in Exhibit E. Comprehensive HCBS survey results can be found in Exhibit F.

The following subsections, organized by each compliance pillar, outline a comprehensive perspective on compliance according to the HCBS participants and State efforts to achieve long-term compliance. Each “compliance pillar subsection” includes:

- The list of HCBS participant questions from the on-site assessment associated with the respective compliance pillar.
- An analysis of those participant answers by provider type. Participant responses are also compared to compliance reported by HCB providers from the provider survey.<sup>12</sup>
- A summary of HCBS participant and other commentary on non-compliance. These summaries provide important caveats on question responses from participants; for example, for Compliance Pillar VI, HCBS participants were asked whether they were given a choice of roommate. While only 38% respondents had reported that they were given a choice, many of those who reported that they were not given a roommate choice, also reported that they had their own room.

It should be noted that specific remediation and statewide systemic improvement strategies will be implemented where compliance gaps exist. Both will be discussed in later report sections. However, these activities are outlined here and apply to performance gaps found in the seven compliance pillars. There are a few additional remediation and statewide systemic improvement changes for Compliance Pillar II. These additional activities are noted in the discussion of Compliance Pillar II.

### ***HCB Provider Remediation Activities***

Remediation activities will ensure all HCB providers meet the HCBS Final Rule requirements. Between now and 2019, remediation activities across HCB provider types will include the following:

- HCBS assessment teams will continue to work with individual HCB providers on assessment findings related to each compliance pillar.
- HCBS assessment teams will review HCB provider policies, procedures, operating practices, trainings, and any other evidence provided by HCB providers.
- National Core Indicator (NCI) surveys will be conducted including adult consumer surveys and three family surveys.

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<sup>10</sup> 42CFR 441.301(4)(iv), 42CFR 441.301(4)(iv)

<sup>11</sup> 42CFR 441.301(4)(v)

<sup>12</sup> Provider self-assessment survey: <https://dmh.mo.gov/dd/docs/providersurveyresults.pdf>

- Licensure and Certification and Quality of Service review processes will include evidence-based discussions with participants.
- The State's quality integrated functions, conducted by Provider Relations, Licensure and Certification, Targeted Case Management Technical Assistance Coordinators, and Quality Services personnel, will review and monitor for on-going compliance.

### ***Statewide Systemic Improvement Strategy***

DMH is currently in the process of updating the following sections of the Code of State Regulations to incorporate compliance pillar requirements:

- Licensure and Certification
- Targeted Case Management
- Individual Support Plan
- Provider Enrollment
- Termination of Contracts

DMH is also updating the following state documents to incorporate compliance with pillar requirements and where documents apply to HCBS participant rights, these edits are being made in a user friendly format:

- Targeted Case Management Technical Guidance Manual
- Support Coordinator Manual
- Support Coordinator Policy and Implementation Directive
- Enrollment of New Providers Directive
- Provider Relations Review Guidelines
- Provider Contracts
- DD Medicaid Waiver Program Certification Survey Instruments and Tools
- Quality of Services Review Guidelines and Tools
- Integrating Quality Functions Guidelines
- Individual Support Plan Guides
- TCM Technical Assistance Coordinator Review Tool

### ***Compliance Pillar I***

HCBS participants were asked the following questions to gauge compliance with Compliance Pillar I, whether the HCB provider is integrated in and supports access to the greater community:

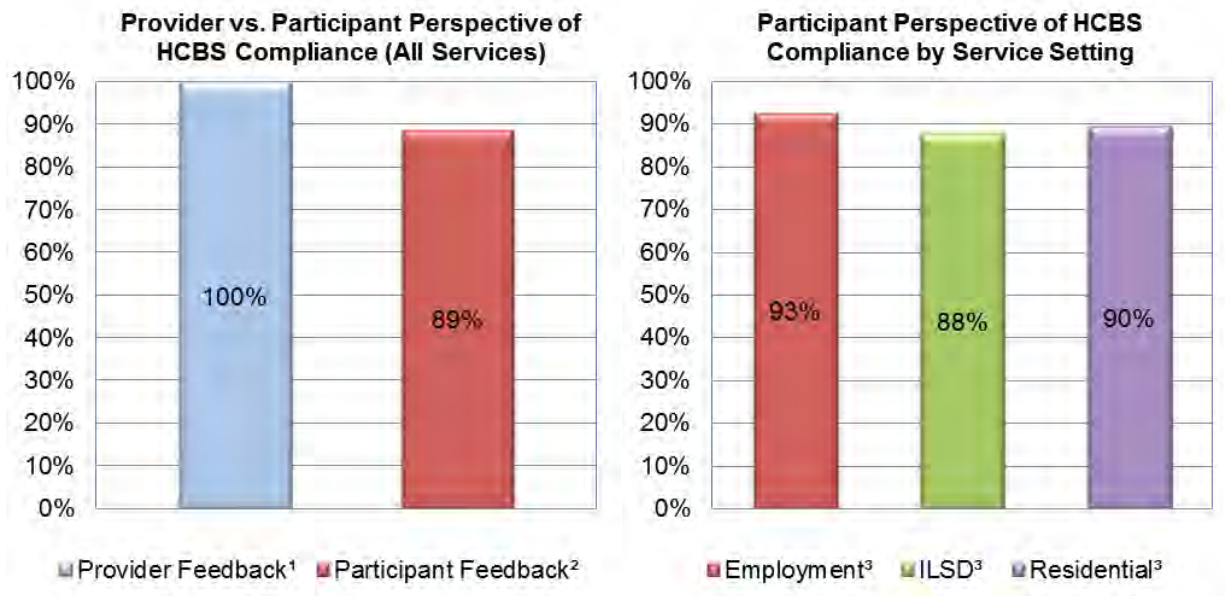
1. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?
2. Does the setting encourage interaction with the public?
3. Does the setting provide opportunities for regular meaningful activities in integrated community settings for the period of time desired by the individual?
4. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?

Overall, a majority of HCBS participants responded that HCB providers across setting types were compliant with Compliance Pillar I, which also aligns with the self-reported compliance by providers from the provider survey. Across the provider spectrum, 89% of HCBS participants reported that HCB providers met requirements of Compliance Pillar I. From the provider survey, 100% of HCB providers reported compliance.



At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 93% of HCB employment providers are compliant.
- 88% of HCB ILSD providers are compliant.
- 90% of HCB residential providers are compliant.



**Notes:**

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

***HCBS Participant On-Site Survey commentary for non-compliance***

**Employment:** While most participants were employed in integrated settings, two participants were employed in settings where individuals with disabilities were segregated from individuals without disabilities.

**ILSD:** On the questions of knowledge of opportunities outside of the setting and activities at times desired by the individual, participants reported limitations such as opportunities to participate in group rather than individualized activities and issues with staffing and/or transportation from the setting to community activities on a consistent basis. On the question of setting location, providers in rural settings were often identified as non-compliant due to geographic isolation. Additionally, a high volume of "N/A" responses are the result of non-verbal participants who were not able to provide direct responses to DMH staff conducting surveys.

**Residential:** On the question of knowledge of opportunities outside of the setting, participants reported limited access to the community either due to staffing or transportation issues or activities occurring within a group rather than in an individualized manner.

On the question of setting and community integration, providers in rural areas were identified as non-compliant due to geographic isolation.

### Compliance Pillar II

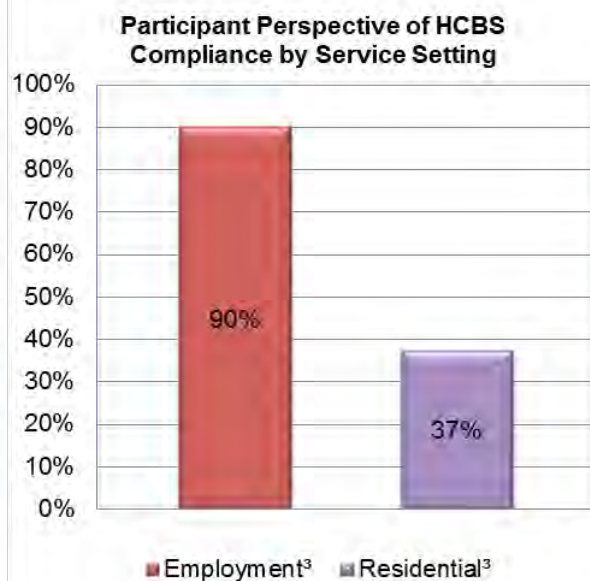
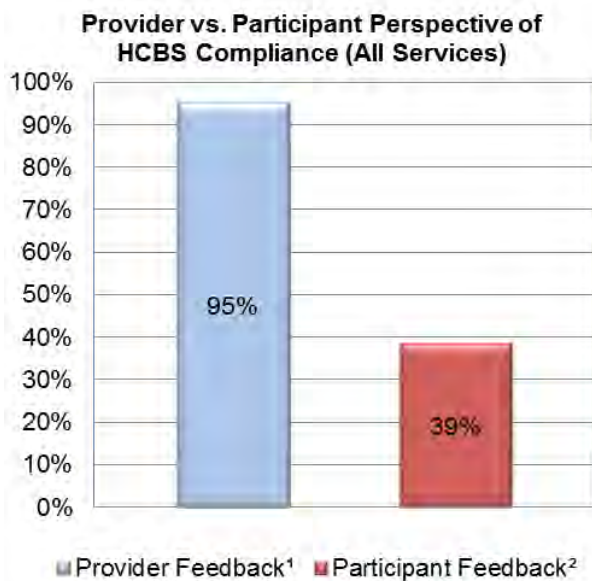
HCBS participants in residential and employment HCB settings were asked the following questions to gauge compliance with Compliance Pillar II, whether the provider provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources:

1. Does the individual currently have a job?
2. If they would like to have a job, is someone helping them to get a job?
3. Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?
4. Does the individual have a checking or savings account or other means to control their funds?
5. Does the individual’s person-centered service plan document the individual was given the information necessary to make an informed choice regarding housing options?

Across the provider spectrum, 39% of HCBS participants reported that HCB providers met requirements of Compliance Pillar II. From the provider survey, 95% of HCB providers reported compliance. While there is a disparity between compliance reported by HCBS participants and HCB providers, there are important caveats in the participant commentary discussed below.

At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 90% of HCB employment providers are compliant.
- 37% of HCB residential providers are compliant.



**Notes:**

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

### ***HCBS Participant On-Site Survey commentary for non-compliance***

**Employment:** While most participants were employed in integrated settings, two participants interviewed were employed in disability-specific settings.

**Residential:** On the question of access to personal funds, participants responded that guardians had primary control of their funds; however, many confirmed that they still had access to the funds though not directly. On the question of informed housing choice in the participant's ISP, the primary issue was lack of documentation in the participant's ISP, while others responded that they had been living in the same location for many years and did not feel the need for a choice. On the issue of employment, many participants responded that they did not want a job or were retired, were unable to work due to health problems, or were satisfied with volunteering. These questions also received a high response rate of "N/A" or "Unable to Determine" due to non-verbal participants who were unable to directly respond to DMH staff.

### ***HCBS Provider Remediation Activities***

In addition to the standard remediation activities listed above, the State Employment Leadership Network (SELN) is also working with the state employment lead on programmatic and policy design to transition state-operated waiver providers from a traditional legacy philosophy to an HCBS philosophy. As part of this transformation, the SELN is assisting with developing specific tools and toolkits to share with private HCB providers who have similar areas of remediation. DMH has also implemented an "Empowering Through Employment" statewide initiative to promote and increase the number of individuals accessing employment services in all regions of the State. The initiative has another focus on increasing the number of businesses with disability hiring initiatives.

### ***Statewide Systemic Improvement Strategy***

In addition to the standard statewide systemic activities listed above, DMH is also in the process of amending all applicable waivers with employment services to revise employment definitions to align with the HCBS rule. DMH is also a member of the SELN, which provides technical assistance and access to national subject matter experts on system design and competitive integrated employment of HCBS participants.

### ***Compliance Pillar III***

HCBS participants were asked the following questions to gauge compliance with Compliance Pillar III, whether the HCB provider ensures the individual receives services in the community to the same degree of access as individuals not receiving those Medicaid HCBS:

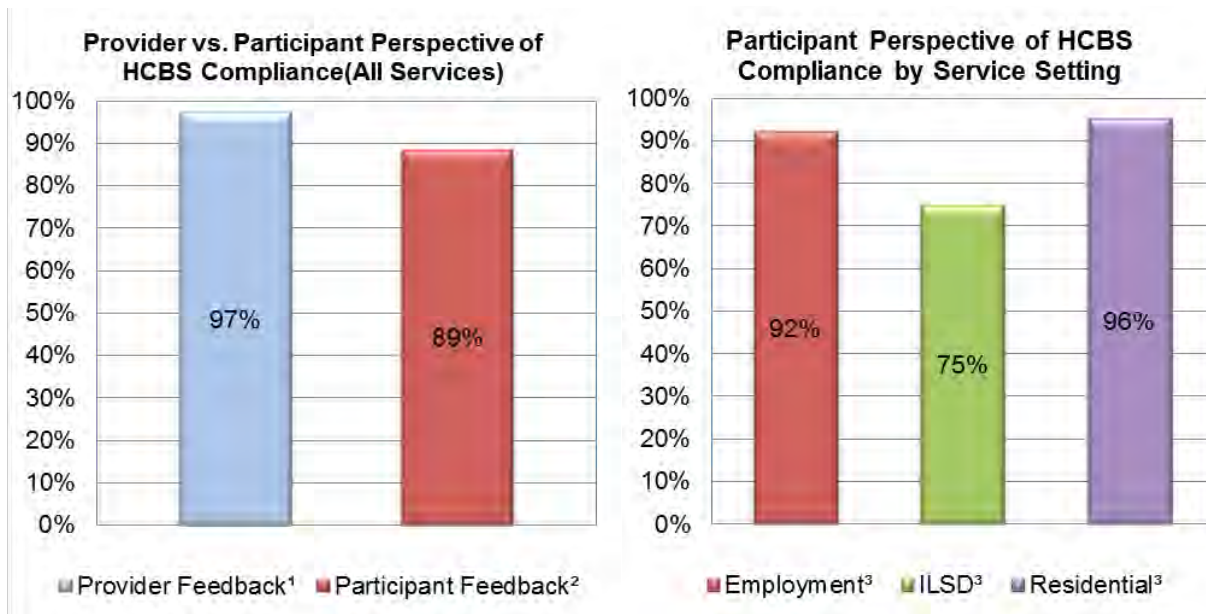
1. Do individuals receiving HCBS work in a different area of the setting separate from individuals not receiving Medicaid HCBS?
2. Do individuals receiving HCBS have activities in a different area of the setting separate from individuals not receiving Medicaid HCBS?

