

MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES

DEGREED PROFESSIONAL MANAGER RESOURCE GUIDE

A Handbook for the Degreed Professional Manager (PM)

MISSOURI DIVISION OF
DEVELOPMENTAL
DISABILITIES



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Improving lives THROUGH supports and services
THAT FOSTER self-determination.

MISSOURI DEPARTMENT OF MENTAL HEALTH

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INTRODUCTION

This manual was developed to be used as a resource for the Degreed Professional Manager (PM). The roles and responsibilities are defined and examples of monitoring tools are included which can be used with some of these duties. Some of the duties as described in this manual may actually fall into the role of the administrator; it is at their discretion that the roles are defined. By using this manual, the PM will be able to deliver a consistent service for the provider and persons.

It is understood that all providers are different and that the PM may not be completing all the duties stated in this reference manual from beginning to end. In a small agency, the owner may be performing some of the duties that are listed as PM duties in this manual. In a larger agency, there may be more shared duties with middle management staff. HOWEVER, it is the responsibility of the provider agency to be sure the assigned PM has knowledge and significant input into the numerous duties listed in this manual. It is the expectation that the PM is central to the decision making aspects of person supports.

The PM is at the center of all discussion with family, person, staff, Residential RN, guardians, administration and Regional Office. The PM serves as a liaison among all disciplines and other providers that individuals receive services from. Communication skills, problem solving skills, and leadership skills are crucial for this employee. The PM must possess knowledge of the community for area resources, and feel comfortable in developing partnerships with other organizations and agencies.

Degreed Professional Manager Definition

A supervisory and management function required in DD waiver services.

Any Bachelor's degree. Relevant experience may be substituted for Bachelor's degree. The provider is responsible for maintaining documentation of the credentials of the professional manager.

Degreed Professional Manager General Responsibilities

Responsibilities include:

- Staff training and supervision;
- Quality enhancement monitoring;
- Direct plan implementation for individuals as needed;
- Monitoring implementation of outcomes;
- Establishing information collection systems;
- Writing monthly reviews;
- Oversight/coordination of all the person's programs and services being received;
- Coordinating the development of the ISP (scheduling, facilitation and summary document).

A Degreed Professional Manager is a required component of the following services: Day Habilitation (DH), Individualized Skills Development (ISD), Community Integration (CI), Group Home (GH), Individual Supported Living (ISL), Out of Home Respite (OHR), Personal Assistance (PA), any Employment related service (SE) and Shared Living (SL).

Source: Waiver Manual, <http://dmh.mo.gov/dd/manuals/waivermanuals.html>

Degreed Professional Manager Responsibilities by Service

The responsibilities of the PM may vary by service type and as designed by the administration of the agency. The service definition may assist the PM in determining what responsibilities and roles they might have in supporting and providing oversight to the specific service. It is important that the PM understand the distinct service definition being provided. Service definitions can be found in both the Waiver Application and the Waiver Manual. However, the Waiver Application will always be the most accurate source as the Waiver Manual is only updated after the Waiver Application is approved. It is important to note that the Division of DD has four Waiver Applications. Be sure to access the Waiver Application which corresponds with the Waiver that the individual is enrolled in as the Waivers all renew at different times so may not be exact replicas. The Waiver Application can be found by Selecting the desired Waiver at the following link and then selecting the application: <http://dmh.mo.gov/dd/progs/waiver/index.html>

The following is a representation of possible responsibilities by service. The actual responsibilities of each PM will be at the design of the employer.

Responsibility	ISD/CI/PA/ES	DH	ISL/SL	GH	OHR
Staff training and supervision	X	X	X	X	X
Coordination with individuals, families, Support Coordinator, Division of DD and other service providers	X	X	X	X	X
Coordinating the development of the ISP	X	X	X	X	
Direct plan implementation for individuals as needed	X	X	X	X	X
Monitoring implementation of outcomes	X	X	X	X	
Establishing info. collection systems	X	X	X	X	X
HCBS Rule	X	X	X	X	X
Rights	X	X	X	X	X
Abuse, Neglect, Misuse of Funds	X	X	X	X	X
Event Reporting and Death Notification	X	X	X	X	X
Service Records Maintenance	X	X	X	X	X
Daily Progress Notes	X	X	X	X	X
Adequate Documentation	X	X	X	X	X
Documentation on Outcomes	X	X	X	X	
Medicaid Waiver Documentation Requirements	X	X	X	X	X
PM Monthly Summary	X	X	X	X	X
PM Log				X	
Census Logs		X	X	X	X
Mileage Logs	**	**	**	**	**
Medical Oversight (appointments, prescriptions, etc.)	*	*	***	***	***
Residential RN Implementation			X	X	
Management of Personal Funds			X	X	
Social Security Audits on Personal Funds			X	X	
Environmental Monitoring Guidelines		X	X	X	X
Adaptive Equipment Safety Checks		X	X	X	
Vehicle Safety/Condition Check	X	X	X	X	X
Emergency Drills/Safety		X	X	X	X
Personal Property Inventory			X	X	X

* The service may provide some medical oversight related to medication administration and obtaining physician's orders and may be responsible for assisting the individual with personal funds which may involve tracking systems during service delivery.

** Mileage logs are typically associated with the ISL Transportation component of the ISL service that is directly billable through the waiver however, at the design of the agency's transportation system, the PM may be working with agency internal mileage tracking systems in other services.

***The responsibility for medical oversight in these services is dependent on the level of nursing care provided in the service. Medical oversight is not nursing delegation, rather coordinating doctor's visits, prescriptions, MARS, etc. In smaller agencies, medical oversight may be the responsibility of the PM while larger agencies may employ nursing staff that provides all oversight.

Service Record Responsibilities

The following is a general description of responsibilities as more detailed information is available in the remainder of the manual. The PM shall implement a system which maintains and keeps current:

- Person's profile data, including photograph of the person, with emergency contact numbers and medical information such as medical condition and allergy information.
- Copies of the Medicaid/Medicare cards, current Release of Information forms, Consent forms, Choice Statements, and signed Consumer/Person rights statement.
- Personal property inventory.
- Current Individual Support Plan is in the home and all staff has signed/been trained on current information.
- Copies of guardianship paperwork.
- Daily progress notes, monthly reviews and other documentation specific to each individual such as behavior charts, diet tracking, fluid intake, etc.
- Medical Information (see Medical section for more details)
- Monthly Health Summary of the Residential Nurse.
- Assessments (behavioral, school, therapies, etc.)
- Financial records to include documentation supporting NAF's account spending, personal spending, and petty cash spending.

It is recommended that providers using electronic documentation systems develop a policy/practice on maintaining access to service records and creating current service documentation in the event the electronic system is temporarily unavailable.

DIVISION OF DEVELOPMENTAL DISABILITIES

Most individuals receiving services that require PM oversight are funded through the Department of Mental Health Division of Developmental Disabilities (the Division) Medicaid Waiver. The Division services individuals who have developmental disabilities, from birth to end of life. If an individual and or their family feel that their individual may have a developmental disability, they can contact their local Regional Office to make application for services.

The PM's agency is contracted with the Division to provide these services as outlined in contract and definition. As such the PM may act as the liaison between the agency and the Division on issues related

to individual services and to the agency’s contract, including training and informational meetings. As the contracting entity, the Division is responsible for quality assurance and oversight functions, as explained in the External Monitoring section later in this manual. The PM may have a role during these functions.

The following is a description of those positions and some of their functions that pertain to providers. In general, if you are unsure of which function to direct your question to, contact your Provider Relations Liaison (Vendor Service Coordinator) and they will connect you to the correct position.

Position/Committee	Functions
Provider Relations Lead and Vendor Service Coordinator	Provider Enrollment; provider contracts including amendments; technical assistance on and access to CIMOR, Home and Community Based Services rule, service definitions, staffing patterns, budgets, staff education and training requirements, documentation requirements, policy and procedure development; Provider Improvement Plans, Critical Status Plans, No Growth and/or No Referral Status’s; follows up on MMAC recommendations; may follow up on issues identified by other functions per referral; distributes agency’s annual data report. Conducts provider systems review as outlined in Division Guideline #55, http://dmh.mo.gov/dd/docs/implementationstrategiesfaq.pdf .
Community Living Coordinator	Maintains the Referral Database regarding residential services; assists providers and TCM on transitions from home to residential and between residential service providers; technical assistance surrounding housing resources and home and vehicle modifications.
Quality Enhancement	Conducts quality of services reviews and focus reviews as outlined in Division Guideline #54, http://dmh.mo.gov/dd/docs/guideline54.pdf and # 56 http://dmh.mo.gov/dd/docs/guideline56.pdf . Management of data for trending, prioritizing, remediating and implementing system improvements. Reports are provided to regional level management and staff, providers, stakeholders, and the Medicaid agency at designated intervals. Facilitation of the regional office Due Process Committees.
Regional Registered Nurse	Conducts Health Identification and Planning System QE RN Reviews as outlined in Division Directive 3.090 http://dmh.mo.gov/docs/dd/directives/3090.pdf . Conducts training for Community RN Program as outlined in Division Directive 3.060 http://dmh.mo.gov/docs/dd/directives/3060.pdf . Conducts Mortality Reviews as outlined in Division Directive 3.070 http://dmh.mo.gov/docs/dd/directives/3070.pdf . Manages DMH DD Medication Certification process at the regional level in accordance with 9 CSR 45-3.070.
Support Intensity Scale (SIS) Interviewer	Conducts the SIS for each individual who receives ISL, GH and SL services at initial placement and every three years thereafter.
Inquiry Coordinator	Conducts interviews of anyone witnessing an alleged abuse/neglect or misuse of funds to determine if enough evidence exists to submit a request to the Department’s Investigative Unit.
Business Office	Each Regional Office has a business office. Some of the business office staff may be entering provider authorizations while others manage personal funds for individuals that the Division is payee for. These staff will be able to provide balance information of individual accounts for purchase requests. These staff might also perform fiscal reviews as indicated in Division Directive 5.070 Fiscal Review for POS http://dmh.mo.gov/dd/directives/docs/directive5.070.pdf .

