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**Accreditation**: A designation achieved by a provider participating in a review of practices and programs conducted by the accrediting body based on international standards. The accrediting bodies recognized by the Division are the Commission on Accreditation of Rehabilitation Facilities (CARF) and Council on Quality and Leadership (CQL).  
[Directive 4.080 Integrating Quality Functions](#)

**Adequate Documentation**: Documentation from which services rendered in the amount of reimbursement received by the contract provider can be readily discerned and verified with reasonable certainty, as referenced in Section 13.10 of the DD Waiver Manual and MO Code of State Regulations, 13 CSR 70-3.030(2)(A) and DD Waiver Manual [Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds](#)

**Advance Directive**: A written instrument, such as a living will or durable power of attorney for health care, relating to the provision of health care for an individual when that individual is in a terminal condition or is incapacitated.  
[Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities](#)

**Ancillary Cost**: Supplemental money above personal spending and room and board for a service or expense that is included in the individual’s personal plan but is not part of the residential contractor’s per-diem base rate and is not funded in another manner (e.g., diabetic diet). The ancillary service is time-limited and may be adjusted or terminated as per the terms of the contract provider’s DMH POS contract.  
[Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds](#)

**Appeal**: The act of challenging a decision made by Department staff.  
[Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities](#)

**Attending Physician**: The physician selected by or assigned to the individual who has primary responsibility for the treatment and care of the individual.  
[Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities](#)

**Authorization of Expenditures**: An expenditure authorized through ISP & budget summary that has been approved by Regional Office director or designee, support coordinator and family. Authorization of expenditures also includes the support coordinator ensuring all families are assisted in obtaining all possible third party reimbursements for provision or payment of family support services.  
[Directive 4.180 Choices for Families Services and Documentation](#)

**Available Funds**: Funds in the Individual’s Personal Fund account or Individual Specific Treatment/Service Fund account after actual expenditures and encumbered funds (future planned expenditures) are subtracted.  
[Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds](#)
Behavior Resource Team (BRT): Division staff employed either in the Regional Office or the SOPs. The team shall be comprised of staff with special training and experience including but not limited to coaching and implementing a Positive Tiered Supports model, Tools of Choice curriculum, crisis management training, and other training as determined to be appropriate. The purpose of the teams will be to provide consultation, oversight and support for individuals residing in the community or temporarily in the SOPs with special emphasis on prevention strategies for crisis, assessment of crisis situations and development of strategies, comprehensive safety crisis plans including broad use of community supports and services to maintain the person in stable status and to assist the person to access services more rapidly and easily in times of crisis. Directive 4.190 Crisis Referrals Admission and Discharge Process for State Operated Crisis Service

Behavior Support Plan (BSP): An addendum to the Individual Support Plan (ISP) that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated and behaviors and skills to be learned. These plans are developed by a licensed behavioral service provider in collaboration with the individual’s support system. The techniques included in the plan should be based on a functional assessment of the target behaviors. The techniques must meet the requirements for the practice of applied behavior analysis under sections. Directive 3.020 Support Monitoring Policy and Implementation; and Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out

Blocking: A staff person using a part of their body to avoid harm when an individual is attempting to hit or kick or otherwise harm the staff or another person. For example, the staff might place a stationary open hand and extended arm, a side of their body or extended leg in the path of an individual's arm or leg. This involves no grabbing or holding and is not considered a manual hold procedure. Use of pads, cushions or pillows to soften or prevent impact to the individual or others is also considered blocking. Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out

Brief (10 days) Crisis Services: The service includes a safe location and supervision for an individual who has been a danger to self or others and for whom the community supports (family or provider) require short term relief from supporting the individual in the community and assistance to prepare for return and continued support for the individual. The SOP crisis service also provides an offsite environment for evaluation of the individual’s behavior and support needs and initiates formation of a larger team to develop strategies and plans to better support the individual in the community. SOP crisis services are to be used as a backup and as a less preferred option with on site (in the individual’s home assisting the individual’s support team) consultation and assistance by the regional BRT or community based provider services as the least restrictive, primary and preferred crisis assistance. Targeted duration is 10 days, possible extensions for extenuating circumstances. Directive 4.190 Crisis Referrals Admission and Discharge Process for State Operated Crisis Service

Cardiopulmonary Resuscitation (CPR): Includes cardiac compression, artificial ventilation and oropharyngeal airway (OPA) insertion, Advance airway management such as endotracheal intubation, cardiac resuscitation drugs, defibrillation and related procedures. Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities
**Certification**: A process used by the Division of Developmental Disabilities to review and approve specified providers for participation and funding through the Home and Community Based Medicaid Waiver program. Services must have a contract with DMH in order to maintain certification. Participating providers in this program do not require licensure in addition to certification. Certification for specific services is granted for a two year period.  

Directive 4.080 Integrating Quality Functions and Directive 5.060 Enrollment of New Providers

**Chemical Restraint**: As defined in section 630.005 RSMo, are medications administered with the primary intent of restraining a patient who presents a likelihood of serious physical injury to him/herself or others; not prescribed to treat a person’s medical condition.  


**Choices for Families Exception Request/Approval**: Form showing exception to the $3,000.00 maximum amount allowable, supported by a recommendation from the Regional Director/Designee and approved by the Deputy Director/Designee. Exception form shall go through the approval process annually.  

Directive 4.180 Choices for Families Services and Documentation

**Choices for Family Respite Services**: Respite and care services provided by responsible caregivers of the family’s choice, excluding immediate family members.  