3. Does the individual access social activities in the community?

Overall, there was similar rate of compliance reported by both HCBS participants and HCB providers for Compliance Pillar III. Across the provider spectrum, 89% of HCBS participants reported that HCB providers met requirements of Compliance Pillar III. From the provider survey, 97% of HCB providers reported compliance.

At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 92% of HCB employment providers are compliant.
- 75% of HCB ILSD providers are compliant.
- 96% of HCB residential providers are compliant.



**Notes:**

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.  
<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.  
<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

**HCBS Participant On-Site Survey commentary for non-compliance**

**Employment:** Participant survey comments do not provide sufficient context to determine drivers of non-compliant responses.

**ILSD:** Non-compliance reported by participants is the result of the setting only being open to individuals who receive HCBS services. Participants also reported that there were limited activities or services aimed to promote integration with individuals not receiving Medicaid HCBS. These questions also received a high response rate of "N/A" or "Unable to Determine" due to non-verbal participants who were unable to directly respond to DMH staff.

**Residential:** Participant survey comments do not provide sufficient context to determine drivers of non-compliant responses.

### Compliance Pillar IV

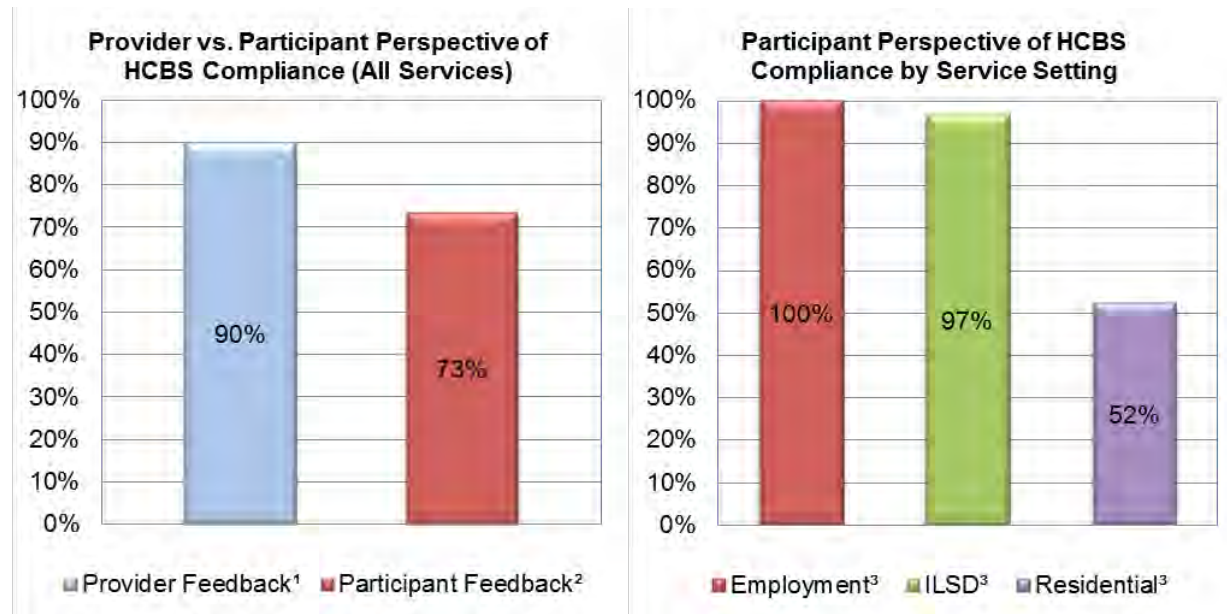
HCBS participants were asked the following questions to gauge compliance with Compliance Pillar IV, whether the HCB provider is selected by the individual from among setting options including non-disability specific questions:

1. Is the setting physically accessible and not limiting individuals' mobility, including access to the bathrooms and break rooms?
2. Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?
3. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?

Overall, there was close rate of compliance reported by both HCBS participants and HCB providers for Compliance Pillar IV. Across the provider spectrum, 73% of HCBS participants reported that HCB providers met requirements of Compliance Pillar IV. From the provider survey, 90% of HCB providers reported compliance.

At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 100% of HCB employment providers are compliant.
- 97% of HCB ILSD providers are compliant.
- 52% of HCB residential providers are compliant.



Notes:

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

***HCBS Participant On-Site Survey commentary for non-compliance***

**Employment:** N/A

**ILSD:** Non-compliance reported by participants is the result of individuals being unable to access all HCBS facility areas.

**Residential:** Non-compliance reported by participants is the result of the lack of a written residency agreement or lease.

***Compliance Pillar V***

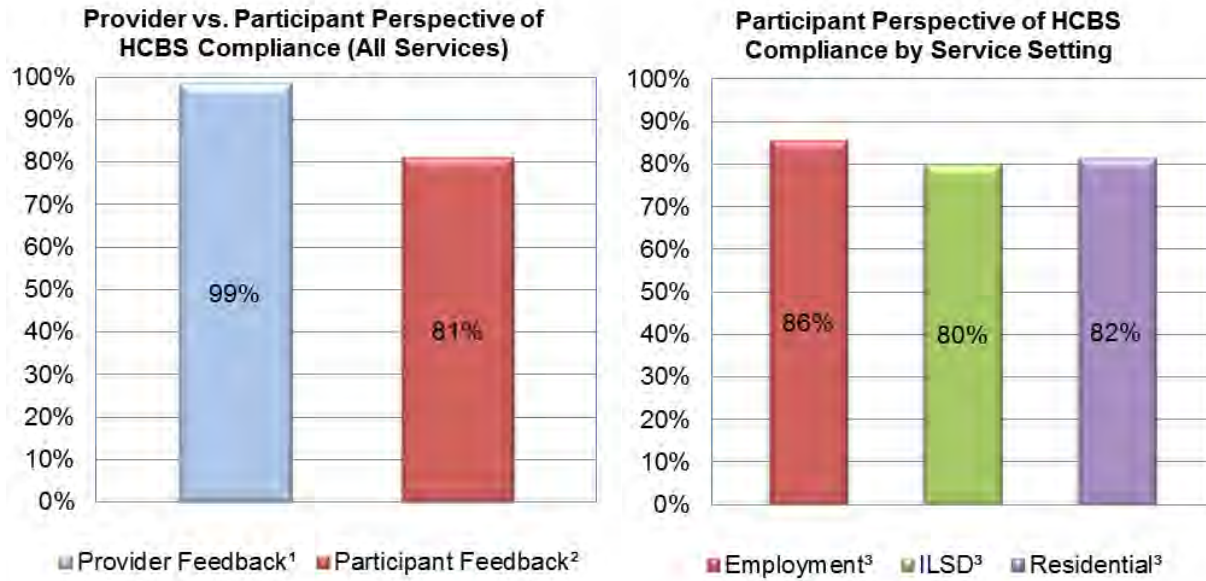
HCBS participants were asked the following questions to gauge compliance with Compliance Pillar V, whether the HCB provider ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint:

1. Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?
2. Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?
3. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?
4. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?
5. Is assistance provided in private, as appropriate, when needed?
6. Is health information about individuals kept private?
7. Is the individual comfortable discussing concerns?
8. Does the individual know the person to contact or the process to make an anonymous complaint?
9. Can the individual close and lock the bedroom door?

For Compliance Pillar V, there was similar rate of compliance reported by both HCBS participants and HCB providers. Across the provider spectrum, 81% of HCBS participants reported that HCB providers met requirements of Compliance Pillar V. From the provider survey, 99% of HCB providers reported compliance.

At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 86% of HCB employment providers are compliant.
- 80% of HCB ILSD providers are compliant.
- 82% of HCB residential providers are compliant.



Notes:

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

***HCBS Participant On-Site Survey commentary for non-compliance***

**Employment:** On the questions of respectful interaction with staff and discussing concerns, participant responses indicated full or near-full compliance. On the question of filing an anonymous complaint, participants were unaware of the process or unable to verbalize a complaint if they had one.

**ILSD:** On the question of respectful interaction with staff, some participant feedback indicated a lack of privacy for discussing medical concerns or ISP goals within the setting. Other comments indicated participants felt staff prioritized their own needs ahead of the participants. On the questions of discussing concerns and filing anonymous complaints, participants are generally comfortable discussing concerns but are unaware of the process for filing a complaint anonymously. These questions received a high response rate of "N/A" or "Unable to Determine" due to non-verbal participants who were unable to directly respond to DMH staff.

**Residential:** On the questions of discussing concerns and filing anonymous complaints, participants are generally comfortable discussing concerns but are unaware of the process for filing a complaint anonymously. Similar to ILSD, these questions received a high response rate of "N/A" or "Unable to Determine" due to non-verbal participants who were unable to directly respond to DMH staff. On the questions related to staff access to bedrooms, bathrooms, and living spaces and the ability for doors to lock, participants reported lower levels of privacy due to having roommates with different schedules or needs or not having locks on bedrooms or bathrooms. Additionally, staff had free access to living spaces for some participants where

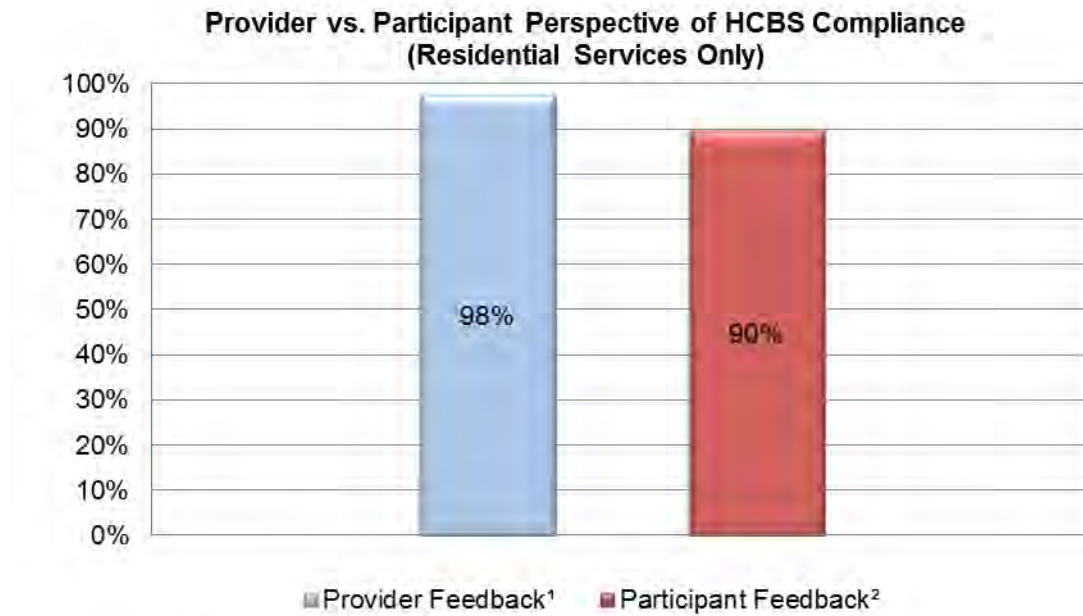
choking hazards were a concern with food consumption; however, this was not always documented in the ISP. On the question related to maintaining private health information, DMH staff observed information related to fluid and food intake for participants in public spaces.

### **Compliance Pillar VI**

HCBS participants in residential settings were asked the following questions to gauge compliance with Compliance Pillar VI, whether the HCB provider optimizes individual initiative, autonomy, and independence in making life choices:

1. Can the individual determine their own activities for the day?
2. Can the individual choose when to engage in their activities for the day?
3. Does the individual chose who participates in meaningful non-work activities in the community with them?
4. Was the individual given a choice of a roommate?
5. Are visitors restricted to specified visiting hours?
6. Are there restricted visitor’s meeting areas?

In total, 90% of HCBS participants reported that HCB residential setting providers met requirements of Compliance Pillar VI. This aligns with self-reported compliance from providers, 98% of whom reported compliance in the provider survey.



**Notes:**

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

**HCBS Participant On-Site Survey commentary for non-compliance**



**Residential:** On the questions of determining one’s own activities, participation in meaningful community activities, and choice of when to engage in activities, participants reported limitations resulting from group instead of individualized activities. Additionally, ISPs did not document how the provider enables the participant to have knowledge of community activities and autonomy for making choices for which activities to participate in. On the question of roommate choice, participants reported having a choice in roommates but not housemates or wanting to live alone but being limited by their financial situation. This question received a high response rate of "N/A" due to numerous participants living alone or having their own bedroom. On the questions related to visiting hours and visitor meeting areas, participants reported limitations to certain hours or locations within the facility without having the restrictions documented in their ISPs.