Behavior Resource Team	Division staff in the Regional Office. 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 is 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 supports for factors that might improve quality of life and development of strategies including broad use of community supports and services to maintain the person in stable status.
Regional Behavior Analyst	A licensed behavior analyst employed by the Division to provide systemic support for agencies, families and support teams through development of risk assessment data and prevention processes , improvement in utilization and standards of behavioral services, training and coordination of regional behavior review committees for consultation to support teams and behavioral service providers.
Due Process Committee	A committee charged with reviewing proposed rights restriction to ensure all required components of due process have been afforded to the individual.
Regional Behavior Support Review Committee	Consultation committees with community behavioral service providers who volunteer under the direction of the Area Behavior Analyst. The work of the committee is to provider best practice consultation for individuals and their support teams experiencing problematic outcomes with current support strategies. The committee will invite individuals to the committee if the Area Behavior Analyst identifies the individual as experiencing high risk outcomes such as law enforcement involvement, psychiatric hospitalization or multiple physical altercations. Any member of an individual’s support team can refer the individual for consultation by contacting the area behavior analyst. It is recommended that the support coordinator, behavioral service provider, professional manager, familiar direct support professionals, family members or other support persons attend the meeting in which the committee provides consultation. As always, the individual as the most important member of the team is invited and encouraged to attend. The Area Behavior Analyst will request documentation such as behavioral data, individual support plans, implementation plans, behavior support plans and other information be submitted for review prior to the meeting. The committee will discuss the situation with the support team and provide recommendations and a summary form will be sent to the support coordinator following the meeting.

Division Communication

The Division communicates through a variety of methods. Changes made to services and/or processes may be communicated through Bulletins which later transition into the Waiver Manual. Processes and guidance may be communicated through Directives and Guidelines. When this communication is posted to the Division website an “email blast” is sent to everyone registered to receive the communication. Providers are encouraged to register at least one staff with the email blast. Anyone wishing to receive these notifications can register at <http://dmh.mo.gov/dd/> by selecting “Get Email Updates” on the bottom right of the screen.

In addition to the online system of communication, the Division periodically holds webinars and in person training. Notification of these training opportunities comes through the email blast or through the Regional Office. Each of the Regional Offices offer quarterly provider meetings through which local and statewide information is shared. Notification of these meetings comes from the Regional Office. Frequently, these meetings review email blasts and provide further clarification to the communication. Participation in these meetings are voluntary but strongly encouraged.

Information Management Systems

The Division has several information management systems. Some are accessible to providers while others are used by Division staff to track information which can be formulated into a report for the provider to show trends in different areas of performance. Below is a description of a few of those systems.

- **Action Plan Tracking System (APTS):** A database used by the Division to track issues requiring solution, as well as positive practices identified through Integrated Quality Functions. Issues tracked are identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes. Information is entered into this system from Licensure and Certification, Quality Assurance, Provider Relations, Fiscal, Support Coordination and the Missouri Medicaid and Integrity Unit. Quarterly reports of unresolved issues in APTS are available.
- **Customer Information Management, Outcomes, and Reporting (CIMOR):** A Department database which contains information about each individual eligible for services. Information includes demographics, interested parties, support coordination assignment, diagnosis, and service authorizations and is the system through which the provider bills for services. CIMOR is also utilized for maintaining and tracking other information, such as nursing reviews. Designated provider staff may gain limited access to CIMOR by completing an access request form at <https://portal.dmh.mo.gov/>
- **Customer Information Management, Outcomes, and Reporting Event Management Tracking (CIMOR EMT) System:** A Department database which contains information from event reports as required by 9 CSR 10-5.200 & 206, DOR 2.205, 2.210, 2.220 and 4.070. This database is used to collect information on events meeting pre-specified severity criteria for reporting or investigations of abuse, neglect and/or misuse of consumer funds.
- **Referral Database:** A Division database where information about individuals seeking residential services is placed. Providers of residential services who provide services in the specific area the individual wants to live will receive notification when a new referral is placed on the database and have the opportunity to indicate interest in serving the individual. The individual and their family are then provided the list of interested providers from which they can interview and select a provider. In order to receive residential referrals, a provider must have a staff member registered with the Referral Database to receive the notifications. To request access to the Referral Database, complete Section 4 of the Contract Provider Access Request form at: <https://portal.dmh.missouri.gov>.

SUPPORT COORDINATION

Support Coordination may be provided by the Division or by a contracted Targeted Case Management (TCM) entity. Support coordinators help people with disabilities and their families identify and obtain needed services and supports, regardless if these are natural supports, funded, or local community resources. They also advocate for, monitor, and evaluate services along with the individuals, their families or guardians. A key role of the support coordinator is to assist people with the process and paperwork necessary to obtain services. The system of multiple agencies providing services to persons with disabilities can be complex and confusing. Support coordinators provide a “single point of entry” into services.

Support Coordinator Responsibilities

The Support Coordinator is responsible to coordinate, facilitate, develop and process the Individual Support Plan and all amendments. Another component of responsibility is support monitoring. Monitoring includes review of the written records, observation and communication with the individual and staff. Areas monitored are dependent on the supports received. The tools a Support Coordinator utilizes are Appendix A, B, and C under Support Monitoring. These tools can be found under the Support Coordination Manual under B. Learning the Basics, Support Monitoring at: <http://dmh.mo.gov/dd/manuals/scmanual.html>.

The chart on the required frequency of monitoring can be found in the manual and has been pasted below for quick reference.

Monthly Face-to-Face at Site of Service (Individuals, who receive funding by the Division for residential supports)	Quarterly Face-to-Face	Annual Face-to-Face & Quarterly Contact
<ul style="list-style-type: none"> • Individuals in Group Homes • Individuals in ISLs/ In-home ISLs 	<ul style="list-style-type: none"> • Shared Living <ul style="list-style-type: none"> ○ Host Home ○ Companion Home • Individuals living in Private Residence receiving Personal Assistant. • At least one face-to-face must be at site of support delivery for the following: <ul style="list-style-type: none"> ✓ Employment Services ✓ Day Habilitation ✓ Community Integration ✓ Individualized Skills Development 	<ul style="list-style-type: none"> ▪ Individuals living in a Private Residence receiving a funded service/support not listed in other categories* <ul style="list-style-type: none"> ○ Transportation ○ Counseling ○ Therapy ○ Adaptive Equipment ○ Supplies ○ Respite* ○ Facility based respite (monthly face to face if in respite at least 30 consecutive days) ○ Temporary Residential (monthly face to face if in residential at least 30 consecutive days) ○ Dental ○ Assistive Technology ○ Behavioral Services ▪ Individuals receiving support coordination only; may be receiving <u>non</u> DDD funded supports (i.e., DHSS, VR, DSS Children’s Division, etc.)

*Services/Supports may be funded through various means including Choices for Families or POS.

Contact the Support Coordinator When:

There are any changes to service needs, health status, reportable incidents, complaints or concerns of the individual or family so that they may update any documentation or systems needed or convene a planning team meeting. Common examples:

- When there hospitalization, change in residence, placement status or funding needs change
- When there are changes in services, regardless of whether there is a need to increase or decrease
- When there is a request for new services or new placement
- When any major change in status: medical or behavioral, and when a community event is completed
- When referrals are made to other state or community agencies
- When there is a change to benefits or benefit status
- When an individual, family member or provider has a complaint that cannot be resolved
- When changes need to be made in the Individual Support Plan, the outcomes or the goals

HOME AND COMMUNITY BASED SERVICES RULE

Effective March 17, 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 is commonly referred to as the final HCBS Rule. In Missouri, this affects all Home and Community Based waiver programs.** The HCBS Rule is to be integrated into the service delivery of anyone receiving services. All staff, at all levels of the organization, should understand and be committed to implementing the rule.

CMS Intent of the Rule

“To ensure that individuals receiving services and supports through the Medicaid’s home and community based service (HCBS) programs have full access to benefits of community living and are able to receive services in the most integrated setting”

“...designed to improve the quality of services for individuals receiving HCBS”

Effective March 17, 2014

CMS Fact Sheet: Summary of Key Provisions of the 1915(c) Home and Community-Based Services (HCBS) Waivers Final Rule:

CMS is moving away from defining home and community-based settings by “what they are not,” and toward defining them by the nature and quality of participants’ experiences.

The home and community-based setting provisions in this final rule establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting’s location, geography, or physical characteristics.

The Rule requires states to submit a plan to ensure compliance of the final rule.

Consumers and Advocates

- Individuals have the right to receive services in the community to the same degree as those not receiving HCB waiver services:

- Individuals must be allowed to select the services they receive, where they live among available options, and the providers of those services.
- Individuals have the freedom to control their own schedules, personal resources, and other aspects of their living arrangement.
- Individuals must be treated with dignity and respect, and be free from coercion or restraint.