Directive 4.180 Choices for Families Services and Documentation

**Code of State Regulations (CSR)**: The codification of the general and permanent rules and regulations published in the Missouri Register.  


**Competent Adult**: A person 18 years of age or older of sound mind who is able to receive and evaluate information and to communicate a decision.  

Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities

**Contact**: A request for information or report of dissatisfaction, and/or a suspicion/allegation of abuse/neglect, misuse of funds submitted to the Office of Constituent Services (OCS) and entered as a Contact in the CIMOR-EMT system.  


**Content Expert**: An individual who has the expertise and knowledge to develop the curriculum.  

Directive 2.030 E-Learning Policy

**Cost Reimbursement and Procedures**: The maximum annual assistance for each eligible individual with Intellectual and Developmental Disabilities. The Deputy Director/Designee may approve an exception. Services and items must be reimbursed at reasonable rates, agreed upon by the Regional Office, family and provider.  

Directive 4.180 Choices for Families Services and Documentation

**Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System**: A Department database which contains information from event reports. This database is also used to collect information on events meeting pre-specified severity criteria for reporting or investigations of abuse, neglect and/or misuse of individual funds.  

Directive 4.070 Event Report Processing; Directive 4.080 Integrating Quality Functions; and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds
**Customer Information Management, Outcomes, and Reporting Forms; Event Report, Medication Error and Addendum Forms:** Department of Mental Health approved forms used to collect information in regards to events which meet the criteria for completing the forms and entering into the Customer Information Management, Outcomes and Reporting Event Management Tracking (CIMOR-EMT) system. [Directive 3.070 Division of DD Death Notification & Mortality Review Process]

**Department Operating Regulations (DOR):** These are regulations for all divisions of the Department of Mental Health and must comply with the Code of State Regulations. For example, DOR 2.205 is Abuse and Neglect Definitions, Investigation Procedures and Penalties in State Operated Facilities. [Directive 4.070 Event Report Processing]

**Documentation Requirements (Choices for Families Services and Documentation definition):** All payments for items or services shall be properly documented. Regional Office shall maintain records for each recipient for review and reporting purposes. When requesting reimbursement, families must submit appropriate documentation, including but not limited to the following:

1. Copies of receipts for all items and services purchased
2. Choices for Families Services Monthly Documentation Form
3. Transportation Services Monthly Documentation Form
4. Provider picture ID and signature on file at Regional Office
5. Budget Summary
6. Notes to support Respite Services

After receiving the required documentation, Regional Office shall reimburse requests according to procedures established by Department of Mental Health/Division of Developmental Disabilities. Regional Office shall maintain records for each program recipient, including documentation of services provided. [Directive 4.180 Choices for Families Services and Documentation]

**Do Not Resuscitate (DNR) Orders:** A medical order written by a physician to withhold CPR including breathing/ventilation by an assistive or mechanical means including but not limited to, mouth-to-mouth, mouth-to-mask, bag-valve mask, endotracheal tube, ventilator and/or chest compressions, and/or defibrillation. This order cannot be written without the informed consent of a competent adult or if an individual is not competent, their duly authorized healthcare agent or their guardian, and can be rescinded at any time. [Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities]

**Due Process:** An individual’s rights may not be restricted, including, but not limited to, by a provider of targeted case management or home and community based services, without due process. Due process under this provision includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual’s rights. [Directive 4.200 Human Rights Committee and Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

**Due Process Facilitator:** Person responsible for leading and documenting the findings of the Due Process Review Committee meetings. [Directive 4.200 Human Rights Committee]
**Due Process Review Committee:** A committee that is operated by the Division of DD or operated by a contracted provider approved by the Division. These committees review situations where individuals receiving services from the DMH rights are being limited or restricted to ensure that Due Process has occurred and that the individual’s rights are being protected. To perform a review, the committee must have at least three members present, with one of those being a person who has no financial affiliation with the Department of Mental Health. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

**E-Learning Contact:** The individual appointed by the Department of Mental Health who ensures that curriculum is developed appropriately within the framework of E-Learning and that funding is available to make the training compatible for E-Learning. [Directive 2.030 E-Learning Policy]

**Encumbered Funds:** Funds in the Individual Person Fund or Individual Specific Treatment/Service Fund accounts that are reserved or set-aside to cover a planned future expenditure. Some examples include but are not limited to accumulation of funds to purchase a coat at the end of the month, accumulation of funds to pay a fee to attend a social event at the end of the month or accumulation and reserving funds to make a monthly payment for room and board, rent, or utilities. [Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds]

**External Advocate:** Under the provision of 9 CSR 45-3.030, individual receiving services from the Division of DD are entitled to Due Process which includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual’s rights. The external advocate is a person or organization that has no financial affiliation with the Department of Mental Health, who is chosen by the individual, and has the ability to act on the individual’s behalf if the individual disagrees with a limitation or restriction of their rights. An external advocate may help to support the individual in understanding their rights, ensuring their rights are protected, and work in partnership with the individual to speak for themselves so their voice can be heard about the life they choose to live. [Directive 4.200 Human Rights Committee]

**Face to Face Visit:** A visit by the Support Coordinator in-person that may or may not include the presence of staff. [Directive 3.020 Support Monitoring Policy and Implementation]