### ***Compliance Pillar VII***

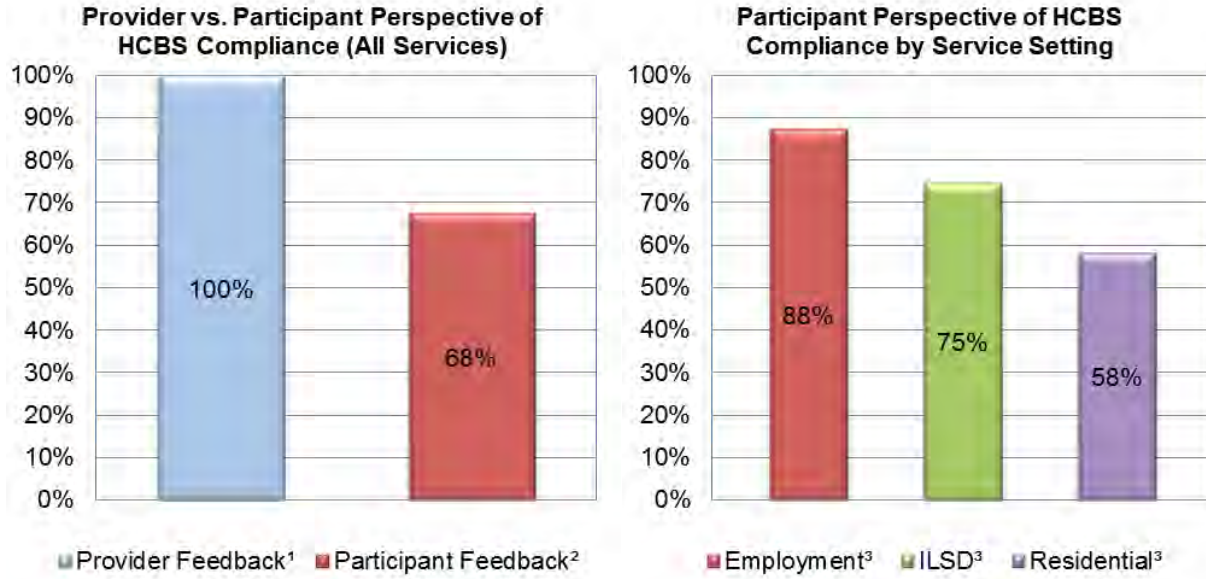
HCBS participants were asked the following questions to gauge compliance with Compliance Pillar VII, whether the HCB provider facilitates individual choice regarding services and support and who provides them:

1. Was the individual given a choice of available options regarding where to receive the service?
2. Was the individual given opportunities to visit other settings?

Across the provider spectrum, 68% of HCBS participants reported that HCB providers met the requirements of Compliance Pillar VII. In contrast, 100% of HCB providers reported that they met Compliance Pillar VII requirements. While a majority of providers are compliant with the requirements of Compliance Pillar VII, there are varying rates of compliance reported between HCB provider types.

At the HCB provider level, HCBS participants reported the following compliance trends among setting type:

- 88% of HCB employment providers are compliant.
- 75% of HCB ILSD providers are compliant.
- 58% of HCB residential providers are compliant.



Notes:

<sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup> Participant responses collected through On-Site Assessment surveys conducted by DMH staff at HCBS provider sites of Employment, Individual Living Skills Development, and Residential Services to collect participant perspective of compliance with the HCBS Final Rule.

<sup>3</sup> Participant responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

***HCBS Participant On-Site Survey commentary for non-compliance***

**Employment:** Participants generally enjoy their places of employment however it is unclear if individuals were given a choice of their employer.

**ILSD:** Non-compliance is generally the result of participants being unaware of other provider options or visiting only one location prior to selection. However, there are a handful of participants who reported receiving services in a setting that do not meet their documented ISP goals or not receiving support from staff to meet ISP goals. These questions received a high response rate of "N/A" or "Unable to Determine" due to participants being with a provider for an extended period of time and not remembering if there was a choice in selecting the provider.

**Residential:** Non-compliance is the result of participants being unaware of other options or residing in a geographical location with limited options. Similar to ILSD, these questions received a high response rate of "N/A" or "Unable to Determine" due to participants residing with a provider for an extended period of time or not remembering if there was a choice in selecting the provider.

# 5

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## DMH Setting Remediation

As discussed, the on-site assessment process identified HCB settings that are and are not currently compliant with the HCBS Final Rule. For those that are not currently compliant, the on-site assessment also identified specific areas of modifications that the HCB settings need to adopt. Where and when deficiencies were found in the on-site assessment, DMH has started a remediation process with the HCB setting. Broadly, the remediation process includes a “summary of findings” submitted to the HCB setting, a remediation plan developed by the HCB setting to correct the deficiency or deficiencies, and monitoring by DMH to ensure that the remediation steps are met. The specific remediation steps are outlined below.

The remediation process begins with a “summary of findings” in letter form sent to the HCB setting provider, detailing the on-site assessment results. The “summary of findings” details HCBS Final Rule compliance deficiencies identified during the on-site assessment, a request for a remediation plan developed by the HCB setting, timeframes for remediation activities, and technical assistance available from the State to the HCB setting provider. The “summary of findings” is sent to the HCB setting provider within 45 calendar days of the on-site assessment.

Within 45 days of receipt of the remediation letter, the HCB setting provider is to submit a remediation plan to DMH, detailing steps the HCB setting intends to take and the timeframes to come into compliance. Specifically, the remediation plan must include systemic program changes the setting plans to implement to correct the identified deficiencies, along with assurances of those changes in the person-centered service plan. After receipt of the remediation plan, DMH then compares the plan with the scope of changes, taking mitigating factors into consideration during review of the plan. For example, this might include longer compliance timelines for large infrastructure changes. DMH may then request plan changes from the HCB setting provider, or approve the remediation plan.

When the remediation plan is approved, DMH staff enters it into the “DMH Action Plan Tracking System” (APTS), which is a division-wide tool used to monitor provider compliance with various requirements. After DMH has approved the remediation plan, the HCBS provider setting is also required to submit periodic reports on remediation plan progress. These activities are tracked in APTS, which DMH uses to monitor progress towards meeting compliance milestones outlined in the remediation plan and to notify DMH when timelines and remediation activities are not being met.

If an HCB setting does not meet milestones outlined in their remediation plan, the APTS is updated as such and notifies DMH that additional action is needed. DMH may then take additional steps with the HCB setting provider like a provider improvement plan, a critical status plan, or termination of contract. In cases where HCB setting providers do not meet their remediation plan and fails to cooperate with Missouri’s HCBS Transition Plan, DMH may also impose sanctions in accordance with state regulations, 13 CSR 70-3.030 and 9 CSR 45-5.060.

Throughout the assessment and remediation process, technical assistance has been and will continue to be provided to the HCB setting providers. While DMH provides assistance to setting providers upon request, ongoing technical assistance with setting providers is rooted in quarterly meetings with DMH, which will continue through March 2019. During quarterly meetings, HCB setting providers submit monitoring updates on remediation plan milestones, which are tracked in a

central spreadsheet. If deficiencies are found during these meetings, DMH provides technical assistance to help the HCB setting provider close the gap in meeting remediation plan milestones and timeframes. Technical assistance is also available to settings that amend their remediation plans.

The remediation activities described here are intended to guide non-compliant HCB settings into compliance with the HCBS Final Rule. Once HCB settings reviewed during the on-site assessments have been brought into compliance, systemic compliance and monitoring processes will ensure that all HCB settings remain compliant moving forward. These activities are discussed in greater detail in the last section of this report, “Summary of Next Steps.”

# 6

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## DMH Additional State Assessments and Action

The HCB setting assessments have consumed the bulk of DMH-focused work on the HCBS Final Rule, but there are other important and complementary assessment and educational activities that DMH has completed since 2014. This work has included assessments and updates to relevant HCBS regulations and policy manuals and educational outreach with HCB setting providers. These assessments and additional actions are outlined in greater detail below.

The HCBS Final Rule requires that states review their laws, regulations, policies, and procedures to ensure congruity with the federal rule. Between October 2014 and March 2015, DMH reviewed its administrative regulations and laws related to delivery of DMH HCBS Waiver programs in the State. DMH made various determinations on whether each regulation reviewed was relevant, complementary, or contradictory to the HCBS Final Rule. For the regulations that were contradictory or lacked requisite HCBS Final Rule components, DMH will file changes to the administrative rules with the Secretary of State, upon approval from the Office of the Governor. DMH filed the first changes in March 2015 and expects to finalize the filing process in July 2017. An example of such a change includes an update to regulatory language, requiring that HCBS provider settings certify that they have received, understand, and comply with HCBS Final Rule setting requirements. The results of this review are outlined in the “Regulation and Policy Crosswalk,” created by DMH to summarize, document, and cite compliance with the HCBS Final Rule.<sup>13</sup>

DMH has also begun reviewing State HCBS policy manuals. Where policy and procedures are contradictory or lacking protections from the HCBS Final Rule, DMH has started to make changes. Specifically, policy manuals will be modified to clarify that HCBS participants control their environment and have access to the community. Revisions to State HCBS policy manuals will be finalized by the end of 2016. For DMH HCBS Waiver programs, HCBS provider applications have also been revised to redefine employment services, day habilitation, community integration, personal assistance, and individualized skill development to align with the HCBS Final Rule requirements. Relevant DMH brochures and online resources have also been updated so that HCBS Final Rule protections are made clear to HCBS participants.

While review and modification to regulations, policies and procedures will work to ensure State activities are in line with the HCBS Final Rule, provider training activities will work to ensure these policies are working at the ground level. Currently, when agencies enroll to provide HCB services, DMH provides information on HCBS requirements from the HCBS Final Rule. DMH has also incorporated HCBS Final Rule training and education in quarterly meetings with HCBS providers. Regular education will also be available for self-advocates, families, health care providers, and other stakeholders.

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<sup>13</sup> 2016 Regulation and Policy Crosswalk: <https://dmh.mo.gov/dd/docs/hcbspolicycrosswalk.xlsx>

# 7

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## DMH Summary of Next Steps

The HCBS Final Rule requires full compliance by March 2019. Missouri has made great progress with compliance, which to date, has included HCB setting assessments and the start of remediation activities, along with other complementary actions such as HCBS provider setting education and review of State regulations and policies. Moving forward, DMH has developed a plan to build systemic as well as grassroots changes that will help the State achieve full compliance in 2019 and in later years.

As mentioned, the remediation process will bring non-compliant HCB settings up to code with the HCBS Final Rule. Once this has been achieved, compliance process for new settings and ongoing HCBS-wide reviews will ensure compliance among all HCB settings going forward. Other actions, like updates to State regulations and policy manuals will serve as a checks and balance of system-wide compliance and on an ongoing basis, questions posed in the participant survey will be incorporated into annual assessments and reviews.

DMH has developed a plan to monitor ongoing compliance and to embed compliance efforts at the front-end for new HCB settings enrolling with the DMH as providers of service. In large part, front-end compliance will be achieved through updates to the code of state regulations (CSR) and tools like the Licensure and Certification Review, both of which align with HCBS Final Rule requirements. For example, for HCB settings, compliance will be reviewed at the time of provider certification through the Licensure and Certification survey tool, which has been updated to include all components of the HCBS Final Rule like privacy, dignity, respect, freedom from coercion, and individual choice. In addition to systemic changes, like those to the CSR and Licensure Certification survey tool, DMH has engaged in one-on-one compliance efforts. New HCB setting providers will be notified of the HCBS Final Rule and directed to the provider survey. After remediation of non-compliant sites has been finalized, ongoing compliance oversight will begin. This process will be integrated into existing quality review functions. The Division of Developmental Disabilities under DMH currently uses a toolbox of guidance documents to monitor various DMH programs. The relevant HCBS guidance documents will be updated so that regular compliance monitoring activities include HCBS Final Rule requirements. Annual oversight reviews of all HCB settings for compliance with the HCBS Final Rule will begin in April 2017.

On an ongoing basis, questions posed in the participant surveys will be incorporated into annual assessments and reviews, which should serve as an added layer of oversight to ensure that HCBS Final Rule compliance has been achieved. Additionally, DMH plans to continue stakeholder workgroups to develop plans for larger system process changes as needed. This might include modifications to existing integrated quality monitoring processes or enhanced HCBS provider and support coordination trainings.

The HCB setting assessments have built a solid foundation to help the State and its HCBS providers meet milestones in the Transition Plan. It has put Missouri on track to meet HCBS Final Rule compliance and it has done so in a way that prioritizes the perspective and needs of its HCBS participants. The HCB setting assessments and the results of those assessments will help shape other Transition Plan work discussed in this report, which will continue through the compliance date of March 2019 and in future years.

# 8

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## DHSS Assessment Process Overview

DHSS's assessment process has provided a better understanding of the experience of Missouri's DHSS HCBS Waiver population in accessing community supports, following the guidelines established in the HCBS Final Rule. Broadly, the HCBS assessment process has helped DHSS and MMAC identify which HCB settings are already compliant with the HCBS Final Rule. It has also helped MMAC identify HCB settings that need modifications and those that should be reviewed by CMS for "Heightened Scrutiny"—a process in the HCBS Final Rule that allows states to submit evidence demonstrating that a setting presumed not to be compliant has home and community-based qualities and therefore complies. The work to support these assessment activities is discussed in greater detail below.

DHSS engaged stakeholders to provide feedback on assessment and other Transition Plan work. The stakeholders reflect a group of providers and provider associations which represent affected settings. DHSS and MMAC met with stakeholders in person to gather feedback during the Transition Plan process. Additionally, the stakeholders provided input on various parts of the Transition Plan through informal discussions. These stakeholders will continue to serve as a resource to DHSS and MMAC as compliance work continues in the future.

### ***Participant/Guardian Survey***

In November 2014, DHSS began developing a participant survey for individuals receiving DHSS HCBS Waiver adult day care services and AIDS Waiver attendant care services. The participant survey was the first assessment implemented to better understand the DHSS HCBS participants' experience with HCBS. The participant survey was also intended to serve as a baseline snapshot of HCB setting compliance with the HCBS Final Rule. The DHSS survey included CMS exploratory questions modified for "easy-read." After the survey was completed in January 2015, DHSS posted the survey online (<http://health.mo.gov/seniors/hcbs/transitionplan.php>), mailed the survey to participants receiving adult day care services (including a postage paid return envelopes), and hand-delivered surveys to individuals receiving attendant care services through the AIDS Waiver. The optional survey was completed independently by HCBS participants, or with help from an individual of their choosing, and returned to DHSS by the end of September 2015. In total, approximately 698 survey responses were returned and reviewed by DHSS, including 681 surveys from participants receiving adult day care services and 17 from participants receiving AIDS Waiver attendant care services. The surveys can be found in Exhibits G and I of this report with the results in Exhibits H and J.

### ***Provider Survey***

Like the participant survey, the provider survey was intended to supply a baseline measure of HCBS Final Rule compliance, from the providers' perspectives. Between June 23, 2014 and August 22, 2014, the State developed an initial provider self-assessment survey by incorporating the CMS exploratory questions into an on-line survey. Via Provider Bulletin on August 22, 2014, MHD requested providers complete an initial provider self-assessment survey by September 10, 2014. To assist providers completing the provider self-assessments, the State released the "Missouri Exploratory Questions for Assessment of HCBS Waiver Settings" document to help providers identify whether or not services are integrated in and participants have access to supports in the community. A total of 116 provider survey responses were received from DHSS HCBS Waiver providers.