Final HCBS Rule Setting Requirements 42 CFR 441.301(c)(4)

- HCBS Rule requires that an HCB Waiver Service setting:
 - Is fully integrated in and supports access to the greater community
 - Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
 - Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community based services
 - Is selected by the individual from more than one setting option, including non-disability specific settings and an option for a private room in a residential setting
 - Supports individual choice of services and supports
 - Ensures privacy, dignity, respect, and freedom from coercion and restraint
 - Optimizes individual initiative, autonomy, and independence in making life choices
 - Facilitates individual choice regarding services and supports and who provides them

Provider Owned or Controlled Residential Settings Requirements

- Individuals have:
 - privacy in their homes
 - choice of roommates
 - freedom to furnish and decorate their sleeping or living areas within the lease or other agreement
 - freedom and support to control their schedules and activities and have access to food any time
 - visitors at any time
 - Homes have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed
 - Specific dwelling is owned, rented, or occupied under a legally enforceable agreement
 - Same responsibilities and protections from eviction as all tenants under landlord tenant law
 - Any modification of the additional conditions must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
 - Identify a specific and individualized assessed need.
 - Document the positive interventions and supports used prior to any modifications to the person centered service plan.
 - Document less intrusive methods of meeting the need that have been tried but did not work.
 - Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

- Include the informed consent of the individual.
- Include an assurance that interventions and supports will cause no harm to the individual.

Final HCBS Rule Setting Requirements 42 CFR 441.301(c)(5)

- Settings that are not home and community based:
 - Nursing Facility
 - Institution for mental diseases (IMD)
 - Intermediate care facility for individuals with intellectual disabilities (ICF/ID)
 - Hospital
 - Any other locations that have qualities of an institutional setting, as determined by the Secretary Settings presumed not to be HCB (Heightened Scrutiny)
 - Settings located in a publicly or privately-operated facility providing inpatient institutional treatment
 - Settings on the grounds of, or adjacent to, a public institution
 - Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCB services

Characteristics of Settings that Isolate People from the Broader Community

- 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 recreational activities
- People in the setting have limited, if any, interaction with the broader community
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g., seclusion)
- Farmstead or disability-specific farm community
- Gated/secured “community” for people with disabilities
- These communities typically consist primarily of people with disabilities and the staff that work with them
- Residential schools
- These settings incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other

It is expected that Degreed Professional Managers educate themselves on the rule and work towards establishing an organizational culture which supports the rule.

Resources

HCBS Transition Plan, <http://dmh.mo.gov/dd/hcbs.html>

HCBS Self-Assessments-Participant/Guardian, <http://dmh.mo.gov/dd/hcbs.html>

Provider Survey – Self Assessment, <http://dmh.mo.gov/dd/hcbs.html>

HCBS Trainings, <http://dmh.mo.gov/dd/hcbs.html>

HCBS Frequently Asked Questions, <http://dmh.mo.gov/dd/hcbs.html>

INDIVIDUAL RIGHTS AND DUE PROCESS

Individual Rights

Every individual receiving services from DMH have the same Constitutional Rights as anyone else. Missouri state law dictates the right of persons receiving DMH services. It is the providers’ responsibility

to educate the individual on their rights at least annually with confirmation in the individuals file, signed by the individual and their guardian when applicable. If the person is unable to read or understand the written description of his/her rights, a delegate will read the rights and assist them in understanding.

KNOWING YOUR RIGHTS - A guide for individuals with developmental disabilities to understand rights and responsibilities. <http://dmh.mo.gov/dd/manuals/docs/rightsbooklet.pdf>

- DMH facilities and contracted provider must have rules to make sure an individual has the opportunity to learn and understand their rights, and that no one takes their rights away before they have a chance to speak for themselves or have someone they choose speak for them. This is guaranteed through due process procedures. [9 CSR 45-3.030](#)
- Individuals receiving services have the same legal rights and responsibilities as any other person unless a court has determined otherwise. Due process must be documented for any limitation of an individual's rights to ensure that rights are adequately protected. This includes some court ordered and guardian placed limitations. This may include physician orders for which the individual does not agree with but are being implemented, such as diet, medication, treatment, and non-medical related orders.

Statutes and Rules that provide information on Rights of Individuals Receiving Services include;

Contract Purchase of Service Program for the Division of Developmental Disabilities Consumer Rights, <http://dmh.mo.gov/dd/provider/docs/poscontract.pdf>

Section 630.110, RSMo – Patient's Rights and Limitations, <http://dmh.mo.gov/constituentservices/docs/CommunityConsumerRights-final.pdf>

Guaranteed to all individual's receiving services from the Department of Mental Health, but may be limited if determined inconsistent with the person's therapeutic care, treatment, habilitation, or rehabilitation and the safety of other facility or program clients and public safety. Includes the Divisions of Developmental Disabilities and Behavioral Health Services

Section 630.115, RSMo – Guaranteed Rights to all DMH Consumers, <http://dmh.mo.gov/constituentservices/docs/CommunityConsumerRights-final.pdf>

Guaranteed to all individual's receiving service from the Department of Mental Health Includes the Divisions of Developmental Disabilities and Behavioral Health Services.

9 CSR 45-3.030 – Individual Rights, <https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-3.pdf>

Guaranteed to all individuals who are eligible for services from the Division of Developmental Disabilities

42 CFR 441.301 – Contents of Request for a Waiver, <http://dmh.mo.gov/dd/docs/hcbsguidance.pdf>
Guaranteed to all individuals receiving services from the Division of Developmental Disabilities funded through the Home and Community Based Medicaid Waiver Programs.

9 CSR 45-5.010 – Certification of Medicaid Agencies Serving Persons with Developmental Disabilities, <http://dmh.mo.gov/dd/provider/docs/certificationsurvey.pdf>

Guaranteed to all individuals receiving the following services from the Division of Developmental Disabilities; residential habilitation, day habilitation, supported employment, or individualized supported living services under the Medicaid Home and Community Based or Nursing Home Reform Waiver program.

Due Process

A Process in which individuals are involved with ANY restriction/limitation of their rights, that they have access to external advocacy if in disagreement, and steps and timelines which detail how the person's rights may be restored.

Due process; guaranteed opportunity to protest, to be heard, to be informed, and to give consent.

“The concept of due process is intended to protect people from exploitation of undue restrictions or right:”

(Council on Quality Leadership, 1996 p. 25)

Before any restriction/limitation of rights is implemented, the restriction/limitation should be reviewed by the Due Process Committee. There are required components of performing due process. You will need to understand the components and the process associated with the Due Process Committee. You can find guidance on these two topics at the links below.

Resources

Division Directive Number 4.200 - Due Process Review Committee for Limitations and Restrictions of Individual Rights, <http://dmh.mo.gov/docs/dd/directives/directive4200.pdf>

Due Process Components Guide,

<http://dmh.mo.gov/dd/directives/docs/dueprocesscomponentsguide.pdf>

ISP Manual page 24, <http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>

ABUSE, NEGLECT, and MISUSE OF FUNDS

All employees, volunteers, and contractors of the Division are required Abuse and Neglect Reporters. When abuse and neglect or misuse of funds are identified or suspected, a report must be completed by the person who observes or is made aware of an issue which might be abuse, neglect or misuse of funds. The PM is responsible for ensuring allegations are immediately reported to the Division and the agency policy is followed to ensure individual's health, safety and welfare. For individuals under 18, the information must also be immediately reported to Children's Division.

All employees, volunteers and contractors of the Division are required to be trained in Abuse, Neglect or Misuse of Funds prior to contact with individuals and biennially thereafter. The Division offers a free online training which includes a competency test and certificate.

Misuse of funds/property: The misappropriation or conversion for any purpose of a consumer's funds or property by an employee or employees with or without the consent of the consumer or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.

Neglect: Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer when that failure presents either imminent danger to the health, safety, or welfare of a consumer or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one consumer causes serious injury to another consumer.

Physical abuse:

1. An employee purposefully beating, striking, wounding, or injuring any consumer;
2. In any manner whatsoever, an employee mistreating or maltreating a consumer in a brutal or inhumane manner; or
3. An employee handling a consumer with any more force than is reasonable for a consumer's proper control, treatment, or management.

Sexual abuse: Any touching, directly or through clothing, of a consumer by an employee for sexual purpose or in a sexual manner. This includes, but is not limited to:

1. Kissing;
2. Touching of the genitals, buttocks, or breasts;
3. Causing a consumer to touch the employee for sexual purposes
4. Promoting or observing for sexual purpose any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation;
5. Failing to intervene or attempting to stop inappropriate sexual activity or performance between consumers; and/or
6. Encouraging inappropriate sexual activity or performance between consumers.

Verbal abuse: An employee making a threat of physical violence to a consumer, when such threats are made directly to a consumer or about a consumer in the presence of a consumer.

Missouri Department of Mental Health

1-800-364-9687 M-F 8am-5pm

Or, after hours

Missouri Department of Mental Health & Senior Services

1-800-392-0210 24 hours a day seven days a week

Missouri Children's Division Hotline for children under 18

1-800-392-3738 24 hours a day seven days a week

Resources

Abuse and Neglect Training, <http://dmh.mo.gov/dd/calendar.html>

9 CSR 10-5.200 Abuse, Neglect and Misuse of Funds and 9 CSR 10-5.206 Report of Events,

<http://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-5.pdf>

RSMo 630.165, <http://revisor.mo.gov/main/Home.aspx>

Say "NO" to Abuse and Neglect: A Guide for Individuals with Developmental Disabilities to Help Prevent

Abuse and Neglect, <http://dmh.mo.gov/docs/dd/anpreventionbooklet2.pdf>

SERVICES

As of July 2017, the Division offers over 70 services to eligible individuals. It is the planning team's responsibility to assess and ensure that the appropriate service is authorized to meet the need of the individual. It is specifically the provider's responsibility to ensure that the service delivered meets the service definition authorized. Failure to provide the service as written may result in recoupment of the service payment.

Medicaid Home and Community Based Services Waiver Program

The HCBS Waiver program provides home and community based services (HCBS) to people who would otherwise may be in an ICF/ID or institution. In March 2014, the Center for Medicaid and Medicare Services (CMS) published the final rule regarding changes to HCBS Waivers. The purpose of this regulation is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community.