**Family Living Arrangement:** A Family Living Arrangement is a licensed single family or individual residence offering a living alternative to three (3) or fewer persons in addition to the family. [Directive 3.020 Support Monitoring Policy and Implementation]

**Family Member(s):** A parent, step parent, sibling, child by blood, adoption, or marriage, spouse, grandparent, or grandchild. [Directive 4.180 Choices for Families Services and Documentation]

**Focused Review:** A standardized document which is completed by a QA RN when there has been an identified change in mental or physical health that causes a significant change in the life of the individual, which may alter the level and skill of support needed. This review can be conducted at any time throughout the year to specifically address the identified issues of concern. [Directive 3.090 Health Identification and Planning System (HIPS) Process]

**Forms:** Every piece of paper, transparent plate, or film containing information, printed, generated, or reproduced by whatever means, with blank spaces left for the entry of additional information to be used in any transaction involving agencies of the state. [Directive 1.040 Forms Development Committee]
**Forms Used in the Choices for Families Program** are as follows: [Directive 4.180 Choices for Families Services and Documentation](#)

1. **Choices for Families Program Expenditure Plan.** This plan is originated by the Support Coordinator and approved by the family, individual with Intellectual and Developmental Disabilities, and Regional Office that authorizes services, and shows how it will be funded. Copy maintained by Regional Office for documentation.

2. **Choices for Families Voucher (MO 650-4772 (12-90)).** This is to be completed by the Support Coordinator and given to family to present to provider as guarantee of payment by the Regional Office.

3. **Choices for Families/Family Friend Services - Monthly Documentation.** This is to be signed by family and respite care provider to document payment made for services submitted to Regional Office for reimbursement. The signature and picture identification of the provider(s) of service shall be on record at the Regional Office in order to receive reimbursement.

4. It shall be the responsibility of the Employer to ensure that required documentation is current, correct, and a copy provided to the Support Coordinator. It shall be the responsibility of the Targeted Case Manager to routinely review all required documentation to ensure that it is current and on record at the Regional Office.

5. **Transportation Service - Monthly Documentation** is to be submitted by the family to Regional Office for reimbursement of authorized travel expenses. Documentation shall include the name of the individual with the Intellectual and Developmental Disability, date(s) of service, service(s) provided, starting location and destination, purpose of trip, and number of miles traveled.


7. **Current Individual Support Plan** in records.

8. **Current year Standard Means Test** (MO 650-0216 (12-93)) on file at the Regional Office.

9. Families also shall be required to submit information on their Family Friend Provider(s), including but not limited to, name, address, phone number and a photocopy of a picture identification that includes the providers’ signatures.

10. **Individual Support Plan (ISP):** (as defined in this document).

**Forms Management:** The program maintained by the Forms Management Unit to provide continuity of forms design procedures from the form’s origin up to its completion as a record by determining the form’s size, style and size of type; format; type of construction; number of plies; quality, weight and type of paper and carbon; and by determining the use of the form for data entry, as well as distribution. [Directive 1.040 Forms Development Committee](#)

**Forms Management Unit:** The Forms Management Unit is responsible for the development of a forms management program for state agencies and the implementation of the provisions of the *State Forms Management Act*. Each agency shall fully cooperate with the unit, and shall furnish all requested information and assistance. [Directive 1.040 Forms Development Committee](#)

**Foster Homes:** A residential facility operated in the owned or leased permanent residence of the licensee, serving no more than three (3) residents who are integrated into the licensee’s family unit. The facility does not normally use direct-care staff other than members of the household. [Directive 3.020 Support Monitoring Policy and Implementation](#)

**Gatekeeper:** An individual appointed to maintain records for the E-Learning Training within the Division of DD. [Directive 2.030 E-Learning Policy](#)
Health Identification & Planning System (HIPS): The Division of DD quality enhancement monitoring process for the discovery and remediation of health and safety concerns for individuals in Division of DD residential services but excludes individuals utilizing RCF services not funded by the Division. This process incorporates a baseline health inventory and nursing review for all persons entering Division of DD residential placement services followed by an annual Health Inventory and for those meeting an established Nurse Review. In addition, further consultation by a Regional Office Quality Enhancement Registered Nurse may occur anytime with notification of significant health changes. Directive 3.090 Health Identification and Planning System (HIPS) Process

The following lists the tools for each component of the HIPS process:

1. **Identification Tool**: Health Inventory
2. **Discovery Tool**: Nursing Review/Focused Review
3. **Remediation Tool**: HIPS Action Plan
4. **Systems Improvement Tools**: APTS / HIPS databases and Provider Plans

Health Identification and Planning System (HIPS) Action Plan: A standardized document used to record and communicate discovery of immediate health care needs (category 1) and essential health care needs (category 2); record the action to be taken for resolution; and documentation of completion of planned action. Directive 3.090 Health Identification and Planning System (HIPS) Process

Health Inventory (HI): An identification tool designed to identify health issues that require additional supports which may include advanced training / knowledge to support safely in community residential settings; identifies and prioritizes individuals who will receive a Nursing Review based on the supports they require and the potential risk if supports are not adequate; it also guides support coordinators in identifying health indicators to be addressed in the personal plan process regardless of a score. Directive 3.090 Health Identification and Planning System (HIPS) Process

Health Reference Manual: Is a supplemental manual for provider use which defines each of the identified health indicators as listed on the Health Inventory as well as additional pertinent information including potential complications, guidelines and teaching considerations. Directive 3.090 Health Identification and Planning System (HIPS) Process