### ***HCBS Settings Analysis***

The aggregate HCB settings analysis consisted of a State analysis which included information obtained through licensure records to determine adult day care settings located on the grounds of or adjacent to an institutional setting, a Geographic Information System (GIS) evaluation, and on-site assessments conducted between September 2014 and April 2016. Each layer of the HCB settings analysis has helped lead to the identification of HCB settings that are compliant with the HCBS Final Rule and settings that need modifications. For those settings in need of modifications, the HCB settings analysis has also helped pinpoint areas in need of change.

For analysis, the State developed a list of HCBS Waiver settings in Missouri. The State analysis was intended to provide a baseline understanding of HCBS Final Rule compliance. This list, referred to as the "*Missouri HCBS Settings Analysis*," was developed between September 2014 and February 2015 and organized HCBS into general presumed compliance categories. It is important to note that the *Missouri HCBS Settings Analysis* was intended to serve as a general guide for the on-site assessment, and the actual compliance determination is based on information gathered during all assessment activities. The categories and their corresponding presumed compliance description are outlined below.

The *Missouri HCBS Settings Analysis* presumed compliance categories include:

- **Yes – Settings presumed fully compliant with HCBS characteristics.** The State considers settings where individuals own or lease their homes, or reside with family, as fully compliant unless information is provided that would lead the State to believe the setting is institutional in nature. The State would then move the setting to the Heightened Scrutiny review. Approximately 13,269 DHSS settings will fall into the "Yes" category.
- **Not Yet – Settings may already be compliant, or with changes will comply with HCBS characteristics.** The State considers settings where individuals reside in provider-owned or controlled housing of any size, reside in a staff member's home, or receive services in a day program setting located in a building that also provides other disability-specific services as not yet compliant but may be with changes. It is assumed approximately 79 DHSS provider settings will fall under this category.



- **Not Yet – Settings presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review.** The State considers settings located in a building that also provides inpatient institutional treatment, any setting on the grounds of or adjacent to a public institution, or settings that isolate participants from the broader community, such as multiple locations on the same street operated by the same provider (including duplexes and multiplexes) to be not yet compliant; but evidence may be presented to CMS for heightened scrutiny review when the State further evaluates and determines that the setting does meet the qualities for home and community based settings. Approximately 34 DHSS provider settings may fall under this category; and
- **No – Settings that do not and cannot meet HCBS characteristics.** The state considers settings located in Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) (except Respite), Nursing Facilities/Skilled Nursing Facilities, Hospitals and Institutions for Mental Disease (IMD) to not be compliant.

The purpose of the GIS mapping evaluation was to identify HCB settings that would be subject to “Heightened Scrutiny” review. The GIS evaluation began in December 2014 and was finalized in March 2015. The Missouri Office of Administration developed the GIS mapping, which consisted of identifying all HCBS sites licensed or certified by DMH’s Licensure and Certification Unit, DHSS nursing facilities, public institutions, residential care facilities, assisted living facilities, and DMH providers accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF). Once the settings had been mapped, they were each analyzed to identify locations within one-eighth of a mile radius of another setting that is a publicly or privately-owned facility that provides inpatient treatment or a public institution. HCB settings co-located within one-eighth of a mile were identified for Heightened Scrutiny. DHSS identified 34 providers for potential heightened scrutiny through the GIS evaluation and provided this information to MMAC. Although MMAC had already conducted on-site visits of all these providers, they were placed on an initial internal heightened scrutiny list for further review due to this process.

The findings from the State analysis and the GIS evaluation were foundational to the on-site assessment. The on-site assessment work began in February 2014, when DHSS started to develop the provider assessment tool. The DHSS provider assessment tool can be found in Exhibit K.

MMAC conducted on-site visits of all the ADC and AIDS Waiver locations, and completed HCBS surveys with the providers. The surveys assist the providers in determining where they may need to make improvements before the Setting Requirements are written into state law or regulation. The surveys also assist MMAC in determining where more education is needed, and where certain rule requirements may be confusing and need clarification.

The surveys provided a foundation upon which to overlay participant survey responses, to help provide a better overall view of a provider’s current status regarding compliance to the rule. MMAC was able to utilize the surveys to give the providers feedback regarding areas that may need improvement or modification, and they provided valuable feedback regarding which providers needed to undergo the initial informal heightened scrutiny process.

A summary of the data collected and the results of the on-site assessments are discussed in the next section.

# 9

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## DHSS Summary of Findings

DHSS mailed a participant survey to all 1,333 ADC participants. Participant surveys were also mailed to the ADC centers and asked the center management and staff to encourage participants to fill-out the survey. The participant survey link was also provided on the transition plan section of the Division of Senior and Disability Services (DSDS) website.

Of the 1,333 participant surveys mailed, DSDS received 681 responses from the time period of April 21, 2015 through September 29, 2015.

The following link provides a breakdown of the participant surveys received:

<https://www.surveymonkey.com/results/SM-8SL5MGR9/>

There are a few important factors to emphasize in the results. First, 53.39% of the surveys were completed by a guardian and only 46.61% were completed by the participant. Due to this, many of the answers provided were given by the guardians.

In addition,

- over 90% of participants feel they had choice in provider, are treated with dignity and respect, are satisfied with their services, know what to do if they are unhappy, feel like they can ask for help and know who to ask, can have visitors anytime they want, and are aware of the group activities provided in the ADC.
- 80-90% of participants have another meal choice if they do not like what is being provided, know how to find out about activities in the community, and are able to have snacks whenever they want.
- 60-70% of participants are employed or active in the community (church, shopping, etc.) outside of the ADC.

Under each question, participants or their guardians are given the opportunity to write any additional comments about their ADC services. DSDS read and categorized every comment received on the participant surveys. Any comment received in which the participant or guardian requested contact from the state was followed-up by state staff in Central Office. If a negative comment was received, but no contact information or name of the ADC provided, the comment was included in the overall summary of comments received.

The HIV Medical Case Managers hand delivered surveys to the thirty-five participants receiving attendant care services. Seventeen AIDS Waiver participants receiving attendant care in 2015 responded to the survey. Each comment was recorded and concerns shared with the residential care facility. No requests were made by any participant or guardian for contact or follow-up by the state. The majority of the scores were positive (at or above 94%).

The initial provider survey, 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 survey 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 interacts and communicates 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 doesn'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 survey 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 does staff within the setting ensure that, for example, there are no posting of medications, restricted diets, 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 interacts and communicates 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 does 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 provider survey. Twelve (12) providers completed the original survey, and one hundred and four (104) providers completed the updated survey.

### **Results:**

The majority of the providers answered "yes" to the majority of the questions. (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. The "yes" answers would not require any further consideration, so long as what was observed during the on-site visit did not conflict with any "yes" answer. MMAC observed no conflicts; therefore, MMAC summarized information regarding any answers that were "no" or "not applicable". This summary is available in Exhibit L.

### **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

### **Comparison to Results of DHSS Participant Surveys:**

MMAC attached responses to DHSS' participant surveys when the ADC or AIDS Waiver provider was identified, to that provider's on-site survey, in order to provide the ADC and AIDS Waiver providers the best feedback regarding their current level of compliance with the rule. 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".

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## DHSS Setting Remediation

As discussed, the on-site assessment process identified HCB settings that are and are not currently compliant with the HCBS Final Rule. For those that are not currently compliant, the on-site assessment also identified specific areas of potential deficiency that the providers may need to remedy in order to be compliant. MMAC has started a remediation process with the HCBS providers. Broadly, the remediation process includes a “summary of findings” submitted to the provider, and a follow up plan which includes contacting the providers every six months in order to assist the providers in becoming compliant.

The remediation process begins with a “summary of findings” in letter form sent to the HCB setting provider, detailing the on-site assessment results. The “summary of findings” details HCBS Final Rule compliance deficiencies identified during the on-site assessment, a request for a remediation plan developed by the HCB setting, and offered technical assistance available from the State to the HCB setting provider.

MMAC has a team of personnel who work exclusively with HCBS providers, as well as three enrollment personnel who work exclusively with enrolling HCBS providers. Provider responses will be maintained, tracked and compiled by MMAC. The responses will be reviewed and addressed on a semi-annual basis. If an HCB setting does not meet the changes and timelines outlined in their remediation plan, MMAC may then take additional steps with the HCB setting provider, such as sending an additional request to the provider or on-site or verbal review with the provider. In cases where HCB setting providers do not meet their remediation plan and fail to cooperate with Missouri’s HCBS Transition Plan, MMAC may also impose sanctions in accordance with state regulation 13 CSR 70-3.030 after regulatory authority is in place.

The remediation activities described here are intended to guide non-compliant HCB settings into compliance with the HCBS Final Rule. Once HCB settings reviewed during the on-site assessments have been brought into compliance, systemic compliance and monitoring processes will ensure that all HCB settings remain compliant moving forward. These activities are discussed in greater detail in the last section of this report, “Summary of Next Steps.”



# 11

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## DHSS Additional State Assessments and Actions

The HCB setting assessments have consumed the bulk of work on the HCBS Final Rule, but there are other important and complementary assessment and educational activities that have been completed since 2014. This work has included assessments and updates to relevant HCBS regulations and policy manuals and educational outreach with HCB setting providers. These assessments and additional actions are outlined in greater detail below.

The HCBS Final Rule requires that states review their laws, regulations, policies, and procedures to ensure congruity with the federal rule. Between October 2014 and March 2015, DHSS reviewed its administrative regulations and laws related to delivery of DHSS HCBS Waiver programs in the State. DHSS determined that all regulations will come into compliance upon the adoption and implementation of an overarching HCBS Waiver Administration rule that details the CMS HCBS settings characteristics required for all 1915c waiver settings. The results of this review are outlined in the “Regulation and Policy Crosswalk,” created by DHSS to summarize, document, and cite compliance with the HCBS Final Rule.<sup>14</sup>

DHSS has also begun reviewing State HCBS policy manuals. Where policy and procedures are contradictory or lacking protections from the HCBS Final Rule, DHSS has started to make changes. Specifically, the HCBS Participant Choice Statement is being updated to provide HCBS participants with information regarding their right to receive services in a setting that meets requirements of the Final Rule and gives the participant an opportunity to voice any concerns. Additionally, the DHSS HCBS manual for staff conducting assessments and creating person centered care plans will include a new chapter outlining the provisions of the HCBS Final Rule. This chapter will include information regarding how the Participant Choice Statement (which is a part of the annual assessment process) shall be used to assess continued compliance with the final rule based upon participant feedback. Additionally, the policy will outline reporting mechanisms for participants who indicate their setting is not in compliance. The chapter will include resources and tools, including participant survey questions and federal resource information. Other revisions include changes to the AIDS Waiver service plan, development of a client centered strength based goal planning worksheet (AIDS Waiver), updates to the (AIDS Waiver) case management policy manual, process changes to conduct an annual survey of participants receiving AIDS Waiver attendant care, and updates to Provider Manuals to reflect requirements of the final rule.

While review and modification to regulations, policies and procedures will work to ensure State activities are in line with the HCBS Final Rule, provider training activities will work to ensure these policies are working at the ground level. MMAC enrolls all DHSS HCBS Waiver providers. MMAC has posted information regarding the requirements of the final rule and setting requirements on its website for all prospective and newly enrolling providers. Newly enrolling providers will be provided information on HCBS settings requirements as part of their enrollment materials. Education about the Final Rule and setting requirements will be provided during pre-enrollment on-site visits, annual

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<sup>14</sup> 2016 Regulation and Policy Crosswalk: <https://dmh.mo.gov/dd/docs/hcbspolicycrosswalk.xlsx>

provider update meetings, designated manager trainings and at other workshops, board meetings, seminars and conferences.

# 12

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## DHSS Summary of Next Steps

The HCBS Final Rule requires full compliance by March 2019. Missouri has made great progress with compliance, which, to date, has included HCB setting assessments and the start of remediation activities, along with other complementary actions such as HCBS provider setting education and review of State regulations and policies.

The remediation process will bring non-compliant HCB settings up to code with the HCBS Final Rule. Once this has been achieved, compliance process for new settings and ongoing HCBS-wide reviews will ensure compliance going forward. Other actions, such as updates to State regulations and policy manuals, will serve as a checks and balance of system-wide compliance and, on an ongoing basis, questions posed in the participant survey will be incorporated into annual assessments and reviews.

MMAC will conduct ongoing reviews of enrolled ADC and AIDS Waiver Attendant Care providers to establish and monitor levels of compliance. MMAC will incorporate settings requirement information into its pre-enrollment and revalidation site visits of all HCBS providers, and survey the ADC and AIDS Waiver Attendant Care providers during these visits. MMAC will also provide information about the setting requirements during on-site audits and investigations of HCBS providers.

Ongoing reviews include the following:

- On-site surveys completed during provider revalidation, to occur no less than every five years.
- On-site surveys completed during provider audits, which occur every three years.
- Provider assessments will be used as a training tool during Annual Provider Update Training. This training is held twice a year, and providers attend either the spring session or the fall session.
- Provider assessments will be used as a training tool at annual provider association conferences.
- Ongoing assessment will also occur on an ad hoc basis due to provider investigations, meetings, formal requests for education, and informal communications.
- Reviews may also be conducted when there is reason to believe a provider previously found to be non-compliant has not improved.
- When providers previously found to be non-compliant have improved, spot-checks may still be conducted outside of scheduled audits, investigations, or revalidation efforts, solely for the purpose of checking ongoing compliance levels.

On an ongoing basis, questions posed in the participant surveys will be incorporated into annual assessments and reviews, which should serve as an added layer of oversight to ensure that HCBS Final Rule compliance has been achieved. Information regarding the Final Rule will be incorporated into the DHSS new staff training curriculum. The AIDS Waiver Quality Service Manager will also ensure ongoing compliance with the new rule by providing support during monthly attendant care provider contact and working closely, including case conferencing, with the participant's HIV Case Manager.

The HCB setting assessments have built a solid foundation to help the State and its HCBS providers meet milestones in the Transition Plan. It has put Missouri on track to meet HCBS Final Rule compliance and it has done so in a way that prioritizes the perspective and needs of its HCBS participants. The HCB setting assessments and the results of those assessments will help shape other Transition Plan work discussed in this report, which will continue through the compliance date of March 2019 and in future years.