Everyone who receives DD services may not eligible for the Medicaid HCBS Waiver program as it has additional eligibility requirements. The Division has four HCBS Waivers: Comprehensive, Community, and Partnership for Hope and Missouri Children's Developmental Disabilities (MOCDD). Medicaid HCBS Waiver programs are accessed only after all other non-Division funding sources are exhausted. The Federal government provides 60% of the waiver funding per one dollar spent. The State and/or a Senate Bill 40 provides the remaining 40% match dollars.

The Medicaid Waiver Application and Manual contain information specific to each service including a description, the intent of the service, any limitations of the service, specific funding caps when appropriate, staff qualifications, documentation requirements, staffing ratios, billable unit and billing code. Each Waiver type has a separate application. As the Waivers are not all renewed at the same time, there are periods when changes effect one Waiver but not another. It is important to understand which waiver each individual is enrolled in during these times of transition to ensure the service delivery is consistent with the service definition.

When researching service definitions, look for Provider Bulletins applicable to the service. Provider Bulletins provide clarifying information to service definitions which are added to the application/manual at next amendment or renewal. Therefore, if a bulletin exists on a service definition, it is the latest authority. Once the HCBS Waiver Application is amended or renewed, the Medicaid HCBS Waiver Manual will subsequently be updated. As the Manual is only updated after the Application is finalized, the Provider Bulletins and Waiver Application are the best authority.

Guidelines provide instruction specific to the smaller details of processes, such as water temperature expectations. Additional service requirements can be found in the POS contract.

Resources

Medicaid Waiver Applications, <http://dmh.mo.gov/dd/progs/waiver/index.html>

Medicaid Waiver Manual, <http://dmh.mo.gov/dd/manuals/waivermanuals.html>

Provider Service Training FY17 (under Training – New Training Booklet), <http://dmh.mo.gov/dd/staff.html>
Bulletins, <https://dmh.mo.gov/dd/ProviderBulletins.htm>
Guidelines, <http://dmh.mo.gov/dd/guidelines.html>
POS Contract, <http://dmh.mo.gov/dd/provider/>
Additional Waiver Information, <http://dmh.mo.gov/dd/progs/waiver/index.html>
Partnership for Hope Waiver’s FAQ, <http://dmh.mo.gov/dd/faqs.html>
Medicaid State Plan and DHSS Waiver Training, <http://dmh.mo.gov/dd/progs/>

Employment

The Division of Developmental Disabilities is committed to enhancing community employment options for persons with developmental disabilities. The guiding principle of Employment First is that all individuals who want to work can work and contribute to their community when given opportunity, training, and supports that build upon their unique talents, skills and abilities.

Everyone of working age, and those supporting them, should consider employment as the first option prior to any other service options. As fully participating members of their community, individuals with developmental disabilities will be afforded the opportunity to earn a living wage and engage in work that makes sense to them. Career exploration and planning will be supported when assisting individuals in making informed choices in designing their unique pathway to increased independence, integration, inclusion, productivity, self-determination.

Resource

Promoting Employment First, <http://dmh.mo.gov/dd/progs/employment.html>

Group Home (GH)

Additional group home requirements, such as staffing ratios and responsibilities are found in the POS contract. Additional information on specific requirements are found in bulletins and guidelines.

Resources

Bulletins, <https://dmh.mo.gov/dd/ProviderBulletins.htm>
Guidelines, <https://dmh.mo.gov/dd/guidelines.html>
POS Contract, <http://dmh.mo.gov/dd/provider/>

Individualized Supported Living (ISL)

The ISL service has a manual in addition to the Waiver service definition. The manual provides an expanded explanation of the service, expectations, implementation and development. In addition to the manual, there are bulletins and guidelines which apply to this service.

Resources

Bulletins, <https://dmh.mo.gov/dd/ProviderBulletins.htm>
Guidelines, <https://dmh.mo.gov/dd/guidelines.html>
ISL Manual, <http://dmh.mo.gov/dd/manuals/>

Shared Living (SL)

The Shared Living service has a manual in addition to the Waiver service definition. The manual

provides an expanded explanation of the service, expectations, implementation and development. In addition to the manual, there are bulletins and guidelines which apply to this service.

Resources

Bulletins, <https://dmh.mo.gov/dd/ProviderBulletins.htm>

Guidelines, <https://dmh.mo.gov/dd/guidelines.html>

SL Manual, <http://dmh.mo.gov/dd/manuals/>

Non-Emergency Medical Transportation

Individuals needing transportation to and from medical appointments should make arrangements through Medicaid Transportation, not Waiver transportation.

Resource

Mo HealthNet Non-Emergency Medical Transportation Webinar and Questions and Answers under “Other Resources”, <http://dmh.mo.gov/dd/progs/>

Non-Waiver Service Definitions

There are some service definitions that are not funded through the Medicaid Waiver system. These services are referenced as “POS” and are funded 100% by the State. These definitions can be found in the DD Non-Waiver Service Definitions.

Resource

POS Manual, <http://dmh.mo.gov/dd/provider/docs/servicedefinitions.pdf>

UTILIZATION REVIEW (UR)

Utilization Review (UR) in the Division of Developmental Disability system is intended to ensure that all necessary information is appropriately documented for any approved services funded through state or federal tax dollars. In essence, it is a check to confirm that an external audit would find no fault with the expenditure of tax funds for the service.

All initial service requests and requests to change services which result in an increase require utilization review. If a person is not enrolled in a specific waiver, the service request is accompanied by a Prioritization of Need (PON) form which the support coordinator completes. The PON is an assessment instrument that assigns a score to the level of need of an individual. Scoring is used to determine access to services.

Resources

9 CSR 45-2.017 Utilization Review Process,

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Prioritization of Need Form, <http://dmh.mo.gov/docs/dd/pon.pdf>

Utilization Review Desktop Reference, <http://dmh.mo.gov/dd/manuals/docs/urdirectory.pdf>

INDIVIDUAL SUPPORT PLAN (ISP)

The ISP is a document that results from the person-centered planning process and the Division of Developmental Disabilities requires that each person eligible for Division supports have an Individual Support Plan (ISP). The ISP is developed using a person-centered planning process. “Person-Centered Planning process: The individual will lead the person-centered planning process where possible. The individual’s representative should have a participatory role, as needed and as defined by the individual, unless State law confers decision-making authority to the legal representative. All references to individuals include the role of the individual’s representative. In addition to being led by the individual receiving services and supports, the person-centered planning process:

- Includes people chosen by the individual.
- Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
- Is timely and occurs at times and locations of convenience to the individual.
- Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient, consistent with § 435.905(b) of this chapter.
- Includes strategies for solving conflict or disagreement within the process, including clear conflict-of interest guidelines for all planning participants.
- Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.
- Offers informed choices to the individual regarding the services and supports they receive and from whom.
- Includes a method for the individual to request updates to the plan as needed.
- Records the alternative home and community-based settings that were considered by the individual.” 42 CFR 441.301(c)(1)(i-ix)(2014) pp.3029-3030

As the ISP is a vital part of service delivery, provider participation is expected in the production of the ISP but may be optional at the person centered planning meeting. The process and components of the ISP outlined in the ISP Guide. The training is broken down into seven (7) modules so that participants can focus on specific sections of the training as needed. Provider participants in the development of the ISP should review the manual and the training to understand the purpose and their role in development.

Resources

Individual Support Plan Guide, <http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>

New ISP Guide Training, <http://dmh.mo.gov/dd/staff.html>

Provider Bulletin #5 Provider Signature on ISP’s, <http://dmh.mo.gov/dd/ProviderBulletins.htm>

Goals

Goals describe the actions to be taken towards achieving the Personal Outcome, and are developed as a part of the person-centered planning process. Each Goal has Implementation Strategies in place to provide step by step actions and instruction for the people responsible for implementing the Goal.

Each Personal Outcome may have multiple Goals, each goal has one measure of success. Measures of success are defined by the individual and are specifically identified. Each Goal identifies who is responsible for implementation and the timeline. Some Goals build upon each other and are not all necessarily implemented at the same time. Progress and changes to the Goals are noted on the monthly progress documentation and do not require the ISP to be updated, unless the Personal Outcome has changed.

Resources

Individual Support Plan Guide, <http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>

New ISP Guide Training, <http://dmh.mo.gov/dd/staff.html>

Implementation Strategies for Providing Support to the Person in Meeting Outcomes

The implementation strategies are teaching methods used to help the person achieve his/her Personal Outcomes, and goals. The Implementation Strategies are developed by the agency responsible for providing the service(s). The Implementation Strategies are part of the provider's documentation to ensure Personal Outcomes and goals are achieved, and are a dynamic document which can be changed throughout the plan year without changing the ISP. It describes the process, so each staff approaches the training of the outcome in the same manner to keep consistency and structure for the person.

Strategies Shall Focus On

- Engagement of the individual
- How the individual learns best (if teaching is involved)
- Teaching instructions
- Defines what it takes to reach the goal and measure progress

This is the information needed to understand the individual's expectations, family / team expectations, staff / agency expectations, etc., to implement each action.

Resources

Individual Support Plan Guide, <http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>

New ISP Guide Training, <http://dmh.mo.gov/dd/staff.html>

Implementation Strategies FAQ, <http://dmh.mo.gov/dd/docs/implementationstrategiesfaq.pdf>

Establishing Data Collection Systems

Depending on the support needs of the individuals served, data collection specific to their needs may be necessary. This data could be the result of a medical issue or as designed through a Behavior Support Plan. Data is collected for many reasons including to determine status of the implemented plans and their effectiveness. The agency may already have data collection systems or may assign the PM to develop, train staff and maintain the system.