Indicator: A key value or quality characteristic used to measure, over time, the performance, processes, and outcomes of an organization or some component of service delivery. Directive 3.020 Support Monitoring Policy and Implementation; Directive 4.080 Integrating Quality Functions and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Individual and Family Supports: The Regional Office Unit responsible for development, implementation, and enhancement of the infrastructure of supports and services for individuals with developmental disabilities and their families. Individual and Family Supports will have staff comprised of support coordination, intake/eligibility, transition (school to post-secondary education life) and meaningful day/employment; transition (habilitation centers), community living coordinators, self-directed supports/services, family support coordinators, and in home support team. Directive 4.080 Integrating Quality Functions
Individual Personal Funds: Funds from all sources that belong to an individual who is eligible for Division of DD services. Such funds are held in trust for the individual by a Division of DD Regional Office or a Division of DD residential contract provider. Funds may be from a federal or state benefit such as SSI or SSA, net wages, gifts of money, or other cash or checks received by the individual. Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Individual Support Plan (ISP): A document that results from the person centered planning process, which identifies the strengths, capacities, preferences, needs and personal outcomes of the individual. The ISP includes a personalized mix of paid and non-paid services and supports that will assist the person to achieve personally defined outcomes. Directive 4.060 Individual Support Plan: Guidelines, Training and Review and Directive 4.170 Discharge Planning Process – State Operated Programs; and Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out

Individual Support Plan/Transition Plan Document (Habilitation Center): For individuals currently residing in a state operated Habilitation Center, the transition plan is the last portion of their Habilitation Center PCP with a consent letter for those guardians who have already given consent for community placement and a consent letter for those guardians who have not consented to transition into community placement. Directive 4.170 Discharge Process for State Operated Programs

Individual’s Crisis Team: Those individuals (professionals, paraprofessionals, guardians, and/or family members) who know the individual well and who possess the knowledge, skills, and expertise necessary to accurately identify a comprehensive array of the individual’s needs and design a program which is responsive to those needs (Person-Centered Planning Guidelines). This includes all appropriate SOP staff who know the individual as well as staff from community agencies who serve the individual, or will serve the individual when discharged, the Regional Office, the individual, and legally responsible party (guardian) or other advocates chosen by the guardian or individual, the regional behavior resource team and the support coordinator for the individual. Directive 4.170 Discharge Process for State Operated Programs and Directive 4.190 Crisis Service and Crisis Referrals Admission

Individual’s Specific Treatment/Service Funds: Money from all sources authorized to fund the Supported Community Living (SCL) residential budget plan for room and board costs that are held in a separate account from individual personal funds and from contractor funds. Funds may originate from Department of Social Services, Social Security Administration, Department of Housing and Urban Development, Department of Mental Health, the individual, the individual's conservator and other sources. These funds are used to reduce the amount payable on a dollar-for-dollar basis by a Regional Office for an individual's care and treatment. Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Informed Consent: Consent for treatment based on certain basic elements that include: an understandable explanation and purpose of the procedure to be followed, a description of physical, emotional, or mental discomfort or risk to be expected, and offer to answer any inquiries concerning the procedure, and an explanation that any ant time consent can be rescinded. Informed consent must be obtained from the guardian, and every effort should be made to obtain informed agreement from the individual. Directive 4.200 Human Rights Committee
**Integrated Quality Management Functions**: A Division of DD systematic processes for integrating and synthesizing information from all quality management functions to evaluate the performance of the support delivery system. This process assures health and welfare of individuals receiving DD services while meeting their needs and supporting them to achieve personal goals related to community integration and quality of life and supports individuals to achieve personal goals.

1. The primary Regional Office Statewide Quality Management Functions are: Support Monitoring, Incident Response System, Fiscal Review, Health Identification Planning System (Nursing Review), Mortality Review, Individualized Support Plan Review, and Licensure and Certification Survey assessment. In addition to the Regional Office Quality Management Functions, other functions within and outside the Department also provide information.


**Interdivisional Agreement (IDA)**: Agreement between the Department of Mental Health and DSS Children’s Division where the DSS Children’s Division funds the waiver portion the Division typically funds when a child is deemed eligible for a waiver slot. [Directive 3.020 Support Monitoring Policy and Implementation]

**Issue**: A point, matter, concern or question in regards to the health, safety, services & staff, and/or rights of an individual. A critical issue is where the health, safety, and/or rights of an individual are in jeopardy. [Directive 3.020 Support Monitoring Policy and Implementation]; [Directive 4.080 Integrating Quality Functions]; and [Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds]

**Least Restrictive Procedure**: A procedure that least restricts an individual’s freedom of movement, access to personal property, or least requires an individual to do something which he/she does not want to do, or least involve removal of something the individual owns or has earned, when compared to various possible procedures that would also maintain safety for the individual. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

**Legally Responsible Person**: Individual responsible for making medical decisions. [Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities]
Level of Care: A determination of whether or not an individual has a need for the level of care provided in an ICF-DD and if so, would this person require ICF-DD placement if not provided services under Missouri’s Home and Community Based Waiver for persons with developmental disabilities. Directive 4.060 Individual Support Plan: Guidelines, Training and Review

License: Written notification that a residential facility or day program complies with rules and standards of care under the provisions of applicable licensing requirements. Directive 5.060 Enrollment of New Providers