# 13

## Exhibits

### Exhibit A—DMH Waiver Services<sup>15</sup>

	<b>Autism Waiver</b>	<b>Comprehensive Waiver</b>	<b>Missouri Children with Developmental Disabilities Waiver</b>	<b>Partnership for Hope Waiver</b>	<b>Support Waiver</b>
Assistive Technology	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Behavior Analysis Service	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Communication Skills Instruction		<b>X</b>			<b>X</b>
Community Specialist	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Community Transition		<b>X</b>			
Counseling		<b>X</b>			<b>X</b>
Co-Worker Supports		<b>X</b>		<b>X</b>	<b>X</b>
Crisis Intervention		<b>X</b>	<b>X</b>		<b>X</b>
Dental				<b>X</b>	
Environmental Accessibility Adaptations/ Vehicle Modifications	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Group Community Employment		<b>X</b>			<b>X</b>
Group Home		<b>X</b>			
Host Home		<b>X</b>			
Individual Community Employment		<b>X</b>			<b>X</b>

<sup>15</sup> Waiver services current as of July 1, 2013.

	<b>Autism Waiver</b>	<b>Comprehensive Waiver</b>	<b>Missouri Children with Developmental Disabilities Waiver</b>	<b>Partnership for Hope Waiver</b>	<b>Support Waiver</b>
In-Home Respite	X	X	X		X
Independent Living Skills Development		X	X	X	X
Individualized Supported Living		X			
Job Discovery		X		X	X
Job Preparation		X		X	X
Occupational Therapy		X		X	X
Out-of-Home Respite	X	X	X		X
Physical Therapy		X		X	X
Personal Assistant	X	X	X	X	X
Personal Assistant-Medical/Behavioral			X	X	X
Person Centered Strategies Consultation	X	X	X	X	X
Professional Assessment and Monitoring	X	X	X	X	X
Specialized Medical Equipment and Supplies	X	X	X	X	X
Speech Therapy		X		X	X
Support Broker	X	X	X	X	X
Temporary Residential				X	
Transportation	X	X	X	X	X

**Exhibit B—DHSS Waiver Services**

	<b>Adult Day Care Waiver</b>	<b>Aged and Disabled Waiver</b>	<b>AIDS Waiver</b>	<b>Independent Living Waiver</b>	<b>Medically Fragile Adult Waiver</b>
Adult Day Care	<b>X</b>	<b>X</b>			
Advanced Block Respite		<b>X</b>			
Advanced Daily Respite		<b>X</b>			
Advanced Respite		<b>X</b>			
Attendant Care					<b>X</b>
Basic Block Respite		<b>X</b>			
Basic Respite		<b>X</b>			
Case Management				<b>X</b>	
Chore Services		<b>X</b>			
Environmental Accessibility Adaptations				<b>X</b>	
Financial Management Services				<b>X</b>	
Home Delivered Meals		<b>X</b>			
Homemaker		<b>X</b>			
Nurse Respite		<b>X</b>			
Personal Care			<b>X</b>	<b>X</b>	
Private Duty Nursing			<b>X</b>		<b>X</b>
Specialized Medical Equipment/Supplies			<b>X</b> (Limited to diapers, under pads, and gloves)	<b>X</b>	<b>X</b>
Waiver Attendant Care			<b>X</b>		

## Exhibit C—DMH HCBS Participant Survey

### HCBS PARTICIPANT SURVEY

We need your help.

The Center for Medicare and Medicaid Services, known as CMS, has published a rule changing the requirements that make up a Home and Community-based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community. Your answers to these questions will help the Division of DD determine if your services are part of the community.

*\*This survey asks for your name. However it is not necessary.*

If there are questions you do not wish to answer, or questions that do not have to do with the services you receive you may skip those.

You will have an opportunity at the end of this survey to check a box to ask for someone from the Division to come talk with you.

Who Am I?

Participant  Family Guardian

This survey asks for your name. However, it is not necessary.

First Name:

Last Name:

Please check the box(es) for the services you receive and then answer the questions for those services?

- Residential (sections A,B,D,E,F,G,H, and I)
- Employment, Job Preparation, Job Discovery (sections C and G)
- Day services, Home Skills Development, Community Integration (sections B, D, and G)

A. The following questions relate to the Service setting where you live: (If no, please explain)

Do you like where you live?

Yes  No if no, please explain:

Did you pick where you live?

Yes  No if no, please explain:

Did you get to look at other places to live?

Yes  No if no, please explain:

Do you have a roommate?

Yes  No if no, please explain:

If so, did you choose him or her?

Yes  No if no, please explain:

Do you like your roommate?

Yes  No if no, please explain:

Do you want to stay with your current roommate?

Yes  No if no, please explain:



If you'd like a different roommate, do you know how to ask for one?

Yes       No      if no, please explain:

**B. The following questions relate to Access to the community: (if no, please explain)**

Do you go out in the community for fun?

Yes       No      if yes, who helps you:

Do you know about activities in your community?

Yes       No

If not, do you know how to find out about activities in your community?

Do you shop where you want?

Yes       No      if no, please explain:

Do you go to a church (religious services) where you want?

Yes       No

Do you go out with family members when you want?

Yes       No      if no, please explain:

Do you go out with friends when you want?

Yes       No      if no, please explain:

Do you come and go when you want?

Yes       No      if no, please explain:

Do you know how to use public transportation if it is available in your area?

Yes       No      if no, please explain:

If not, do you want to know how to use public transportation?

**C. The following questions relate to Employment: (if no, please explain)**

Do you have a job?

Yes       No      if no, please explain:

If not, do you want a job?

Yes       No      if no, please explain:

If you want a job, is someone helping you to get a job?

Yes       No      if no, please explain:

Do you work at a job with people who do not have disabilities?

Yes       No      if no, please explain:

**D. The following questions relate to Activities in your home: (if no, please explain)**

Do you watch TV, listen to the radio, or do other things you like in your home?

Yes       No      if no, please explain:

Do you schedule these activities when you want?

Yes       No      if no, please explain:

Does everyone in your home have to do things together?  
 Yes       No      if no, please explain:

Do you get to take a bath/shower when you want?  
 Yes       No      if no, please explain:

Do you get to exercise when you want?  
 Yes       No      if no, please explain:

Do you get to do laundry when you want?  
 Yes       No      if no, please explain:

Do you get up when you want?  
 Yes       No      if no, please explain:

**E. The following questions relate to Meal Choices: (If no, please explain)**

Do you eat when and where you want?  
 Yes       No      if no, please explain:

Do you have another choice if you do not like the meal?  
 Yes       No      if no, please explain:

Do you have snacks when you want?  
 Yes       No      if no, please explain:

Do you sit where you want while eating?  
 Yes       No      if no, please explain:

Do you talk with others during meal times?  
 Yes       No      if no, please explain:

Are you allowed to eat alone if you want to?  
 Yes       No      if no, please explain:

**F. The following questions relate to Personal resources: (If no, please explain)**

Do you take care of your own money, such as a checking or savings account?  
 Yes       No      if no, please explain:

Can you get to your personal spending money when you want?  
 Yes       No      if no, please explain:

Do you have to sign your paycheck over to anyone? If yes, please explain.  
 Yes       No      Explain:

Does someone else open your mail? If yes, please explain.  
 Yes       No      Explain:

G. The following questions relate to individual Choice of Services and Supports: (if no, please explain)

- Did you get to choose your provider?  
 Yes       No      If no, please explain:
- Do staff know what you like?  
 Yes       No      If no, please explain:
- Do you know how to ask for something you need?  
 Yes       No      If no, please explain:
- Do you like the services you receive?  
 Yes       No      If no, please explain:
- Have you been told that you could not have something you asked for? If so, explain.  
 Yes       No      Explain:
- Do you like the people that help you?  
 Yes       No      If no, please explain:
- Do you know how to ask for new help?  
 Yes       No      If no, please explain:
- Do you know what to do if you are unhappy?  
 Yes       No      If no, please explain:

H. The following questions relate to Use of telephone and computer: (if no, please explain)

- Do you have a cell phone and/or home phone?  
 Yes       No      If no, please explain:
- Do you have a computer? If not, how do you communicate with others?  
 Yes       No
- Are you allowed to use your phone or computer in private?  
 Yes       No      If no, please explain:

I. The following questions relate to Visitors: (if no, please explain)

- Do you have visitors?  
 Yes       No      If no, please explain:
- Do your visitors come at any time?  
 Yes       No      If no, please explain:

General Comments:

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I Request a visit. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Completed surveys may be sent to Stephanie Moore, Department of Mental Health, 1706 E. Elm, Jefferson City, MO 65101 or you may e-mail it to Stephanie.moore@dmh.mo.gov

## Exhibit D—DMH On-site Assessment Tool

**Missouri Department of Mental Health  
Division of Developmental Disabilities  
Home and Community Based Setting Review**

Setting Type (Check all that apply)	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Independent Living Skills Development (ILSD)	<input type="checkbox"/> Residential
Setting Meets Initial Heightened Scrutiny Criteria (Check all that apply)	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Independent Living Skills Development (ILSD)	<input type="checkbox"/> Residential
Participant Name: Participant DMH ID:	Regional Office:	Provider Name:	
Setting Address:			
Date and Time of Assessment:			
Date and Time Individual contacted: DMH Caller: DMH Witness:			
NOTE: If the individual is noted to be non-verbal, note the name of the individual that confirmed the scheduled assessment date and time. Name:			
<input type="checkbox"/> Individual requested assessment is rescheduled? New date and time:			
<input type="checkbox"/> Individual declined assessment (Date/Time):			
Comments:			
Date and Time Guardian/Conservator contacted:	DMH Caller:		
Comments:	DMH Witness:		
Date and Time Support Coordinator contacted:	DMH Caller:		
Comments:	DMH Witness:		
Date and Time Provider contacted:	DMH Caller:		
Comments:	DMH Witness:		
Individual Current Personal Plan Received: <input type="checkbox"/> Yes Date Reviewed: <input type="checkbox"/> No			
Individual Lease Received (For Residential Setting Section B only): <input type="checkbox"/> Yes Date Reviewed: <input type="checkbox"/> No			
Name/Signature of Reviewer(s)		Date of Review	

The purpose of this assessment is to ensure that individuals receiving HCBS Waiver services are integrated in and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. It means that “settings” are more about the nature and quality of individuals’ experiences, not only about buildings where the services are delivered.

On-site assessments will be scheduled with the HCBS participant providing at least 3 days advance notification.

NOTE: Modifications of the Section III B additional requirements must be supported by specific assessed need, justified in the person-centered service plan and documented in the person-centered service plan.

Section I. Employment Services				
(If not applicable check N/A and proceed to Section II)				
Home and Community Based Setting Requirement				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the employment setting include non-supervisory people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?				
c. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
d. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual currently have a job?				
b. If yes, is the current job in a setting with people who do not have disabilities?				
c. If not, do they want a job?				
d. If they would like to have a job, is someone helping them to get a job?				
e. 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?				
f. Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?				
Comments:				

Section I. Employment Services				
<b>3. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. 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?				
b. Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?				
c. Do individuals receiving HCBS work in a different area of the setting separate from individuals not receiving Medicaid HCBS?				
Comments:				
<b>4. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Was the individual given a choice of available options regarding where to receive the service?				
b. Did the individual choose their provider?				
c. Was the individual given opportunities to visit other settings?				
d. Does the setting reflect the individual's needs and preferences?				
Comments:				
<b>5. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Does staff ask the individual about her/his needs and preferences?				
b. Are individuals aware of how to make a service request?				
c. Does the individual express satisfaction with the services being received?				
d. Are requests for services and supports accommodated as opposed to ignored or denied?				
e. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
f. Does the current service plan indicate modifications to support the individual? If no proceed to question #6.				
g. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
h. Are less intrusive methods of meeting the need that were tried initially documented?				

Section I. Employment Services				
<b>5. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
i. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
Comments:				
<b>6. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is all information about individuals kept private?				
b. Is personal assistance provided as needed and provided in private when applicable?				
c. Are cameras present in the setting?				
Comments:				
<b>7. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed?				
Comments:				
<b>8. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				

Section I. Employment Services				
<b>9. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	Yes	No	N/A	Unable to determine
a. Does the setting ensure that the individual is supported to make decisions and exercise autonomy to the greatest extent possible?				
b. Does the setting afford the individual with the opportunity to participate in meaningful employment activities in integrated community settings in a manner consistent with the individual's needs and preferences?				
c. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of the individual?				
Comments:				
<b>10. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	Yes	No	N/A	Unable to determine
a. Does the setting post or provide information to the individual about how to make a request for additional HCBS, or changes to their current HCBS?				
b. Does the individual like who supports them?				
c. If no, do they know they know how to request new supports?				
d. Does the individual like the services they are currently receiving?				
e. If no, do they know how to request new services?				
Comments:				



<b>Section II. Independent Living Skills Development (ILSD)</b>				
(If not applicable check N/A and proceed to Section III)	N/A			
<b>Home and Community Based Setting Requirement</b>				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the ILSD setting include people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities outside of the setting?				
c. Does the setting provide opportunities for regular meaningful activities in integrated community settings for the period of time desired by the individual?				
d. Does the setting encourage visitors or other people from the greater community (other than paid staff) to be present, and if yes, is there evidence that visitors have been present at regular frequencies?				
e. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
f. 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?				
g. Do the setting options offered include non-disability-specific settings in an integrated public setting?				
h. Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc. If yes and applicable, are transportation schedules in a convenient location?				
i. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?				
b. Do individuals receiving HCBS have activities in a different area of the setting separate from individuals not receiving Medicaid HCBS?				
Comments:				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
<b>3. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Was the individual given a choice of available options regarding where to receive the service?				
b. Did the individual choose their provider?				
c. Was the individual given opportunities to visit other settings?				
d. Does the setting reflect the individual's needs and preferences?				
Comments:				
<b>4. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Does staff ask the individual about her/his needs and preferences?				
b. Are individuals aware of how to make a service request?				
c. Does the individual express satisfaction with the services being received?				
d. Are requests for services and supports accommodated as opposed to ignored or denied?				
e. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
f. Does the current service plan indicate modifications to support the individual? <b>If no proceed to question #5.</b>				
g. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
h. Are less intrusive methods of meeting the need that were tried initially documented?				
i. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
Comments:				
<b>5. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is all information about individuals kept private?				
b. Is personal assistance provided as needed and provided in private when applicable?				