TRANSITION

Transition references the choices, planning, evaluations, coordination and post move follow up that occurs when an individual begins to receive residential services, changes residential service providers or changes addresses within the same residential service provider. During this process, the providers work with the individual, their family, the Community Living Coordinator (CLC) and the Support Coordinator to ensure the transition is successful. Additional team members may be included, based on the specific needs of the individual such as the Regional Registered Nurse, the Behavior Resource Team, the Regional Behavior Analyst and/or a contracted behavior analyst. The process, forms, and expectations are outlined in the Community Transition Manual.

When an individual is initially seeking placement, or selecting a new provider, the Community Living Coordinator is engaged and the Referral Database is utilized to offer choice of providers. For more information on the Referral Database see the information management system section.

Resources

Community Transition Manual, <http://dmh.mo.gov/dd/manuals/>

Community Transition Webinar, <https://dmh.mo.gov/dd/webinar/previous.html>

Housemate Compatibility Tool, <http://dmh.mo.gov/dd/forms.html>

Housemate Survey Tool, <http://dmh.mo.gov/dd/forms.html>

Checklist for Residential Moves, <http://dmh.mo.gov/dd/forms.html>

CONSUMER FILE or NOTEBOOK

The consumer file or notebook references the system the provider has in place to retain all service records which include progress notes, monthly reports, Residential nursing documentation, medical information and administration, emergency information, guardianship, information, etc. While the term “file” carries the connotation of everything being in one place, it is common for providers to separate some information due to the amount of documentation.

Each agency determines the organization of the consumer file/notebook. The important component to this is that the design be applied consistently through the agency. An example of a file organization system can be found under Sample Forms on the Division website.

The following information should never be removed from the individual’s home record:

- Immunization records including Hepatitis B, pneumonia, and flu vaccinations
- Evaluations/reports to communicate pertinent information, such as placement of medical devices (shunt, pacemaker) and positive test results with record of treatment (known tuberculosis reactor and/or history of infectious disease).
- Any personal history that is not in the current personal plan which may help caregivers in knowing what supports are needed.
- Any known allergies or adverse reactions to medications
- Emergency information with updates, as needed
- Guardianship information with updates, as needed

Certain components of the service record may be removed to an off-site location as determined by the agency. This may include historical ISP’s, monthly reviews, progress notes, physicals, etc. The agency

will have standards regarding the amount of documentation required to be maintained at the site of service.

Resource

Example of file organization systems, <http://dmh.mo.gov/dd/forms.html>

SERVICE AUTHORIZATIONS

As part of the person centered planning process all services are identified. Services are authorized through the ISP. The amount and duration of the service may change over time. It is the provider's responsibility to assure that the service provision meets the service definition.

No service is to be provided without prior written approval and/or with prior authorization in CIMOR.

SERVICE DOCUMENTATION

Implementation of services must be documented by the provider and is monitored by the support coordinator as indicated in the chart on page eight (8).

The contractor shall retain all records pertaining to the contract for six (6) years after the close of the contract year unless audit questions have arisen within the six year limitation and have not been resolved. All records shall be retained until all audit questions have been resolved.

Adequate Documentation

All services provided must be adequately documented in the medical record. The Code of State Regulations, 13 CSR 70-3.030, Section (2)(A) defines "adequate documentation" and "adequate medical records" as follows:

Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.

Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. Service documentation records must be made available at the same site at which the agency provided the service, with the exception of in-home services such as personal care, home health, etc. This does not include the actual person record.

Documentation Required Components

As per 13 CSR 70 – 3.030, the provider is required to document the provision of DD Waiver services by maintaining:

- First name, last name, and either middle initial or date of birth of the service individual.
- An accurate, complete, and legible description of each service(s) provided. This information may be included in daily activity records that describe various covered activities (services) in which the person participated. Refer to Medicaid Waiver Manual, Section 13.10 A, Service Descriptions.

- Name, title, and signature of the Missouri Medicaid enrolled provider delivering the service. This may be included in attendance or census records documenting days of service, signed by the provider or designated staff; records indicating which staff provided each unit of service; and documentation of qualifications of staff to provide the service.
- Identify referring entity, when applicable.
- The date of service (month/day/year). This can be included in attendance or census records.
- Amount of time in hours and minutes spent completing the service. For those Medicaid programs and services that are reimbursed according to the amount of time spent in delivering or rendering a service(s) the actual begin and end time taken to deliver the service (e.g., 4:00 – 4:30 p.m.) must be documented. This excludes services such as residential, home modification, equipment and supplies, transportation, etc.
- The actual setting in which service was rendered.
- Person centered plan, evaluation(s), test(s), findings, results, and prescription(s) as necessary.
- Service delivery as identified in the individual's person centered plan.
- Recipient's progress toward the goals stated in the treatment plan (progress notes). Sources of documentation include progress notes by direct care staff regarding situations (whether good or bad) that arise affecting the individual; and monthly provider summaries noting progress on individual's goals and objectives in their personal plan, and overall status of the individual.
- For applicable programs, include invoices, trip tickets/reports, activity log sheets, employee records (excluding health records), and staff training records.
- Applicable documentation should be contained and available in the entirety of the medical record.

All providers must follow the above documentation requirements unless otherwise noted in the Waiver service definition. Any additional requirements for a specific service are also included in these sections.

Resource

13 CSR 70 – 3.030, <http://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-3.pdf>

Service/Progress Notes

The progress note is the building block for quality care and monitoring. One of the responsibilities of the PM is to monitor and provide guidance to staff who are writing the progress note to ensure compliance with structure, content and audit requirements. The progress note should be completed on each shift for residential and for each service delivered for the specified time period of delivery. In writing the progress note, the author should keep in mind that if the activity/event is not documented then there is no evidence of service delivery.

The progress note should be written contemporaneously. Contemporaneous means at the time the service was performed or within five (5) business days, of the time the service was provided or according to your agency. The required components are listed in Documentation Required Components.

What else are the progress notes be used for?

- The daily progress note is used for staff to convey important information about that person to the next shift.
- It can be used as a check and balance system for administration of medications, to ensure needed appointments were made for the person, and to ensure that outcomes are being worked on.
- It is also the place to look for important information on the person to make certain the information is kept current and is incorporated into the personal plan.

- Information documented on the daily report should be useful and detailed. Words such as “good”, “bad”, “no problems”, etc. should be avoided. These words do not tell the reader useful information. Describe to the reader what “good” means. For instance, instead of “... had a good day”, describe the person’s day and what made the day good.
- Information documented should reflect the time spent with the person excluding the objectives, i.e., where they went, etc.
- The note also helps leave a paper trail for any liability issues the agency may experience, or any possible abuse/neglect situations.
- Evidence of service delivery during an audit, therefore if documentation was not completed, the agency could be required to reimburse Medicaid for the service delivered.
- Development of the Monthly Summary.
- Finally, the note contains important information about a person to help maintain the health, safety, and welfare of the person, and to support them in making their life rich and meaningful. This reinforces what is in the personal plan.

Resource

Provider Bulletin #4 Adequate Documentation: Progress Notes,
<http://dmh.mo.gov/dd/ProviderBulletins.htm>

Documentation of Personal Outcomes, Goals and Implementation Strategies

Although outcome documentation is a component of the progress note (unless your agency has specific separated systems) it is separated in this manual to emphasize the importance of focusing on outcomes in service delivery and documentation.

- The date the objective was addressed
- The level of support that was needed
- What the person did for the objective
- Progress made
- Recommendations

Resources

ISP Guide, <http://dmh.mo.gov/dd/manuals/docs/ispguidenew.pdf>
 Implementation Strategies FAQ, <http://dmh.mo.gov/dd/faqs.html>

Professional Manager Monthly Summary

The monthly summaries describe progress on the individual person centered plan goals and objectives and overall status of the individual. A monthly summary is required for the following services that require a Professional Manager: Individualized Skills Development, Community Integration, Day Habilitation, Shared Living, Individualized Supported Living, Group Home, Personal Assistant and all Employment related services.

When multiple services are provided by the same service provider, the provider may choose to generate a single monthly summary. The combined document must clearly indicate each service being reported on and the specific progress for that particular service. If there are different Professional Managers working with the individual for different services, each Professional Manager must sign the monthly summary.

The PM will get info from daily progress notes to develop the monthly review. The monthly report is only as good as the information that is contained in the daily progress note.

The monthly summary will help develop the ISP and objectives. The following should be included in the monthly summary.

- Title of form
- Name of agency
- Service title or code (best practice, especially when more than one service is provided)
- Name of individual (first, last and middle initial or DOB)
- Month of service being summarized
- Self Determination (Behavioral issues: document any behavioral concerns, including types of behaviors; comments as to whether support plan is working; a general reference to occurrences as reported on event reports; and systems issues.)
- Health/Medical (Doctor's appointments, medication changes, hospitalizations, general health changes, weight changes, health concerns.)
 - Note: as individuals receiving ISL, GH or SL also receive mandatory Registered Nurse oversight, health information may be contained in the RN monthly summary which can be attached to the PM monthly summary in lieu of re-summarizing.
- Rights (Family/Guardian contact and visits)
- Community Activities
- Overall Program Progress / Concerns / Changes Needed and Provider / PM Objective Review
 - In this section the provider should document each outcome and action step as it is written in the ISP. The provider is required to show progress or lack of progress for each action step and if there is no progress, the reason. This information should be specific so that it directly relates back to the overall outcome the person desires. If the outcome is completed, the provider documents on this section, and will not need to include this specific outcome on future monthly reports.
- Support Coordinator Objectives / Comments / Concerns
- Person Visited Programming Observed (dates)
- Signature / Date Lines
 - A line for the person completing the form, if different from the PM
 - A line for each Professional Manager working with that individual (each PM must sign, even if another person completed the form)
 - A line for the Support Coordinator
 - A line for the person, if applicable.
- PM monthly summary should reflect follow-up on any RN recommendations that request the PM address.