Licensed Behavioral Support Professional: An individual licensed in the state of Missouri under sections (6 and (7) of 337.315, RSMo. Licensed behavior support professionals may authorize the use of reactive strategies. Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out

Licensure: A process used by the Division of Developmental Disabilities to review and approve specified providers using regulations for each of the categories of licensure. Surveys are conducted on an annual basis by the Licensure and Certification Unit (L&C) staff. Directive 4.080 Integrating Quality Functions

Licensure and Certification: Provides DMH oversight for community providers serving persons with developmental disabilities. This oversight assures that providers maintain compliance with applicable state standards. Staff performs certification activities for those participating in the Division of DD Home and Community Based Waiver Programs. Directive 3.050 Complaint Response Process

Life Sustaining Medical or Surgical Treatment: Any treatment choice having some reasonable expectation of effecting a permanent or temporary cure or remission of the illness or condition being treated. Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities

Log Notes: Routine documentation as defined by the Medicaid Waiver or other authorities that generally includes answers to these questions: Who? What? Where? When? Why? Directive 3.020 Support Monitoring Policy and Implementation

Manual Hold (Physical Restraint): Any action by a person that holds another person or part of a person that involves a restriction of an individual's voluntary movement. A manual hold is also called a physical restraint. A manual hold does not include physically guiding a person during transport or skills trainings, or blocking an attempted action such as hitting or throwing an object if the individual's body or parts of body are blocked without grasping or holding the body part. Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out
**Mechanical Restraints:** Any device, instrument or physical object used to confine or otherwise limit an individual’s freedom of movement that he/she cannot easily remove. The definition does not include the following:

1. Medical protective equipment as defined by this policy;
2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;
3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair;
4. Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; or Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints. (9 CSR 45-3.090)  *(DOR 4.145)*

**Mental Health Fatality Review Panel (MHFRP):** The director of the department shall establish a mental health fatality review panel to review deaths of all adults in the care and custody of the department. The panel shall be formed and shall operate according to the rules, guidelines, and protocols provided by the department of mental health. *Directive 3.070 DD Death Notification & Mortality Review Process*

**Missouri Quality Outcomes Guide:** The guiding principles that provide the Division direction when designing services for persons with developmental disabilities in the State of Missouri. The outcomes and accompanying discussion guide were developed as a result of soliciting input from people with disabilities, their families and friends. This guide serves to facilitate assisting individuals we serve to have productive and meaningful lives and to be full members in their communities, with rights and responsibilities equivalent to all citizens. [http://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf](http://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf);  *Directive 4.060 Individual Support Plan: Guidelines, Training and Review and Directive 4.080 Integrating Quality Functions*

**Nursing Review:** A Division of DD Quality Enhancement function for monitoring individual health and safety. It includes a clinical case review completed by a Regional Office Quality Enhancement Registered Nurse. This incorporates evaluation and analysis of the individual’s support services and planning around their health care needs.  *Directive 3.060 Community RN Program and Directive 3.090 Health Identification and Planning System (HIPS) Process*

**Office of Constituent Services (OCS):** Part of the DMH Director’s office that provides individual and family views in policy making, aids in access to services, and ensures that individuals’ rights are protected.  *Directive 3.050 Complaint Response Process*

**Office of General Counsel (OGC):** Part of the DMH Director’s office that provides legal counsel for DMH, Investigative Unit and Office of Constituent Services.  *Directive 3.050 Complaint Response Process*

**OneForms:** Are electronic forms available through Forms Services with the Office of Administration. Forms Services has created electronic versions of many State of Missouri’s paper forms by using software called OneForm by Amgraf.  *Directive 1.040 Forms Development Committee*

**One-time Concern:** Issue identified during a visit and resolved before the end of the visit; something that has not been a concern before; an isolated incident.  *Directive 3.020 Support Monitoring Policy and Implementation*
Other Generic or Specialized Services: Services included in the Individual Support Plan or temporary action plan and which are within the Division’s statutory authority to provide or purchase. Directive 4.180 Choices for Families Services and Documentation

Outcome: The result of action to be taken as outlined in a plan that resolves issues, prevents reoccurrence, and increases opportunities for improvement in the TCM delivery system and implementation of the Missouri Quality Outcomes. Directive 3.020 Support Monitoring Policy and Implementation; Directive 3.050 Complaint Response Process; Directive 4.080 Integrating Quality Functions; and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Personal Spending Allowance: The amount of money determined by the individual and the Individual Support Planning team to be set aside from the individual’s monthly benefit check to be used for the individual’s personal needs. Social Security Administration requires the monthly amount be no less than $30 per month. These funds are set aside from the individual’s benefit check to be used for minor purchases needed for the individual to maintain an interest in life, to keep up personal appearance, to facilitate socialization, or to participate in recreation. Such purchases are outside of items that are the responsibility of the residential provider. Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Plan of Correction: A written document outlining the provider’s strategies to address any areas of non-compliance with applicable certification standards reported through the certification survey report. Directive 5.060 Enrollment of New Providers

Planned Respite Services at State Operated Program: Planned respite at the state operated crisis program or with other respite service providers (crisis and non-crisis) is a service that is provided to preempt crisis situations for the individual with brief periods of time away from their primary supports. Directive 4.190 Crisis Referrals Admission and Discharge Process for State Operated Crisis Service