<b>Section II. Independent Living Skills Development (ILSD)</b>				
<b>5. The setting ensures the individuals rights of privacy. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
c. Are cameras present in the setting?				
Comments:				
<b>6. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?				
Comments:				
<b>7. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				
<b>8. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	Yes	No	N/A	Unable to determine
a. Does the setting ensure that the individual is supported to make decisions and exercise autonomy to the greatest extent possible?				
b. Does the setting afford the individual with the opportunity to participate in meaningful daily activities in integrated community settings in a manner consistent with the individual's needs and preferences?				
c. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of the individual?				
Comments:				

Section II. Independent Living Skills Development (ILSD)				
9. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))				
	Yes	No	N/A	Unable to determine
a. Does the setting post or provide information to the individual about how to make a request for additional HCBS, or changes to their current HCBS?				
b. Does the individual like who supports them?				
c. If no, do they know they know how to request new supports?				
d. Does the individual like the services they are currently receiving?				
e. If no, do they know how to request new services?				
Comments:				

III. Residential Services, Section A				
(If not applicable check N/A and proceed to Heightened Scrutiny Section)				
Section A: Home and Community Based Setting Requirement				
<b>1. The setting is integrated in and supports full access to the greater community and engagement in community life. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the residential setting include people who do not have disabilities?				
b. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities outside of the setting?				
c. Does someone assist the individual in accessing activities in the community?				
d. Are the activities the individual participates in of their choice and reflect their likes, preferences?				
e. Do the activities the individual participates in include family and friends if they choose?				
f. Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?				
g. 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?				
h. Is the individual able to come and go in the integrated community at any time they choose?				
i. Is the setting in the community located among other residences that facilitate integration with the greater community?				
j. Do the setting options offered include non-disability-specific settings in an integrated public setting?				
k. Is the setting designed specifically for people with disabilities?				
l. Does the individual receive the majority of their services by on-site staff?				
m. Does the setting encourage interaction with the public?				
Comments:				
<b>2. The setting provides the opportunity to seek employment and work in competitive integrated settings. (42 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual currently have a job?				
b. If yes, is the current job in a setting with people who do not have disabilities?				
c. If not, do they want a job?				
d. If they would like to have a job, is someone helping them to get a job?				
e. Do the setting options offered include non-disability-specific settings				

III. Residential Services, Section A				
such as competitive employment in an integrated public setting?				
Comments:				
<b>3. The setting supports control of personal resources. (42CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual have a checking or savings account or other means to control their funds?				
b. Does the individual have access to their funds?				
c. Does the individual control their paycheck if applicable?				
Comments:				
<b>4. The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services. (4 CFR 441.301(4)(i))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual access medical services in the community?				
b. Does the individual access behavioral services in the community?				
c. Does the individual access therapy services in the community?				
d. Does the individual access social activities in the community?				
e. Does the individual access recreational activities in the community?				
f. Is the setting in the community among other private residences, retail businesses?				
Comments:				
<b>5. The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Was the individual given a choice of available options regarding where to live/receive services?				
b. Was the individual given opportunities to visit other settings?				
Comments:				
<b>6. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
a. Does staff ask the individual about her/his needs and preferences?				
b. Does the setting reflect the individual's needs and preferences?				
c. Does the current service plan indicate modifications to support the				

<b>III. Residential Services, Section A</b>				
individual? If no proceed to question #7.				
<b>6. The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences (42CFR 441.301(4)(ii)).</b>				
	Yes	No	N/A	Unable to determine
d. If yes, does documentation note if positive interventions and supports were used prior to any plan modifications?				
e. Are less intrusive methods of meeting the need that were tried initially documented?				
f. Does the plan include a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews to determine the ongoing necessity of the modification, informed individual consent, and assurance that the intervention will not cause the individual harm?				
g. Is the individual/chosen representative(s) aware of how to schedule person-centered planning meetings?				
h. Can the individual explain the process to develop and update their plan?				
i. Was the individual present during their last planning meeting?				
j. Did the last planning meeting occur at a time and place convenient for the individual to attend and of their choice?				
Comments:				
<b>7. The residential setting provided the individuals with the option for a private bedroom. (42CFR 441.301(4)(ii))</b>				
	Yes	No	N/A	Unable to determine
a. Was the individual given a choice of a roommate?				
b. Does the individual talk about his/her roommate(s) in a positive manner?				
c. Does the individual express a desire to remain in a room with his/her roommate?				
d. Do married couples share or not share a room by choice?				
e. Does the individual know how s/he can request a roommate change?				
Comments:				
<b>8. The person centered service plan documents the options based on the individual's resources available for room and board. (42CFR 441.301(4)(ii))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual's person-centered service plan document the individual's resources were considered when given options for residential room and board?				

III. Residential Services, Section A				
<b>8. The person centered service plan documents the options based on the individual's resources available for room and board. (42CFR 441.301(4)(ii))</b>				
	Yes	No	N/A	Unable to determine
b. Does the individual's person-centered service plan document how and what housing resources (e.g., vouchers and other rental assistance options) have been explored?				
c. Does the individual's person-centered service plan document the individual was given the information necessary to make an informed choice regarding housing options?				
Comments:				
<b>9. The setting ensures the individuals rights of dignity and respect. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Are individuals, who need assistance with grooming, groomed as they desire?				
b. Are individuals' nails trimmed and clean?				
c. Do individuals greet and chat with staff?				
d. Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?				
e. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?				
f. Does staff communicate with individuals in the setting while providing assistance and during the regular course of daily activities?				
g. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?				
h. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.				
i. Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?				
Comments:				
<b>10. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
a. Is information about filing a complaint posted in an obvious location and in an understandable format?				



III. Residential Services, Section A				
<b>10. The setting ensures freedom from coercion and/or restraint. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
b. Is the individual comfortable discussing concerns?				
c. Does the individual know the person to contact or the process to make an anonymous complaint?				
d. Can the individual file an anonymous complaint?				
Comments:				
<b>11. The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))</b>				
	Yes	No	N/A	Unable to determine
a. Can the individual determine their own activities for the day?				
b. Is the individual limited to a choice of daily activities?				
c. Can the individual choose when to engage in their activities for the day?				
Comments:				
<b>12. The setting optimizes autonomy and independence in making choices regarding with whom the individual interacts. (42CFR 441.301(4)(iv))</b>				
	Yes	No	N/A	Unable to determine
a. Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?				
b. Does the individual chose who participates in meaningful non-work activities in the community with them?				
c. Are visitors present?				
d. Are visitors restricted to specified visiting hours?				
e. Are visiting hours posted?				
f. Is there evidence that visitors have been present at regular frequencies?				
g. Are there restricted visitor's meeting areas?				
Comments:				
<b>13. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))</b>				
	Yes	No	N/A	Unable to determine
a. Is the individual knowledgeable of other providers who provide the services they receive?				

III. Residential Services, Section A				
13. The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))				
	Yes	No	N/A	Unable to determine
b. Was the individual given a choice of available options regarding where to live?				
c. Was the individual given opportunities to visit other settings?				
d. Does the individual know how and to whom to make a request for a new provider?				
e. Is the individual provided choice regarding what staff provides services and supports?				
f. Are individuals aware of how to make a service request?				
g. Does the individual chose and control their daily schedule?				
h. Does the individual express satisfaction with the services being received?				
i. Are requests for services and supports accommodated as opposed to ignored or denied?				
j. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?				
Comments:				

<b>III. Residential Services, Section B</b>				
<b>(If not applicable check N/A and proceed to Heightened Scrutiny Section)</b>				
<b>Section B: Home and Community-Based Setting Requirements for Provider-Owned or Controlled Residential Settings (in addition to the requirements above)</b>				
<b>1. The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement providing similar protections by the individuals receiving services. The individual has at a minimum the same responsibilities and protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity. (42CFR 441.301(4)(vi)(A))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?				
b. Does the individual know his/her rights regarding housing and when s/he could be required to relocate?				
c. Do individuals know how to relocate and request new housing?				
d. Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?				
<b>Comments:</b>				
<b>2. The individuals have privacy in their unit. (42CFR 441.301(4)(iii))</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to determine</b>
a. Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?				
b. Can the individual close and lock the bedroom door?				
c. Can the individual close and lock the bathroom door?				
d. Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?				
e. Does staff or other residents always knock and receive permission prior to entering an individual's living space?				
f. Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?				
g. Are cameras present in the setting?				
h. Does the individual have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?				
i. Is the telephone or other technology device in a location that has space around it to ensure privacy?				
j. Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?				
k. If the individual desires to eat privately, can s/he do so?				

III. Residential Services, Section B				
<b>2. The individuals have privacy in their unit. (42CFR 441.301(4)(iii))</b>				
	Yes	No	N/A	Unable to determine
l. Is assistance provided in private, as appropriate, when needed?				
m. Is health information about individuals kept private?				
n. Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?				
Comments:				
<b>3. Any modifications of additional conditions, the setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences. (42CFR 441.301(4)(v)(F))</b>				
	Yes	No	N/A	Unable to determine
a. Does the current person-centered service plan note any necessary modifications to include a behavior support plan (BSP) if indicated?				
b. Is there documentation to support that the plan was reviewed by the due process review committee (Human Rights Committee) if applicable?				
c. Is there documentation to note if positive interventions and supports were used prior to any plan modifications?				
d. Are less intrusive methods of meeting the need that were tried initially documented?				
e. Does the current plan include a description of the condition that is directly proportional to the assessed need?				
f. Is there data to support ongoing effectiveness of the intervention?				
g. Are there time limits for periodic reviews to determine the ongoing necessity of the modification?				
h. Is there documentation of informed individual consent?				
i. Is there documentation to note the assurances that the intervention will not cause individual harm?				
Comments:				

<b>IV. Heightened Scrutiny</b>				
<b>(If not applicable check N/A and proceed to Guardian Family Member Comment Section)</b>				
Answer the questions for each applicable setting type to determine if the setting has the qualities of an institution. If such qualities are identified then a plan of action must be implemented to assure compliance with the HCBS settings rule.				
<b>Setting Type: Employment</b>				
	Yes	No	N/A	Unable to Determine
1. The setting is located in or adjacent to a publicly or privately owned-owned facility that provides inpatient treatment.				
2. The setting is on the grounds of, or immediately adjacent to, a public institution.				
3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured "community" for individuals with developmental disabilities				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				
<b>Setting Type: Independent Living Skills Development</b>				
	Yes	No	N/A	Unable to Determine
1. The setting is located in or adjacent to a publicly or privately owned-owned facility that provides inpatient treatment.				
2. The setting is on the grounds of, or immediately adjacent to, a public institution.				
3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured "community" for individuals with developmental disabilities				

IV. Heightened Scrutiny				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				
Setting Type: Residential				
	Yes	No	N/A	Unable to Determine
1. The setting is located in or adjacent to a publicly or privately owned-facility that provides inpatient treatment.				
2. The setting is on the grounds of, or immediately adjacent to, a public institution.				
3. The setting has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.				
a. The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.				
b. Individuals in the setting have limited, if any, interaction with the broader community.				
c. The setting is a Farmstead or disability-specific farm community.				
d. The setting is a gated/secured "community" for individuals with developmental disabilities				
e. The setting is a residential school.				
f. The setting is co-located and operationally related.				
Comments:				

<b>Guardian/Family Member Comments</b>		
Following information based upon Guardian/Family member participation during the on-site assessment.		
Indicator	Comment	Source

<b>Provider Agency and Case Management Comments</b>		
Following comments provided at on-site assessment visit. Date:		
Indicator	Comment	Source

### Exhibit E—DMH HCBS Survey Results by HCB Provider

HCB Employment Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar I: Is integrated in and supports access to the greater community.</b>									
A	Provider supports engagement in community life. (Provider Survey Indicated 100%)	Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?	Section I.1.b	13	-	1	4	100%	93%
		Does the setting encourage interaction with the public?	Section I.1.d	12	2	1	3	86%	
<b>CMS Pillar II: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b>									
B	Provides individuals the opportunity to seek employment and work in the community. (Provider Survey Indicated 80-89%; Average Compliance 88%)	Does the individual currently have a job?	Section I.2.a	16	-	-	2	100%	90%
		If they would like to have a job, is someone helping them to get a job?	Section I.2.d	-	1	14	3	0%	
		Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?	Section I.2.f	11	2	1	4	85%	



HCB Employment Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar III: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b>									
A	Provider is integrated in and supports full access to the greater community so individuals are able to receive services in the community to the same degree of access as person's not receiving Medicaid services. (Provider Survey Indicated 90-99%; Average Compliance 97%)	Do individuals receiving HCBS work in a different area of the setting separate from individuals not receiving Medicaid HCBS?	Section I.3.c	1	12	3	2	92%	92%
<b>CMS Pillar IV: Is selected by the individual from among setting options including non-disability specific settings.</b>									
A	Setting is physically accessible to and chosen by the individual. (Provider Survey Indicated 90-99%; Average Compliance 97%)	Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?	Section I.3.b	15	-	-	3	100%	100%
<b>CMS Pillar V: Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint.</b>									
A	Provider ensures the privacy of individuals and individual rights of dignity and respect. (Provider Survey Indicated 100%)	Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?	Section I.7.a	14	-	-	4	100%	86%

HCB Employment Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
B	Provider ensures freedom from coercion and restraint. (Provider Survey Indicated 100%)	Is the individual comfortable discussing concerns?	Section I.8.b	14	1	-	3	93%	
		Does the individual know the person to contact or the process to make an anonymous complaint?	Section I.8.c	8	5	1	4	62%	
<b>CMS Pillar VI: Optimizes individual initiative, autonomy, and independence in making life choices.</b>									
<i>Participant Survey did not include any questions for Employment Services associated with CMS Pillar VI.</i>									
<b>CMS Pillar VII: Facilitates individual choice regarding services and supports and who provides them.</b>									
A	Provider was selected by the individual from among setting options. (Provider Survey Indicated 100%)	Was the individual given a choice of available options regarding where to receive the service?	Section I.4.a	7	-	2	9	100%	88%
		Was the individual given opportunities to visit other settings?	Section I.4.c	7	2	1	8	78%	

**Notes:**

- <sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.
- <sup>2</sup> HCBS On-Site Assessment surveys conducted by DMH staff at HCBS provider sites to collect participant perspective of HCBS compliance.
- <sup>3</sup> Yellow highlighting indicates non-compliant responses.
- <sup>4</sup> Selected response when DMH staff was unable to determine answer based on participant feedback.
- <sup>5</sup> On-site compliance response percentage is calculated as the number of compliant responses divided by the total number of Yes/No responses.
- <sup>6</sup> Responses based on 18 individuals receiving Employment Services from the random sample surveyed.