If the Regional Quality Enhancement Registered Nurse identifies a significant change which requires a different level of support, the recommendation should be noted in the monthly report to communicate the need for an amendment to the ISP.

The CMS contemporaneous rule does not apply to the monthly summary. The monthly summary is provided an extended time period for completion, due to the need to assess existing documentation for summary. Therefore the monthly summary is due 15 days after the previous month of service.

Census Records

Census records are required for ISL, GH, SL, respite and any service provided in a facility such as day habilitation. The census record is a simple chart used to represent attendance, signed by a provider designee, and is commonly used for billing purposes. It can be helpful in other services for billing purposes as well, especially if the individual receives services multiple times a month. For ISL, GH, SL and respite services, the census record is a representation of whether the person was present or absent. If absent, it frequently describes the reason why such as home visit or hospitalization. For on-site services such as Day Habilitation, the census record reflects date of service and units provided on that day.

Professional Manager Log

The Professional Manager Log is a tool which tracks the activities the PM performs on behalf of each individual they serve. This log is required for group home services as the PM component is auditable in this service and the PM log serves as evidence of PM provision. The log is optional for all other services.

The following should be included in the PM Log.

- Individuals first name, last name and middle initial or DOB
- Provider name
- Month/year of the PM activity log
- Date service provided
- From/To time with am/pm
- Activity performed
- Print name, signature and title of person performing the function

MEDICAL

This section of the manual serves as a resource for the PM. In some agencies, the PM is responsible for oversight of everything related to the person. In other agencies where nursing tasks are identified, medical oversight is the responsibility of the agency registered nurse. In either case, the PM may be involved in the follow up/implementation of issues identified by the RN. The medical resources included in this section should be helpful in understanding the roles and responsibilities of the agency. It is by no means a conclusive list of all functions but is meant to help enlighten the PM with what may be entailed in monitoring for the health and safety of the individuals we serve.

Information necessary to meet the healthcare needs of the individual as identified by medical provider documentation (physician orders or monthly RN summary) or in the ISP should be obtained and maintained by the provider agency. This information may include feedback and direct a plan of care. Staff training regarding the information and any documentation requirements is necessary to support the individual.

Note: If an individual does not take medication during service delivery the provider is not required to obtain or maintain information about medications. If an individual does not experience seizures, a seizure record would not be required.

There may be instances when an atypical practice is performed by a service at the design of the ISP, based on the individual's unique needs. For example, an individual may need support during Day

Habilitation services to maintain documentation related to fluid restriction related to an upcoming procedure.

Additionally, a provider may implement a policy/expectation around a practice that is not considered a standard for that service type. For example, a day habilitation or out of home respite provider may implement an admittance policy, which requires immunization records. If a provider chooses to implement a policy in excess of minimum requirements they will be held to the standard they have implemented.

Preventative care should be obtained and maintained at intervals typical for each individual's gender and age unless otherwise indicated, <https://www.cdc.gov/prevention/index.html>.

Preventative Care and Documentation Requirements

The following chart indicates preventative care and documentation requirements based upon service provided.

Preventative Care and Documentation Requirements	PA/ ISD/CI/ ES/IH Respite	DH	SL	ISL /GH	OH Respite
Annual Physical			X	X	
Annual Dental exam and follow-up unless otherwise recommended by the dentist			X	X	
Vision Screening as ordered by physician			X	X	
PAP Screening			X	X	
Prostate Exam			X	X	
Physician, APN or NP order for medications and treatment at least annually	X	X	X	X	X
Diagnosis associated with each medicine	X	X	X	X	X
Side effect sheets	X	X	X	X	X
Medication Administration Record (MAR)*	X	X	X	X	X
Medication Destruction Record	X	X	X	X	X
Controlled Drug Count**	X	X	X	X	X
Lab Work			X	X	
Immunization Records			X	X	
PPD Screening Annually				X	

Preventative Care and Documentation Requirements	PA/ ISD/CI/ ES/IH Respite	DH	SL	ISL /GH	OH Respite
Hep B Screening (immunization documentation; documentation of declination of immunization or clinical documentation of titer)				X	
Tardive Dyskinesia screening documentation as ordered by physician.			X	X	
Allergy Information	X	X	X	X	X
Menses Record if indicated based on health assessment			X	X	
Seizure Record	X	X	X	X	X

Bowel Chart if indicated based on health assessment	X	X	X	X	X
Physician Ordered Diet (ex: mechanically altered, low calorie, thickened liquids)	X	X	X	X	X
Consultations and follow up with medical specialists (Ex: neurology, psychiatry, cardiology)			X	X	
Instructions/Training on Mobility Needs (ex. wheelchair, walker, special positioning, gait belt, lifts, etc.)	X	X	X	X	X
Instructions/Training on Emergency Information/ Procedures (ex. utilization of an AED, Alternative to CPR)	X	X	X	X	X
Nurse Delegation (documentation for nursing tasks delegated to UAP.)	X	X	X	X	X

If there is a reason a preventative care practice cannot be performed or the individual and/or their guardian refuses, documentation should explain the reason and, if due to refusal, the documentation should be signed by the individual and/or their guardian.

*The Shared Living service does not require a specific medication management system but allows for the administering agency to develop their own medication tracking system.

**CONTROLLED SUBSTANCES – The agency should have policies and procedures for the accountability of controlled substances that meet the recommendations of DEA and BNDD and other state and federal agencies.

Health and Safety Publications

The Division’s website contains a variety of alerts, updates and tools that may be used in training or form development. Ex. Signs of Aspiration and Aspiration Pneumonia, Bed Bugs, Carbon Monoxide Poisoning, Dental Services, Flu Vaccines, Hot Water Safety, etc. You can find these topics and many others at <https://dmh.mo.gov/dd/health/>. You can also find sample forms for bowel charts, nursing delegation, controlled substance count sheets, drug destruction record, etc. under Health and Safety at <https://dmh.mo.gov/dd/forms.html>.

Community Registered Nurse (CRN)

The CRN service is a required level of oversight for individuals receiving Individualized Supported Living, Group Home or Shared Living services. This service is billed as a separate service in the ISL and SL models while it is built into the group home’s daily rate. The CRN receives training from a Division Regional Registered Nurse. The CRN training is open to other agency staff upon request.

Resources

Division Director 3.060 Community RN Program and FAQ,

<http://dmh.mo.gov/dd/directives/directives.html>

RN Program Manual, <http://dmh.mo.gov/docs/dd/commrnmanual8-2006.pdf>

Division Directive 3.090 Health Identification and Planning System Process,

<http://dmh.mo.gov/dd/directives/directives.html>

Health Reference Manual, <http://dmh.mo.gov/dd/manuals/>
Medication Administration Manual, <http://dmh.mo.gov/dd/manuals/>
Medication Aide 2 year Update Manual, <http://dmh.mo.gov/dd/manuals/>
Nutrition Care Guide, <http://dmh.mo.gov/dd/manuals/>
Health and Safety Forms, <http://dmh.mo.gov/dd/forms.html>
POS Contract, <https://dmh.mo.gov/dd/provider/>

DMH Non-Hospital Do Not Resuscitate (DNR)

The provider's POS contract states "The contractor SHALL administer and obtain immediate emergency medical care whenever the withholding of such care may result in bodily injury or may jeopardize the life of a consumer except when authorized to implement a DMH nonhospital DNR for a specific terminal condition."

It is important to understand the differences between DNR's and the contractor's responsibilities in relations to each one. There is a difference between a DMH nonhospital DNR and a DHSS nonhospital DNR for first responders. A DHSS non hospital DNR does not impact the DD contractor's response to the emergency as it does not go into effect until the first responder arrives.

There are guidelines and process to obtain approval to implement a nonhospital DNR from the Department of Mental Health.

For more information and the application to obtain a DMH nonhospital DNR go to:
<https://dmh.mo.gov/dd/health/dnr.html>.

BEHAVIORAL

Many individuals receiving services require behavioral supports. It is important that the provider understand the needs of the individual and evaluate these to ensure the provider can meet those needs. Accepting a referral of an individual who needs behavioral supports without the appropriate staff training, policies and procedures frequently leads to the individual having to find another provider. Transitions are difficult for everyone and multiple transitions can lead to worsening of behavior issues, increased use of medications, hospitalizations and law enforcement involvement.

For example: A provider who is not trained in MANDT/CPI and has a no restraint policy should not accept a referral for an individual with a recent history of physical aggression as the provider does not have the training to support the individual in times of crisis.

A provider who supports individuals with behavior support needs without the appropriate training is putting both their staff and the individual at risk for harm. Staff who respond by instinct rather than proven training techniques may find themselves the focus of an inquiry or investigation. There are many trainings available to assist with pro-actively supporting individuals with behavior support needs. Some of those systems are represented below.

Emergency Intervention Systems

The Waiver definitions stipulate "when an ISP indicates risk for harm to self or others" staff shall be trained in an Emergency Intervention System. Currently, the approved emergency intervention systems

include *The Mandt System*® and *The Nonviolent Crisis Intervention*® program developed by the Crisis Prevention Institute (CPI), Safe Crisis Management, Professional Crisis Management and ProAct. Any nationally recognized system may be chosen by a provider.

Any request from the contractor to utilize an alternative emergency intervention system must be made in writing to the Division of DD and must include reasons why the alternative system is necessary.