Planning Team: Those individuals (professionals, paraprofessionals, guardian and/or family members) who know the individual well and who possess the knowledge, skills, and expertise necessary to accurately identify a comprehensive array of the individual’s needs and design a program which is responsive to those needs (Person Centered Planning Guidelines and Federal Standards ICF-MR W201 483.440(b)(4)(i), W202 483.440(b)(4)(ii), W203 483.440(b)(5)(i), W204 483.440(b)(5)(ii), and W205 483.440(b)(5)(iii)). This includes the individual, all appropriate staff who know the individual as well as staff from other agencies who serve the individual, or will serve the individual, the Regional Office, the individual, the legally responsible party (guardian/individual) and other advocates chosen by the guardian or individual. Directive 4.170 Discharge Planning Process – State Operated Programs

Primary Regional Office: The facility responsible to coordinate and facilitate the annual provider meeting when the provider, who serves multiple regions, serves the greatest number of people in that facility’s region. Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds

Private Residence: The home a waiver participant owns or rents in his or her own right or the home where a waiver participant resides with other family members or friends. A private residence is not a living arrangement that is owned or leased by a service provider; or the home of a caregiver who furnishes foster or respite care to a waiver participant. Directive 3.020 Support Monitoring Policy and Implementation
Process Improvement Plan (PIP): Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring. Improvement plans are written for the purpose of increasing performance above current levels, overall system improvement, or to put processes into place to prevent an issue from developing into a more serious situation. Directive 3.060 Community RN Program and Directive 3.090 Health Identification and Planning System (HIPS) Process

Prohibited Procedures: The interventions prohibited by the Division of Developmental Disabilities, restraint procedures considered at high risk for harm including:

1. Physical restraint techniques that interfere with breathing; or any strategy in which a pillow, blanket, or other item is used to cover the individual’s face as part of the reactive strategy.
2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
3. Restraints which involve staff lying/sitting on top of a person;
4. Restraints that use the hyperextension of joints;
5. Any technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training;
6. Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual’s life or is otherwise contraindicated for the individual by medical or professional evaluation;
7. Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria;
8. Use of any reactive strategy on a “PRN” or “as required” basis. Identification of safe procedures for use during a crisis in an individual’s safety crisis plan is not considered approval for a restraint procedure on an as needed basis.
9. Seclusion - Placement of a person alone in a locked room or area which he or she cannot leave at will and not part of a Behavior Support Plan that has been reviewed and approved by the Regional Office Human Rights Committee and Behavior Supports Review Committee.
10. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
11. Inclusion of a reactive strategy as part of a behavior support plan for the reduction or elimination of a behavior;
12. Reactive strategy techniques administered by other persons who are being supported by the agency;
13. Corporal punishment or use of aversive conditioning – Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
15. Placing persons in totally enclosed cribs or barred enclosures other than cribs;
16. Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute. 

**Provider:** An individual or business entity under contract with the Department of Mental Health (DMH) to serve participants of any home and community-based waivers operated by DMH. Directive 3.050 Complaint Response Process; Directive 4.070 Event Report Processing; Directive 4.080 Integrating Quality Functions; Directive 4.200 Human Rights Committee; and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds.

**Provider Due Process Review Committee:** Due Process Review Committee that has been approved by the Division and is operated by a contracted provider. Directive 4.200 Human Rights Committee.

**Provider Relations:** The Regional Office unit responsible for provider development to enhance the capacity for the provision of supports and services. In addition, the staff will provide technical assistance and monitoring; allocate resources, and provide management of the contracts with providers of supports and services. The Provider Relations Unit may include Vendor Service Coordinators, Community Living Coordinators and Self Directed Supports Coordinators. Directive 4.080 Integrating Quality Functions; and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds.

**Provisional Certificate:** An initial certificate granted for a period not to exceed one year to a new provider or service, a converted agency or provider, or an existing provider adding a waivered service. Directive 5.060 Enrollment of New Providers.

**Qualified Personnel:** Staff persons who have received competency based training in the Division approved physical crisis management system utilized at the facility or agency in which they are employed and who have current certification of this crisis management training and are also current in the implementation of the individual’s safety crisis plan, behavior support plan and Individual Support Plan, as well as meeting all requirements as a service provider outlined in the most current service definitions for providers. Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out.

1. The Physical Crisis Management System utilized at the agency in which they are employed;
2. The implementation of the individual’s safety crisis plan;
3. The implementation of the Behavior support plan and Individual Support Plan;
4. All requirements as a service provider outlined in the most current service definitions for providers.

**Quality Enhancement Plans:**

1. **Provider Improvement Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring. Improvement Plans are written for the purpose of increasing performance above current levels, overall system improvement or to put processes into place to prevent an issue from developing into a more serious situation. These plans are only required under the criteria in the Provider Improvement Plan section of this directive.

2. **Provider Critical Status Plan:** Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a provider not resolving issues as specified in the improvement plan and could result in adverse action including termination of contract.
3. **Regional Office Quality Enhancement Plan**: Written outcome-based strategies for the identified region, outlining actions formulated from the integration or synthesis of information and issues gathered utilizing APTS and CIMOR-EMT, as well as other available monitoring data. Quality Enhancement Plans are written for the Regional Office for the purpose of increasing performance above current levels and overall system improvement.

4. **Division Quality Enhancement Plan**: Statewide plan based on the trend data from all quality enhancement processes to affect overall system improvement.