HCB ILSD Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar I: Is integrated in and supports access to the greater community.</b>									
A	Provider supports engagement in community life. (Provider Survey Indicated 100%)	Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?	Section II.1.b	347	27	9	130	93%	88%
		Does the setting provide opportunities for regular meaningful activities in integrated community settings for the period of time desired by the individual?	Section II.1.c	290	68	3	152	81%	
		Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?	Section II.1.e	333	39	51	90	90%	

HCB ILSD Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar II: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b>									
<i>Participant Survey did not include any questions for Employment Services associated with CMS Pillar II.</i>									
<b>CMS Pillar III: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b>									
A	Provider is integrated in and supports full access to the greater community so individuals are able to receive services in the community to the same degree of access as person's not receiving Medicaid services. (Provider Survey Indicated 90-99%; Average Compliance 97%)	Do individuals receiving HCBS have activities in a different area of the setting separate from individuals not receiving Medicaid HCBS?	Section II.2.b	41	124	257	91	75%	75%
<b>CMS Pillar IV: Is selected by the individual from among setting options including non-disability specific settings.</b>									
A	Setting is physically accessible to and chosen by the individual. (Provider Survey Indicated 90-99%; average compliance 97%)	Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?	Section II.2.a	259	9	153	92	97%	97%

HCB ILSD Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar V: Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint.</b>									
A	Provider ensures the privacy of individuals and individual rights of dignity and respect. (Provider Survey Indicated 100%)	Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?	Section II.6.a	379	7	2	125	98%	80%
B	Provider ensures freedom from coercion and restraint. (Provider Survey Indicated 100%)	Is the individual comfortable discussing concerns?	Section II.7.b	288	14	11	200	95%	
		Does the individual know the person to contact or the process to make an anonymous complaint?	Section II.7.c	116	174	8	215	40%	
<b>CMS Pillar VI: Optimizes individual initiative, autonomy, and independence in making life choices.</b>									
<i>Participant Survey did not include any questions for Employment Services associated with CMS Pillar VI.</i>									
<b>CMS Pillar VII: Facilitates individual choice regarding services and supports and who provides them.</b>									
A	Provider was selected by the individual from among setting options. (Provider Survey Indicated 100%)	Was the individual given a choice of available options regarding where to receive the service?	Section II.3.a	213	53	15	232	80%	75%
		Was the individual given opportunities to visit other settings?	Section II.3.c	137	65	51	260	68%	

**Notes:**

<sup>1</sup>. Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup>. HCBS On-Site Assessment surveys conducted by DMH staff at HCBS provider sites to collect participant perspective of HCBS compliance.

<sup>3</sup>. Yellow highlighting indicates non-compliant responses.

4. Selected response when DMH staff was unable to determine answer based on participant feedback.
5. On-site compliance response percentage is calculated as the number of compliant responses divided by the total number of Yes/No responses.
6. Responses based on 513 individuals receiving Individual Living Skills Development Services from the random sample surveyed.

HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar I: Is integrated in and supports access to the greater community.</b>									
A	Provider supports engagement in community life. (Provider Survey Indicated 100%)	Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?	Section III.A.1.b	287	15	2	75	95%	90%
		Does the setting encourage interaction with the public?	Section III.A.1.m	275	34	-	70	89%	
		Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?	Section III.A.1.f	290	49	12	28	86%	

HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar II: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b>									
A	Personal resources and their physical environment as documented in the person centered service plan based on their individual needs and preferences. (Provider Survey Indicated 90-99%; Average Compliance 98%)	Does the individual have a checking or savings account or other means to control their funds?	Section III.A.3.a	178	113	1	87	61%	37%
		Does the individual's person-centered service plan document the information necessary to make an informed choice regarding housing options?	Section III.A.8.c	11	316	12	40	3%	
B	Provides individuals the opportunity to seek employment and work in the community. (Provider Survey Indicated 80-89%; Average Compliance 88%)	Does the individual currently have a job?	Section III.A.2.a	134	214	3	28	39%	
		If they would like to have a job, is someone helping them to get a job?	Section III.A.2.d	42	32	222	83	57%	
		Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?	Section III.A.2.e	80	71	134	94	53%	



HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
<b>CMS Pillar III: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b>									
A	Provider is integrated in and supports full access to the greater community so individuals are able to receive services in the community to the same degree of access as person's not receiving Medicaid services. (Provider Survey Indicated 90-99%; Average Compliance 97%)	Does the individual access social activities in the community?	Section III.A.4.d	303	14	4	58	96%	96%
<b>CMS Pillar IV: Is selected by the individual from among setting options including non-disability specific settings.</b>									
A	Setting provides individuals the choice of a non-disability specific setting, private units, and a lease or other legally enforceable agreement. (Provider Survey Indicated 90-99%; Average Compliance 91%)	Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?	Section III.B.1.a	102	100	15	162	50%	52%

HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
B	Setting provides individuals with a lease or other legally enforceable agreement to provide the same responsibilities and protections from eviction that tenant have under landlord-tenant law of the state, county, city, or other designated entity. (Provider Survey Indicated 80-89%; Average Compliance 83%)	Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?	Section III.B.1.d	63	51	74	191	55%	
<b>CMS Pillar V: Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint.</b>									
A	Provider ensures the privacy of individuals and individual rights of dignity and respect. (Provider Survey Indicated 100%)	Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?	Section III.A.9.d	23	268	6	82	92%	82%
		Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?	Section III.B.2.d	136	9	19	215	94%	
		Does staff only use a key to enter a living area or privacy space under	Section III.B.2.f	64	42	64	209	60%	

HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
		limited circumstances agreed upon with the individual?							
		Is assistance provided in private, as appropriate, when needed?	Section III.B.2.L	199	-	43	137	100%	
		Is health information about individuals kept private?	Section III.B.2.m	248	7	16	108	97%	
B	Provider ensures freedom from coercion and restraint. (Provider Survey Indicated 100%)	Is the individual comfortable discussing concerns?	Section III.A.10.b	236	12	9	122	95%	
		Does the individual know the person to contact or the process to make an anonymous complaint?	Section III.A.10.c	96	128	6	149	43%	
C	Has entrance doors to their units that are lockable by the individuals. (Provider Survey Indicated 80-89%; Average Compliance 80%)	Can the individual close and lock the bedroom door?	Section III.B.2.b	141	94	21	123	60%	
<b>CMS Pillar VI: Optimizes individual initiative, autonomy, and independence in making life choices.</b>									
A	Setting provides individuals with the independence in making choices regarding with whom they interact, their daily activities	Can the individual determine their own activities for the day?	Section III.A.11.a	279	25	4	71	92%	90%
		Can the individual choose when to engage in their activities for the day?	Section III.A.11.c	259	44	3	73	85%	

HCB Residential Services									
Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
								By Section	By CMS Pillar
	and schedule. (Provider Survey Indicated 90-99%; Average Compliance 98%)	Does the individual chose who participates in meaningful non-work activities in the community with them?	Section III.A.12.b	232	31	9	107	88%	
B	Provider allows individuals to have the freedom to furnish and/or decorate their units, choose their roommate(s), have access food when desired and have visitors of their choosing at any time. (Provider Survey Indicated 90-99%; Average Compliance 98%)	Was the individual given a choice of a roommate?	Section III.A.7.a	21	35	272	51	38%	
		Are visitors restricted to specified visiting hours?	Section III.A.12.d.	12	277	12	78	96%	
		Are there restricted visitor's meeting areas?	Section III.A.12.g	8	302	7	62	97%	
<b>CMS Pillar VII: Facilitates individual choice regarding services and supports and who provides them.</b>									
A	Provider was selected by the individual from among setting options. (Provider Survey Indicated 100%)	Was the individual given a choice of available options regarding where to receive the service?	Section III.A.5.a	127	79	8	165	62%	58%
		Was the individual given opportunities to visit other settings?	Section III.A.5.b	103	86	11	179	54%	

**Notes:**

<sup>1</sup>. Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.

<sup>2</sup>. HCBS On-Site Assessment surveys conducted by DMH staff at HCBS provider sites to collect participant perspective of HCBS compliance.

<sup>3</sup>. Yellow highlighting indicates non-compliant responses.

4. Selected response when DMH staff was unable to determine answer based on participant feedback.
5. On-site compliance response percentage is calculated as the number of compliant responses divided by the total number of Yes/No responses.
6. Responses based on 379 individuals receiving Residential Services from the random sample surveyed.

**Exhibit F—DMH Detailed HCBS Survey Results**

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2,6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
<b>CMS Pillar I: Is integrated in and supports access to the greater community.</b>										
A	Provider supports engagement in community life. (Provider Survey Indicated 100%)	Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work outside of the setting?	Section I.1.b	Employment	13	-	1	4	100%	89%
			Section II.1.b	ILSD	347	27	9	130	93%	
		Section III.A.1.b	Residential	287	15	2	75	95%		
		Does the setting encourage interaction with the public?	Section I.1.d	Employment	12	2	1	3	86%	
			Section III.A.1.m	Residential	275	34	-	70	89%	
		Does the setting provide opportunities for regular meaningful activities in integrated community settings for the period of time desired by the individual?	Section II.1.c	ILSD	290	68	3	152	81%	
		Is the setting in the community/building located among other private businesses, retail businesses, etc. that facilitates integration with the greater community?	Section II.1.e	ILSD	333	39	51	90	90%	
			Section III.A.1.f	Residential	290	49	12	28	86%	

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
<b>CMS Pillar II: Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b>										
A	Personal resources and their physical environment as documented in the person centered service plan based on their individual needs and preferences. (Provider Survey Indicated 90-99%; Average Compliance 98%)	Does the individual have a checking or savings account or other means to control their funds?	Section III.A.3.a	Residential	178	113	1	87	61%	39%
		Does the individual's person-centered service plan document the individual was given the information necessary to make an informed choice regarding housing options?	Section III.A.8.c	Residential	11	316	12	40	3%	
B	Provides individuals the opportunity to seek employment and work in the community. (Provider Survey Indicated 80-89%; Average Compliance 88%)	Does the individual currently have a job?	Section I.2.a	Employment	16	-	-	2	100%	
			Section III.A.2.a	Residential	134	214	3	28	39%	
		If they would like to have a job, is someone helping them to get a job?	Section I.2.d	Employment	-	1	14	3	0%	
			Section III.A.2.d	Residential	42	32	222	83	57%	
		Do the setting options offered include non-disability-specific settings such as competitive employment in an integrated public setting?	Section I.2.f	Employment	11	2	1	4	85%	
Section III.A.2.e	Residential	80	71	134	94	53%				

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
<b>CMS Pillar III: Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b>										
A	Provider is integrated in and supports full access to the greater community so individuals are able to receive services in the community to the same degree of access as person's not receiving Medicaid services. (Provider Survey Indicated 90-99%; Average Compliance 97%)	Do individuals receiving HCBS work in a different area of the setting separate from individuals not receiving Medicaid HCBS?	Section I.3.c	Employment	1	12	3	2	92%	89%
		Do individuals receiving HCBS have activities in a different area of the setting separate from individuals not receiving Medicaid HCBS?	Section II.2.b	ILSD	41	124	257	91	75%	
		Does the individual access social activities in the community?	Section III.A.4.d	Residential	303	14	4	58	96%	
<b>CMS Pillar IV: Is selected by the individual from among setting options including non-disability specific settings.</b>										
A	Setting is physically accessible to and chosen by the individual. (Provider Survey Indicated 90-99%; Average Compliance	Is the setting physically accessible and not limiting individuals' mobility, including access to bathrooms and break rooms?	Section I.3.b	Employment	15	-	-	3	100%	73%
			Section II.2.a	ILSD	259	9	153	92	97%	



Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
	97%)									
B	Setting provides individuals the choice of a non-disability specific setting, private units, and a lease or other legally enforceable agreement. (Provider Survey Indicated 90-99%; Average Compliance 91%)	Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?	Section III.B.1.a	Residential	102	100	15	162	50%	
C	Setting provides individuals with a lease or other legally enforceable agreement to provide the same responsibilities and protections from eviction that tenant have under landlord-tenant law of the state, county, city, or other designated entity.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?	Section III.B.1.d	Residential	63	51	74	191	55%	

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
	(Provider Survey Indicated 80-89%; Average Compliance 83%)									
<b>CMS Pillar V: Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint.</b>										
A	Provider ensures the privacy of individuals and individual rights of dignity and respect. (Provider Survey Indicated 100%)	Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed?	Section I.7.a	Employment	14	-	-	4	100%	81%
			Section II.6.a	ILSD	379	7	2	125	98%	
		Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?	Section III.A.9.d	Residential	23	268	6	82	92%	
		Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?	Section III.B.2.d	Residential	136	9	19	215	94%	

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
		Does staff only use a key to enter a living area or privacy space under limited circumstances agreed upon with the individual?	Section III.B.2.f	Residential	64	42	64	209	60%	
		Is assistance provided in private, as appropriate, when needed?	Section III.B.2.L	Residential	199	-	43	137	100%	
		Is health information about individuals kept private?	Section III.B.2.m	Residential	248	7	16	108	97%	
B	Provider ensures freedom from coercion and restraint. (Provider Survey Indicated 100%)	Is the individual comfortable discussing concerns?	Section I.8.b	Employment	14	1	-	3	93%	
			Section II.7.b	ILSD	288	14	11	200	95%	
			Section III.A.10.b	Residential	236	12	9	122	95%	
		Does the individual know the person to contact or the process to make an anonymous complaint?	Section I.8.c	Employment	8	5	1	4	62%	
			Section II.7.c	ILSD	116	174	8	215	40%	
			Section III.A.10.c	Residential	96	128	6	149	43%	
C	Has entrance doors to their units that are lockable by the individuals. (Provider Survey Indicated 80-89%; Average	Can the individual close and lock the bedroom door?	Section III.B.2.b	Residential	141	94	21	123	60%	

