

MO Statewide Transition Plan: Division of Developmental Disabilities Participant Survey Results 2015

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
- 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. The 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 Developmental Disabilities (DDD) developed a participant survey to collect individual experiences to determine if service settings are in compliance with HCBS Waiver settings rule. DDD distributed participant surveys through a variety of sources, such as online at the DDD HCBS Transition Plan website (<http://dmh.mo.gov/dd/docs/hcbsparticipantsurvey.pdf>), provided by DMH Support Coordinators, and at a variety of stakeholder conferences (People First, MACDDS and Real Voices, Real Choices).

The survey provides the option for anonymity or to include contact information, includes the option for an individual to request an assessment of their service setting, and the survey itself serves as a validity check against a requested assessment.

A copy of the Participant Survey is included in this report and can be found in Appendix 1.

Survey Results

The participant survey was available on-line, and provided to individuals by support coordinators at plan meetings and during various stakeholder conferences throughout the year. Surveys could be submitted by email, by regular mail, by support coordinators, or in person.

A total of 365 participant surveys were submitted to the DDD from the time period of 02/06/2015 – 11/24/2015.

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

<https://www.surveymonkey.com/sr.aspx?sm=W4%2bMUV7zmR3it3gLD4C1C9SN9fZoaLZz7aJYj9mm6cU%3d>

There are a few important factors to emphasize in the results. First, 55.1% of the surveys were completed by the participant and 44.9% were completed by the guardian.

In addition,

- over 90% of participants
 - are satisfied with their services and staff;
 - feel staff know about their interests and they are able to ask for something they need;
 - know what to do if they are unhappy and how to ask for new help;
 - are happy with where they live, able to do what they like in their own home and have visitors; and
 - go out into the community for fun and shop where they choose.
- 80-90% of participants
 - have another meal choice if they do not like what is being provided and can have snacks when they want;
 - can eat alone or with others;
 - can sit where they want and talk with whom they prefer during meal times;
 - like, and want to stay with, their current roommate;
 - can have visitors at any time;
 - are able to exercise, wake up, schedule activities and go out with family when they want;
 - know about activities in the community; and
 - are able to access their personal spending money when they want.
- 60-70% of participants
 - feel they had choice in provider and where they lived;
 - knew who to ask if they wanted a new roommate;
 - have a cell/home phone or computer which they are allowed to use in private;
 - are able to do laundry and eat when and where they want;
 - can go out with friends/come and go as they choose; and
 - have choice on where to attend religious services.

Participants or their guardians are given the opportunity to write any additional comments about their services or request a visit. Any visit request received in which the participant or guardian requested contact from the state was followed-up with an on-site assessment by state staff in Central Office.

Conclusion

Over 80% of the individuals completing a survey reported a positive experience in relation to the HCBS services they receive. As the state moves forward with full compliance with the HCBS rule, the state will focus on the areas identified in need of improvement. This information serves as baseline data as the state moves forward to fully implement the HCBS Settings rule.

On an ongoing basis, questions posed in the Participant Surveys will be incorporated into annual assessments and reviews. DMH Quality Enhancement team incorporated Home and Community Based federal rules into the annual Quality of Services Review process.

Contact Information for DDD, Participant Survey

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Appendix 1

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?

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 the bus or taxi if you have one?
 Yes No If no, please explain:

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 do not have 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:

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