Most emergency intervention systems require a two day training. The training should emphasize early intervention and nonphysical methods for preventing or managing disruptive behaviors as well as physical crisis intervention techniques. Training must also include the study and practice of holding skills. These skills are taught to be used as a last resort when an individual becomes an immediate danger to self or others.

Resources

MANDT web site, <http://mandtsystem.com>

CPI web site, <https://www.crisisprevention.com/Specialties/Nonviolent-Crisis-Intervention/Our-Program/Program-Overview>

Safe Crisis Management website, <http://www.jkmtraining.com/>

ProAct website, <https://www.proacttraining.com/>

Professional Crisis Management website, <https://www.pcma.com/>

Tiered Supports

Tiered Supports enable agencies to tailor organizational activities and resources efficiently and implement policies, training and intervention strategies effectively. The emphasis is on implementation systems for universal strategies supporting all individuals to have healthy, happy and high quality of life. This minimizes the need for specialized strategies to address problem behaviors and crisis. It also establishes the basis to more successfully support individuals who need more support as well as individual intensive strategies.

MO DDD Tiered Supports provides team based technical assistance to agencies and includes coaching and technical assistance, developing systemic supports, data analysis and implementation of best practice. This results in crisis preventions, positive teaching environments, and improved quality outcomes for individuals and staff.

Agency Tiered Supports Consultation is an on-going process of planning, development, implementation and review of universal and specialized strategies to improve system sustainability and quality of life. This consultation is provided by the regional behavior resource teams.

Resource

Tiered Supports Webpage, <https://dmh.mo.gov/dd/tieredsupports.html>

Tools of Choice

“Tools of Choice” is based on the science of behavior and teaches skills to caregivers including family and staff to interact positively and improve relationships. It is practical and concrete. Tools are skills that use the same behavior analytic technology needed for playing basketball, painting, driving, surgery, etc. It is performance-based. During the experience, attendees will practice each skill in class, as well as on site with feedback and guided practice. These tools have been utilized in child welfare, residential treatment centers, forensics facilities and developmental disabilities since 1995.

Tools include relationship building, strengthening desirable, health behaviors; interrupting undesirable behaviors and de-escalating situations; teaching new skills (pivoting, stay-close, etc.) and creating settings to promote desirable behaviors.

The Tools of Choice training takes approximately 18 hours and is broken down into 3-6 sessions.

Time Out and Mechanical Restraints

The Division has specific requirements surrounding Time Out and Mechanical Restraints. As the PM is typically providing oversight to programming and staff, the PM should be familiar with their agencies requirements and ensure that they are in line with the Division expectations. Time out may not be utilized as an emergency intervention and requires a special, approved behavior support plan developed by a licensed behavior analyst and ongoing behavioral services. **Mechanical restraints may not be utilized in any Medicaid waiver supported service.**

Resources

Division Directive 4.300 Behavioral Support Requirements, <https://dmh.mo.gov/dd/directives/docs/directive4030.pdf>
POS Contract, <https://dmh.mo.gov/dd/provider/>

Behavior Support Plans (BSP)

In essence these are behavioral prescriptions for intervention strategies to prevent and address problem behaviors. As such, they can only be written by the licensed behavioral support professional who develops them with support team input. They must be consistently implemented as designed and by all parties involved in the support of the individual. The licensed behavioral service provider must be providing services to the individual in order for the plan to be utilized. Behavioral support plans should include a formal plan to fade strategies to a level of typical supports and to generalize the use and effects to all parties and all situations for the individual. BSPs are a part of the Individual Support Plan and should be signed and dated by the behavior support professional who designed them and included as a whole in the ISP. The PM as an integral part of the team is charged with the behavior support professional in ensuring the strategies are implemented consistently, data is collected as requested and is to act as the on-site liaison for the behavior support professional.

It is strongly recommended that individuals experiencing significantly challenging behaviors seek professional services such as licensed behavior analysts or licensed counseling. Significantly Challenging Behaviors include actions of the individual which, can be expected to result in issues described in 1 – 6 below. Have resulted in external or internal injury requiring medical attention or are expected to increase in frequency, duration, or intensity such that medical attention may be necessary without intervention by a licensed behavior support professional;

1. Have occurred or are expected to occur with sufficient frequency, duration or intensity that a life-threatening situation might result as a result of self-injury, aggression, or property destruction. Examples include excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, swallowing excessive amounts of air, or running into traffic;
2. Have resulted or are expected to result in major property damage or destruction, value of property more than \$200;
3. Have resulted in or are expected to result in arrest and confinement by law enforcement personnel;

4. Have resulted in the need for additional staffing and/or behavioral/medical personal assistant services; or
5. Have resulted in the repeated use of emergency interventions and restrictive supports.

Individual's may also benefit from professional behavioral services if typical support strategies have not resulted in sufficient progress or supports to maintain the person in the community or help the person make progress towards increased independence.

Safety Crisis Plans

An individualized plan outlining the reactive strategies designed to most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence. A model for a safety crisis plan and assessment are available on the Division's website and from the Area Behavior Analyst.

A Safety Crisis Plan involves the support team conducting a safety assessment and developing a safety crisis plan. The assessment evaluates the situations in which crisis occurs, the strategies that have helped or not helped address the situation and keep the person and others safe. The planning team and physician also should evaluate an individual's physical, and/or emotional status and consider any changes or assistance that could improve these or identify what might aggravate them. This includes history and current conditions that might affect safe usage of any reactive strategies, and identifies those reactive strategies that should not be used with the individual due to medical or psychological issues of safety. The safety assessment should be completed annually or on the occasion of any significant change. If professional services such as a licensed behavior analyst or counselor are part of the individual's support the input of these professionals should be included in the plan development. These professionals may take the lead in developing the plans and include them in the behavior support plan.

Resource

The Crisis Safety Plan, <https://dmh.mo.gov/dd/progs/docs/crisissafetyplan.pdf>

EVENT REPORTING, DEATH NOTIFICATION AND MORTALITY REVIEW

Event Reporting

An event is defined as those specific incidents that were unusual, or have actual or potential adverse outcomes, or medication errors that reach the "individual". All employees, volunteers, and contractors of the Division are responsible to report events which meet the definition within established timelines and utilizing a standard process and forms.

There is online training available however your employer may want to subsidize the training to ensure sufficient understanding. It is vital that the PM understands this process as many times, they will be guiding other agency staff through the process.

Training, reporting forms, a list of reportable categories and the CSR is on the Division website.

Resources

9 CSR 10-5.206 Reporting of Events, <http://dmh.mo.gov/docs/dd/directives/9csr105200.pdf>

EMT 2.0 Provider Training 7/12, <http://dmh.mo.gov/dd/calendar.html>

Death Reporting and Mortality Review

Death reporting is a part of the event reporting system, however, bears different timelines and additional processes. Deaths of all Division individuals, regardless of service type, must be reported. The provider of the service is responsible for immediate reporting to their guardian or appropriate family, the Regional Director, the Support Coordinator, Medical Examiner and Law Enforcement as indicated. An Event Report is immediately required for all individual deaths.

Subsequent to the notification and event report, the Mortality Review process is implemented. The Mortality Review is an electronic process supplemented by supporting documentation. This process must be completed within five business days.

For specific information and timelines, see Division Directive 3.070 Death Notification and Mortality Review. The Mortality Review form, flowchart and Death Notification Form immediately follow the Directive.

Resource

Directive 3.070 Death Notification and Mortality Review,
<http://dmh.mo.gov/dd/directives/directives.html>

ASSESSMENTS

There are several assessments available that the PM could use in developing individualized services and supports. There are also assessments performed by the Division that require participation from provider staff who have knowledge of the individual being assessed, which may or may not be the PM. Below is a description of some planning tools and three Division facilitated assessments.

Assessment of Behavioral Risk Factors

Assessment for common risk factors for behavioral crises as well as factors for low risk of behavioral crisis.

The Risk Assessment is a table of variables that influence the risk of behavioral crisis. A support coordinator along with the team (circle of support) for an individual should consider these factors, at least annually, to plan for supports for the upcoming year and to review the factors each time they come together with a focus on changing the supports to reduce the risk.

Resource

Assessment of Behavioral Risk Factors,
<http://dmh.mo.gov/dd/progs/docs/assessmentofbehavioralriskfactors.pdf>

Missouri Critical Adaptive Behaviors Inventory (MOCABI)

A structured interview tool used during screening to gather data to help determine if a substantial functional limitation exists in six (6) areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility. The MOCABI applies to individuals aged 18 and up. It is conducted during intake and every two years thereafter by Division designated personnel.

Resource

9 CSR 45-2.01 Eligibility for Services from the Division of DD,
<https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

Personal Safety Assessment Tool Instruction Sheet

(Adapted from Missouri Critical Adaptive Behaviors Inventory)

The intent of this tool is to assure that an adequate assessment is being completed in determining what level of independence can be granted for the individual in community placement.

Read through each category and check off 'yes' or 'no' as it applies to the individual in community placement. The comment section is to be used to identify what supports are needed by the individual to allow that level of independence.

When a personal safety risk is identified through the use of this assessment tool, an addendum to the personal plan will be written. Goals and objectives will be made with regards to the abilities and support needs of the person. Ongoing monitoring of the safety risks will be documented to assure that the protection and supports for the person safety needs are provided. The provider will train staff on the implementation of each person's ISP. Documentation of this training will be in the staff training file. There will be ongoing monitoring of the progress of the person.

Resource

Personal Safety Assessment Tool,
<http://dmh.mo.gov/docs/dd/forms/healthsafety/personsafeassesstool.pdf>

Risk Assessments

Additional risk assessment tools are available to the provider as an option and are a part of the support planning process of the support coordination manual.