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
	Compliance 80%)									
<b>CMS Pillar VI: Optimizes individual initiative, autonomy, and independence in making life choices.</b>										
A	Setting provides individuals with the independence in making choices regarding with whom they interact, their daily activities and schedule. (Provider Survey Indicated 90-99%; Average Compliance 98%)	Can the individual determine their own activities for the day?	Section III.A.11.a	Residential	279	25	4	71	92%	90%
		Can the individual choose when to engage in their activities for the day?	Section III.A.11.c	Residential	259	44	3	73	85%	
		Does the individual chose who participates in meaningful non-work activities in the community with them?	Section III.A.12.b	Residential	232	31	9	107	88%	
B	Provider allows individuals to have the freedom to furnish and/or decorate their units, choose their roommate(s), have access food when desired and have visitors of their choosing at any time.	Was the individual given a choice of a roommate?	Section III.A.7.a	Residential	21	35	272	51	38%	
		Are visitors restricted to specified visiting hours?	Section III.A.12.d.	Residential	12	277	12	78	96%	
		Are there restricted visitor's meeting areas?	Section III.A.12.g	Residential	8	302	7	62	97%	

Issue	Provider Self-Assessment Survey <sup>1</sup>	HCBS Participant On-Site Assessment Question <sup>2, 6</sup>	On-Site Assessment Section	Service Setting	Yes <sup>3</sup>	No <sup>3</sup>	N/A	Unable to Determine / Blank <sup>3</sup>	On-Site Assessment Compliance <sup>5</sup>	
									By Section	By CMS Pillar
	(Provider Survey Indicated 90-99%; Average Compliance 98%)									
<b>CMS Pillar VII: Facilitates individual choice regarding services and supports and who provides them.</b>										
A	Provider was selected by the individual from among setting options. (Provider Survey Indicated 100%)	Was the individual given a choice of available options regarding where to receive the service?	Section I.4.a	Employment	7	-	2	9	100%	68%
			Section II.3.a	ILSD	213	53	15	232	80%	
			Section III.A.5.a	Residential	127	79	8	165	62%	
		Was the individual given opportunities to visit other settings?	Section I.4.c	Employment	7	2	1	8	78%	
			Section II.3.c	ILSD	137	65	51	260	68%	
			Section III.A.5.b	Residential	103	86	11	179	54%	

**Notes:**

- <sup>1</sup> Provider responses collected through voluntary surveys distributed to HCBS providers of Employment, Individual Living Skills Development, and Residential services for self-evaluation.
- <sup>2</sup> HCBS On-Site Assessment surveys conducted by DMH staff at HCBS provider sites to collect participant perspective of HCBS compliance.
- <sup>3</sup> Yellow highlighting indicates non-compliant responses.
- <sup>4</sup> Selected response when DMH staff was unable to determine answer based on participant feedback.
- <sup>5</sup> On-site compliance response percentage is calculated as the number of compliant responses divided by the total number of Yes/No responses.
- <sup>6</sup> Responses based on 18 individuals receiving Employment Services, 513 individuals receiving Individual Living Skills Development Services, and 379 individuals receiving Residential Services from the random sample surveyed.

## Exhibit G—DHSS Adult Day Care Participant Survey



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AND DISABILITY SERVICES  
 HOME AND COMMUNITY BASED SERVICES PARTICIPANT SURVEY

<p>The Center for Medicare and Medicaid Services, known as CMS has published a rule changing the requirements that make up a Home and Community Based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community while attending the adult day care setting.</p> <p>These questions only apply to your adult day care services. The survey asks for your name, however it is not required. If there are questions you do not wish to answer, you may skip those.</p>	
1. Are you treated with dignity and respect by the staff at the adult day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
2. Are you satisfied with the services you receive at the adult day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
3. Do you feel you can ask for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
4. Do you know who to ask if you need something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
5. Are you aware of the group activities provided by the adult day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
6. Do you have a choice to participate in those group activities or stay at the adult day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
7. Are you employed or active in the community (church, shopping, etc.) outside of the adult day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
8. Do you have another meal choice if you do not like what is being provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
9. Do you have snacks when you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
10. Are you allowed to have visitors at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
Participant Name and Phone Number (optional)	Adult Day Care Attended (optional)
█	█

## **Exhibit H—DHSS Adult Day Care Participant Survey Results**

### **Final Rule**

In March 2014, the Center for Medicaid and Medicare Services (CMS) published a final rule regarding changes to Home and Community Based Waiver Services (HCBS Waiver). The rule defines home and community based settings and person-centered planning requirements in Medicaid HCBS Waiver programs. The rule requires demonstration of how state's HCBS Waiver programs comply with the federal HCBS rules.

Missouri's draft transition plan incorporates all HCBS Waivers administered by Department of Health and Senior Services (DHSS), Department of Mental Health (DMH), and Department of Social Services (DSS). The purpose of Missouri's draft transition plan is to ensure that individuals receiving HCBS Waiver services are integrated and have access to supports in the community, including:

- opportunities to seek employment,
- work in competitive integrated settings,
- engage in community life,
- and control personal resources.

The transition plan provides assurances that individuals receiving HCBS Waiver services have the same degree of access and choice as individuals not receiving Medicaid HCBS Waiver services. This transition plan outlines the proposed process that DHSS, DMH and MO HealthNet Division (MHD) will be utilizing to ensure implementation of the HCBS requirements. Stakeholders are being asked to provide public input and comment in order to allow Missouri to develop a comprehensive assessment plan.

### **Participant Survey**

An integral piece of the transition plan is the participant survey. The Division of Senior and Disability Services (DSDS) developed a participant survey to collect individual experiences to determine if service settings are in compliance with HCBS Waiver settings rule. All participants are also mailed a survey, which includes a postage paid return envelope. The survey is also available on the DHSS Settings website at:

<http://health.mo.gov/seniors/hcbs/doc/adc-participant-survey.doc>

The survey includes identification of the service setting (Adult Day Care) so DSDS can utilize this information in a follow-up to the setting, if necessary. The survey provides the option for anonymity or to include contact information if they would like the state to discuss the issue. If the participant discloses contact information, the state will do an on-site assessment if determined necessary by the information provided.

A copy of the Participant Survey is included in this report and can be found in Appendix I.

### **Survey Results**

The participant survey was mailed out to all 1,333 Adult Day Care (ADC) participants to the address provided by the Family Support Division (FSD). DSDS also mailed participant surveys to the ADCs and asked the center management and staff to encourage participants to fill-out the survey. The participant survey link was also provided on the transition plan section of the DSDS website.

Of the 1,333 participant surveys mailed, DSDS received 681 responses from the time period of 4/21/2015 – 9/29/2015.

The following link provides a breakdown of the participant surveys received:

<https://www.surveymonkey.com/results/SM-8SL5MGR9/>

There are a few important factors to emphasize in the results. First, 53.39% of the surveys were completed by a guardian and only 46.61% were completed by the participant. Due to this, many of the answers provided were given by the guardians.

In addition,

- over 90% of participants feel they had choice in provider, are treated with dignity and respect, are satisfied with their services, know what to do if they are unhappy, feel like they can ask for help and know who to ask, can have visitors anytime they want, and are aware of the group activities provided in the ADC.
- 80-90% of participants have a another meal choice if they do not like what is being provided, know how to find out about activities in the community, and are able to have snacks whenever they want.
- 60-70% of participants are employed or active in the community (church, shopping, etc.) outside of the ADC.

Under each question, participants or their guardians are given the opportunity to write any additional comments about their ADC services. DSDS read and categorized every comment received on the participant surveys. Any comment received in which the participant or guardian requested contact from the state was followed-up by state staff in Central Office. If a negative comment was received, but no contact information or name of the ADC provided, the comment was included in the overall summary of comments received. Based upon the comments received, no on-site visits to ADCs were required by MMAC.

### **Conclusion**

2015 was the first year for the introduction of the participant survey for the transition plan. Because of this, there are areas of improvement which can be included for next year. First, the data collection system of Survey Monkey needs to be able to connect the question and response to the participant/guardian who made it. Because Survey Monkey could not connect the guardian/participant to the individual comment, staff had to go back and reread every participant survey for a second time to ensure participants with concerning comments were being contacted by the state for follow-up.

Also, while DSDS advertised the participant survey on its website, reached out to ADC management and staff, and mailed a copy to every listed ADC participant, DSDS only received a 51% response rate. For 2016, DSDS should add additional methods to improve upon the response rate.

According to the transition plan, the next round of participant surveys will be mailed out 7/1/16, with an end date of 12/31/2016 and annually thereafter. The assessments results report shall be completed 1/01/17 with an end date of 03/31/17 and annually thereafter.

### **Contact Information for DSDS, ADC Participant Survey**

Jessica Bax, Chief  
 Bureau of Program Integrity  
 Division of Senior and Disability Services  
 Department of Health and Senior Services  
 P.O. Box 570  
 Jefferson City, MO 65102  
 (573) 526-8557  
 Jessica.Bax@health.mo.gov



## Exhibit I—DHSS Attendant Care Participant Survey



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AND DISABILITY SERVICES  
 HOME AND COMMUNITY BASED SERVICES PARTICIPANT SURVEY



The Center for Medicare and Medicaid Services, known as CMS, has published a rule changing the requirements that make up a Home and Community Based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community while residing at Doorways.

These questions only apply to your Doorways services. The survey asks for your name, however it is not required. If there are questions you do not wish to answer, you may skip those.

<b>Participant Name and Phone Number (optional)</b> [REDACTED]		<b>Case Manager (optional)</b> [REDACTED]	
This survey was completed by: [REDACTED]		<input type="checkbox"/> Guardian	<input type="checkbox"/> Participant
Did you choose this provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
1. Are you treated with dignity and respect by the staff at Doorways?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
2. Are you satisfied with the services you receive at Doorways?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
3. Do you know what to do if you are unhappy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
4. Do you feel you can ask for help?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
5. Do you know who/how to ask if you need something?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
6. Are you aware of the group activities provided by Doorways?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
7. Do you have a choice to participate in those group activities or stay at Doorways?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
8. Are you employed or active in the community (church, shopping, etc.) outside of Doorways?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
9. Do you know how to find out about activities in the community?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
10. Do you have another meal choice if you do not like what is being provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
11. Do you have snacks when you want?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
12. Are you allowed to have visitors at any time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			

Thank You!

## Exhibit J—DHSS Attendant Care Participant Survey Results



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AND DISABILITY SERVICES  
 HOME AND COMMUNITY BASED SERVICES PARTICIPANT SURVEY

<p>The Center for Medicare and Medicaid Services, known as CMS, has published a rule changing the requirements that make up a Home and Community Based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community while residing at Doorways.</p> <p>These questions only apply to your Doorways services. The survey asks for your name, however it is not required. If there are questions you do not wish to answer, you may skip those.</p>		
<b>Participant Name and Phone Number (optional)</b> TOTAL=17 Doorways/Cooper House Participants Responded		<b>Case Manager (optional)</b> [Redacted]
This survey was completed by: [Redacted]		<input type="checkbox"/> Guardian <input type="checkbox"/> Participant
Did you choose this provider? YES=15 (88%) NO=2 (12%) NO ANSWER=1		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "50/50"-this participant checked both the yes and no box		
1. Are you treated with dignity and respect by the staff at Doorways? YES=16 (94%) NO=2 (12%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "All but one treats him with respect", "Both because one instance when nurse Kerry at the Maryland location threatened to kick me out if I would not take a pill that I said did not work and it also made me sick other than that all other staff are great"-this participant checked both the yes and no box		
2. Are you satisfied with the services you receive at Doorways? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "I feel like people are talking behind my back"		
3. Do you know what to do if you are unhappy? YES=13 (87%) NO=2 (13%) NO ANSWER=2		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "I don't feel comfortable talking to staff about it", "I'm always happy"		
4. Do you feel you can ask for help? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "Same as #3"		
5. Do you know who/how to ask if you need something? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
6. Are you aware of the group activities provided by Doorways? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "Don't know where calendar is, forgot", "He loves bowling and is grateful for Cooper House!"		
7. Do you have a choice to participate in those group activities or stay at Doorways? YES=17 (100%) NO=0 (0%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
8. Are you employed or active in the community (church, shopping, etc.) outside of Doorways? YES=11 (65%) NO=6 (35%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "Not interested", "I really don't want to", "Because I might fall", "Tried volunteering but the situation was not what I wanted", "Goes shopping", "Does activities with Doorways", "Go shopping with Doorways", "I go shopping with my sister"		
9. Do you know how to find out about activities in the community? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: "Not really, spends most days with mom", "Calendar goes in residents mailbox"		
10. Do you have another meal choice if you do not like what is being provided? YES=16 (94%) NO=1 (6%)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank You!

If no, please explain: "I only eat breakfast"		
11. Do you have snacks when you want? YES=13 (76%) NO=4 (24%)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain: "Not when I want", "It's only from 8-9 P.M.", "No explanation", "Certain hours", 12:00 AM		
12. Are you allowed to have visitors at any time? YES=15 (88%) NO=2 (12%)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain: "8 a.m. to 11 p.m.", I think not after 11pm",		

**Additional Comments:**

"I really like living at Cooper House. Its improved my quality of life greatly"

"I have lived at Cooper House for years and really like living here"

## Exhibit K—DHSS Provider Assessment Tool

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.ihscontracts@dss.mo.gov](mailto:mmac.ihscontracts@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.ihscontracts@dss.mo.gov](mailto:mmac.ihscontracts@dss.mo.gov).

**Self-Assessment**

<b>Provider Name:</b> [Redacted]				<b>Date completed:</b>
Name of person completing form:				Signature of person completing form:
<b>Setting requirement</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>If No, or N/A, please describe why the answer is no, or why the requirement is not applicable to your setting or location</b>
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.ihcontracts@dss.mo.gov](mailto:mmac.ihcontracts@dss.mo.gov) or fax it to 573-751-5065. If you wish to discuss the assessment with someone at MMAC, please contact us at 573-751-3399.



## Exhibit L—DHSS Provider Survey Results

**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 diets, 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.