**Quality Management Plan**: Written outcome-based strategies outlining actions formulated from the integration or synthesis of information and issues gathered utilizing the Action Plan Tracking System (APTS), Customer Information Management, Outcomes, and Reporting system (CIMOR) as well as other available monitoring data. Quality Management Plans are developed by Regional Office administration for the purpose of increasing performance above current levels and overall system improvement.

**Directive 3.060 Community RN Program**

**Quarterly Review**: A review conducted every three months on progress of the implementation of the plan. Reviews will be conducted for the plan year. For example, a plan with an implementation date of January 1 will be reviewed in April for the months of January, February and March. In this example, quarterly reviews for this plan would be completed in April, July, October, and at the end of the plan year in order to determine needs for the next plan year. During the October quarterly review, the team may convene to review progress and develop a plan for the upcoming annual plan year. [Directive 4.060 Individual Support Plan: Guidelines, Training and Review]

**Reactive Strategies**: The use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors and/or events that place the person or others at risk. Such procedures should be outlined in the Safety Crisis Plan. Procedures include physical crisis management techniques of manual, mechanical, or chemical restraint. These are procedures used in direct reaction to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

**Reactive Strategies Threshold**: The use of three or more reactive strategies within a six month period, or two or more reactive strategies in a two month period. Reaching this threshold triggers an extensive review of the situation towards development of proactive strategies and prevention of situations that are likely to result in use of reactive strategies, as well as a review of the individual’s behaviors and the need for functional behavior assessment and development of a formal behavior support plan or revision of an existing behavior support plan. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

**Records Coordinator**: A person designated by an agency to serve as information liaison between the agency and the Forms Management Unit. [Directive 1.040 Forms Development Committee]
**Regional Behavior Supports Review Committee (RBSRC):** A committee consisting of a chairperson who is a Licensed Behavior Analyst, employed by the division and appointed by the division director or designee, along with qualified members, whose functions include meeting expectations set forth in this rule 9 CSR 45-3.090. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out](#)

**Regional Director:** Director of a DMH Facility, SB40 or other entity that provides Targeted Case Management. [Directive 4.070 Event Report Processing](#)

**Regional Due Process Review Committee:** Due Process Review Committee that is operated by the Department of Mental Health Division of Developmental Disabilities and is available within each of the Division's 11 regions. [Directive 4.200 Human Rights Committee](#)

**Regional Mortality Review Committee:** A panel of professionals at each Regional Office and Habilitation Center that meet to review and complete the Mortality Review document, evaluating all death events of persons enrolled in community placement, residing in state facilities, or who die during receipt of a DMH paid service. They will evaluate to determine if anything unusual or unexpected in manner, timing, or in circumstances occurred; to assure the event was addressed per Department policy and that appropriate preventative action was planned. The Committee may provide recommendations to Administration based on each review. [Directive 3.070 DD Death Notification & Mortality Review Process](#)

**Regional Quality Enhancement Team:** Staff designated at each Regional Office to monitor, track, trend and report data from the Integrated Quality Management Functions, as well as respond to special requests for data based upon current standards, outcomes, and promising practices. [Directive 3.020 Support Monitoring Policy; Directive 3.050 Complaint Response Process; Implementation; Directive 4.070 Event Report Processing; and 4.080 Integrating Quality Functions](#)

**Reimbursement:** Department of Mental Health/Division of Developmental Disabilities payment to a family for family member’s expenditures for services or items identified in the Individual Support Plan or Temporary Action Plan for maintaining an individual with Intellectual and Developmental Disabilities in the household. [Directive 4.180 Choices for Families Services and Documentation](#)

**Reporting of Events:** Rule and directive prescribing procedures for documenting, reporting, analyzing and addressing certain events that affect individuals in residential facilities, day programs, or specialized services that are licensed, certified, or funded by the Department of Mental Health. [Directive 4.200 Human Rights Committee](#)

**Residential Facility:** A facility serving ten (10) or more residents and providing social support, health supervision and habilitation training in skills of daily living. This may include Residential Care Facilities and Assisted Living Facilities licensed by DHSS. [Directive 3.020 Support Monitoring Policy](#)

**Residential Placement:** For the purpose of this function, for individuals in Division of DD residential placement (excluding RCF’s not funded by Division of DD and all SNF and ICF-DD). [Directive 3.090 Health Identification and Planning System (HIPS) Process](#)
**Restrictive Supports**: Any restrictions, limitations, or intervention that is preventing the person from fully participating in activities and community involvement (this can include medications). *Examples include, but are not limited to, the following; limiting communication with others, access to activities, access to money, increased supervision due to behaviors during times or places which would otherwise be considered private, (this does not include provision of supports or assistance with daily living skills), etc.*


**Rights Restrictions**: Limitation of any general liberties that are available to all citizens. *Directive 4.200 Human Rights Committee*

**Safety Assessment**: Assessment by treatment team and physician of an individual’s physical, emotional status including history and current conditions that might affect safe usage delineating any reactive strategies which should not be used with the individual due to medical or psychological issues of safety completed annually or with any significant change. *Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out*

**Safety Crisis Plan**: A section of an individual’s personal plan outlining the emergency intervention procedures that might most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as last resort after implementation of proactive, positive approaches. A crisis plan should be developed prior to the need for use or at least after the first episode of behavior necessitating reaction to dangerous behaviors that place the person or others at risk of eminent harm. It must include the informed consent of the person, their parent or guardian. *Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out*

**Senate Bill 40 Board (SB 40)**: Statutorily authorized county board that funds and/or provides services for people with developmental disabilities. As referred to, those specific SB 40 boards that fund or provide case management for the specified service in partnership with the Division of DD. *Directive 4.080 Integrating Quality Functions*

**Sentinel Event**: A sentinel event is an unexpected occurrence involving death or the risk that reoccurrence of the event would carry a significant chance of an adverse outcome. *Directive 3.070 DD Death Notification & Mortality Review Process*

**Significant Health Change**: A decline in a person’s mental or physical health status that results in an increase in supports and monitoring in the life of the person and/or the people around the individual. *Directive 3.020 Support Monitoring Policy and Implementation and Directive 3.090 HIPS Process*

**Significant Change**: A need identified which necessitated adding or removing outcomes from a person’s plan. *Directive 3.090 HIPS Process*

**Site**: Location where documentation is maintained. The site could be the individual’s residence, the physical location of delivered service, or other area specified by the provider’s administrative office or in the event of self-directed services, starting in February 2016; the Fiscal Management Service maintains Service Documentation. *Directive 4.080 Integrating Quality Functions and Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds*
Standard Means Test: Form (MO 650-0216 (12-93)) is a financial questionnaire completed at time of initial intake and annually thereafter. The Standard Means Test determines whether or not the family’s income and the income of an individual with Intellectual and Developmental Disabilities allows the State of Missouri to recoup its costs through an assessment of income and portion to pay toward services. Directive 4.180 Choices for Families Services and Documentation

State Forms Management Act: Outlines the State of Missouri’s forms management program per Missouri Revised Statutes Chapter 37 sections 37.300 – 37.390. Directive 1.040 Forms Development Committee

State Operated Programs (SOP): DD Program operated by the state including ICF/IID habilitation center campus programs, community waiver programs and the Optimistic Beginnings Program. Directive 4.190 Crisis Referrals Admission and Discharge Process for State Operated Crisis Service

State Operated Programs Due Process Review Committee: Refers to committees that serve individuals supported by the state operated waiver programs and habilitation center on-campus programs. Directive 4.200 Human Rights Committee

State Operated Programs (SOP) Quality Enhancement Directors: Staff designated at each Habilitation Center to monitor, track, trend, and report data from the quality enhancement functions, as well as respond to special requests for data based upon current standards, outcomes and promising practices. Directive 3.050 Complaint Response Process


Statement of Terminal Condition: A form to be completed by the attending physician that is required for documenting a terminal condition and requesting a Non-Hospital DNR authorization when the individual is in receipt of in home waiver services or receiving ICF/IDD State Operated Facility Services. Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities and Directive 4.180 Choices for Families Services and Documentation

Support Monitoring Guidelines: This is a companion document that goes with the Support Monitoring Process, that describes the five indicators or areas of support to be reviewed, and interpretive guidelines for each area. The five indicators are Health, Environment / Safety, Money, Rights, and Service & Staff. This guideline is not an all-inclusive list, as other issues or areas of concern should be documented if they are present. Directive 3.020 Support Monitoring Policy and Implementation

Targeted Case Management (TCM) Provider: An agency, to include Regional Offices, SB 40 Boards and Not-for-Profits agencies, authorized through a contractual agreement to provide targeted case management services for persons eligible for services from the Division of Developmental Disabilities. Directive 3.060 Community RN Program

Technical Assistance: Provide information, training, and consultation to entities providing supports and services to persons with developmental disabilities and their families. It also includes contact with agencies regarding administrative and individual needs, such as administrative and staff changes. Directive 5.070 Fiscal Review for Purchase of Service (POS) and Individual Funds
**Temporary Action Plan**: A written plan developed by at least the family and Support Coordinator to obtain and/or authorize services prior to implementation of the initial Individual Support Plan. [Directive 4.180 Choices for Families Services and Documentation]

**Terminal Condition**: An incurable or irreversible condition that, in the opinion of the attending physician, is such that death will occur within a short time (within 6 months) regardless of the application of medical procedures (sections 459.010-055 RSMo). [Directive 3.080 Non-Hospital Do Not Resuscitate Orders in DD State and Contracted Facilities]

**Time Out (exclusion and seclusion types are defined here)**: There are two categories of time-out procedures. The exclusion time-out is the most restrictive and requires additional oversight. [Directive 4.300 Behavioral Support Requirements-Restrictive Interventions, Restraint, and Seclusion Time-Out]

1. **Exclusion time-out** is the temporary exclusion of an individual from access to reinforcement in which, contingent upon the individual’s undesirable behavior(s), the individual is excluded from the potentially reinforcing situation but remains in the same area with others present.

2. **Seclusion time-out** is the temporary and time-limited removal of an individual to an area or room in which there is limited access to reinforcement and the individual is not allowed to leave the area or room through the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or until specified behaviors are performed by the individual. Locked rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited. This is sometimes referred to as a safe room or calm room.

Time out may only be used as part of an approved behavior support plan, not as an emergency procedure.

**Training Reviewers**: Individuals within the Division of DD, appointed by the Director, who review all training curriculum developed to ensure all policies, guidelines and best practices are reflected within the content of the curriculum. [Directive 2.030 E-Learning Policy]

**Unmet Needs**: A pattern or trend identified from a collection of individual support plans. [Directive 5.060 Enrollment of New Providers]

**Voucher**: Form (MO 650-4772 (12-90)) which is issued to a family by a Regional Office for the family’s use in obtaining items and services. [Directive 4.180 Choices for Families Services and Documentation]