- Osteoporosis
- Skin Breakdowns
- Falls
- Physical and Nutritional Management
- Wheelchair Safety Guidelines and Maintenance Checklist

Resource

Forms are under E. Support Planning Process, <http://dmh.mo.gov/dd/manuals/scmanual.html>

Support Intensity Scale (SIS)

To establish fair, equitable and appropriate individual budgets for supports and services it is essential that there is a consistent and reliable method to evaluate the intensity and patterns of needed supports the Supports Intensity Scale (SIS), developed by the American Association of Intellectual and Developmental Disabilities (AAIDD) is a valid and reliable direct measurement of individual supports needs of persons with developmental disabilities. The SIS is comprised of three sections and identifies the frequency, duration, and type of support needed for a person to be successful in the following domains: home living activities, community living activities, life-long learning activities, employment activities, health and safety activities, social activities, protection and advocacy, and exceptional medical and behavioral support needs.

Information obtained through the SIS semi-structured interview can be used to lead to enhanced outcomes for individuals, provider agencies, and state service delivery systems. At the individual level, it can assist in the person centered planning process to individualize supports and services, and ensure the supports and services reflect the person's needs to achieve identified outcomes in their life. At the agency level, it can assist in the staff development and training, budgeting, strategic planning and evaluation.

The SIS is facilitated by a Division SIS interviewer. The SIS is associated with the rate setting methodology for ISL, GH and SL services. The assessment is renewed every three years.

Resource

Provider Bulletin #1 SIS Assessment Process, <http://dmh.mo.gov/dd/ProviderBulletins.htm>

Vineland Adaptive Behavior Scales (Vineland)

A screening device for evaluating an individual's performance in daily activities by assessing the four (4) domains of communication, daily living, socialization, and motor development. The Vineland applies to individuals under 18 and is conducted during intake and every two years thereafter by Division designated personnel. The Vineland is associated with rate setting methodology for the SL service.

Resource

9 CSR 45-2.01 Eligibility for Services from the Division of DD,
<https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-2a.pdf>

FINANCIAL

Management of Personal Funds

Any provider who assists an individual in managing their funds is accountable for those funds. While the Fiscal Review process and regulations focus on residential services, any provider entrusted with funds on behalf an individual should maintain ledgers for accountability and mitigation of misuse of consumer funds. An example would be when an individual's guardian entrusts spending money to the provider of day habilitation services for the individual's use during those services.

Social Security requires that each person receiving Social Security funds receive a minimum of \$30 per month for personal use. These funds could be kept in a bank account, held by the individual, or held in petty cash. The accountability of personal spend funds follows all standards described in this section.

The standard objectives for monitoring personal funds are:

1. To determine the accuracy of personal accounts.
2. To determine whether the provider is in compliance with Department policies.
3. To determine whether adequate controls exist to ensure compliance with applicable rules.

Personal funds are to be held in trust and not commingled with provider funds. Reimbursements to the provider should not be deducted from person's account. Requests for reimbursements should be sent to the Regional Office. If one bank account is maintained for all persons, separate ledgers must be maintained for each person. Ledger sheets must show **deposits, expenditures**, intended use of funds, signature of staff personal and individual and **beginning and ending balances**.

Deposits

1. Deposits include:
 - a. Personal allowance.
 - b. Net wages.
 - c. Money for specific purpose – included SCL or paid by separate check. Documentation of the purpose should be included with the payment. These funds are to be used only for the purpose specified.
 - d. Gifts of money.
2. Deposits should be made and recorded on the person's ledger within 5 working days of receipt of the funds.

Expenditures

1. Expenditures should meaningfully benefit the person.
2. Expenditures should be recorded when the purchase is made.
3. Any purchase of \$100 or more per day shall not be made without the written permission/approval of the authorizing Representative Payee or designee.
4. All property purchased for a person belongs to that person. The property should be kept in the person's immediate living area or, if this is not practical, in an area the person can easily access. It should not be used by anyone else without the permission of the person. A record of each purchase shall be maintained in the person's file at the provider's facility.
5. The person's or conservator's signature is required for any cash distribution from a person's personal funds.
6. A receipt is required for all purchases. This documentation should be retained by the provider. Providers are encouraged to make purchases by check if at all possible.
7. No charge can be made by the provider for maintaining a person's bank account. The person's account may be charged for regular check-writing charges. Overdrafts are the responsibility of the provider.
8. The person should not pay for items the provider is required to provide.
9. Wage assessments should be shown as an expenditure on the personal ledger if the initial wages were recorded on the ledger.

Balances

1. The Department of Mental Health is not responsible for deficit spending.
2. Ensure individual funds maintained by the provider, combined with funds held at the Regional Office, do not jeopardize Medicaid eligibility. If total funds exceed the Medicaid Asset Limit, determine if there is a plan in place to spend down the funds in a reasonable time frame.
3. Within 30 days of the death or transfer of a person, the provider shall return the person's funds to the Regional office. This does not apply to nursing home persons. These funds should be returned to the Children's Division and Family Support.

Record-Keeping

1. Providers are required to submit quarterly ledgers on each person living at their facility for whom the Regional Office services as payee.
2. Each month, the provider should reconcile the bank statement balance with check book balance and the person's ledger sheets.
3. Check numbers should be written on the receipt, the ledger, and the Personal Funds Financial Reports (PFFR).

4. Persons will have access to records of their personal funds and accounting procedures at the provider facility.

Medication

1. One-time medications can be purchased from the person's account. However, medication should not be routinely purchased from the person's account.
2. Funds received for on-going medications should be maintained separately from personal funds. A separate ledger is required for on-going medications.
3. Account balances in excess of 2 times the monthly payment for medications should be returned to the Regional Office or Representative Payee at the end of the quarter.

Petty Cash

Cash kept in the home on behalf of the person should be kept separate from the home's own petty cash account. Petty cash for persons can only be used for the person to whom it belongs. When cash is given to a person, he or she must sign for the cash; along with the staff person providing the cash. If possible, provide receipt. If no receipt is available the intended use of the cash must be noted on the Personal Ledger.

If the provider maintains a petty cash account for the persons, a separate record must be maintained. In this way, the provider can reconcile the bank balance to the personal funds ledgers and the petty cash balance to separate ledgers. The provider must account for this information by person. Personal balances should be reported to the Regional Office quarterly for those individuals whom the Regional Office serves as payee.

PLEASE REFER TO THE "MANAGEMENT OF PERSON PROPERTIES" SECTION OF YOUR CONTRACT AND THE FISCAL REVIEW DIRECTIVE FOR ADDITIONAL INFORMATION.

Room and Board

Individuals receiving Individualized Supported Living (ISL), Group Home (GH) or Shared Living (SL) services pay room and board for those services. The room and board has been determined differently for each service as described below.

Individualized Supported Living

Money that is authorized and funded through an ISL budget belongs to the person, not the provider. Any excess Room and Board at the end of the month goes against the total that a person can have in funds, according to Medicaid rules. The provider should not use the money belonging to one person to defray the expenses of another person. Separate records for each person should be maintained.

Room and Board is individualized on the left side of the budget and is to be used only for those items listed. A quarterly report is required showing deposits, expenditures, and beginning and ending balances for those individuals whom the Regional Office serves as payee.

ISL Room and Board funds must be accounted for on a separate ledger from the person's personal spending funds.

Within 30 days of the death or transfer of a person, the provider must return all remaining funds to the Regional Office. Please refer to the ISL Services and Budget Manual for more information.

Group Home

The amount of room and board an individual pays in a group home is determined by the provider's contract and is not individualized. The payment for room and board belongs to the provider and once received is no longer considered individual funds. Group Home providers do not have to submit individualized ledgers to the Regional Office, however, explanation of room and board could be requested through from audit sources including Social Security.

Shared Living

The amount of room and board an individual who receives shared living services is predetermined by the shared living budget structure which is predetermined. The payment for room and board belongs to the provider and once received is no longer considered individual funds. Shared Living providers do not have to submit individualized ledgers to the Regional Office, however, explanation of room and board could be requested from other audit sources including Social Security.

Resources

ISL Service and Budget Manual, <http://dmh.mo.gov/dd/manuals/>

Division Directive 5.070 Fiscal Review for POS, <http://dmh.mo.gov/dd/directives/directives.html>

Fiscal Review Frequently Asked Questions, <http://dmh.mo.gov/dd/docs/fiscalreviewfaq.pdf>

POS Contract, <http://dmh.mo.gov/dd/provider/docs/poscontract.pdf>

INTERNAL QUALITY ASSURANCE

Developing internal quality assurance systems is a proactive measure which assesses the service provided, the health and safety of the individuals, and prepares the agency for external reviews and audits. While quality assurance is everyone's responsibility, the specific task of developing and implementing these systems within an agency may be delegated to the PM. During development or modification of the internal quality assurance system, the provider could build off the Support Coordination monitoring policy. These tools may be used for discovery, remediation and continuous improvement as well as compliance with certification/accreditation standards. The tools also aid in the Service Monitoring process in which five indicators are reviewed: Environment/Safety, Health, Services/Staff, Money, and Rights.

The tools indicated under external monitoring can be adopted or modified by the service provider for internal quality assurance systems.

Resource

Division Directive 3.020 Support Monitoring Policy and Implementation Guidelines, <http://dmh.mo.gov/dd/directives/directives.html>

Environmental and Vehicle Safety

Each agency must implement safety systems to comply with Division standards. The purpose of the safety section is to provide resources to assist with risk management. These tools may be used as part of the provider's internal quality assurance of discovery, remediation and continuous improvement as well as compliance with support coordination service monitoring and certification/accreditation standards.

The tools provided are implemented based upon the service being provided, where it's being provided, and whether the individual needs that level of support. For example: if the service provides transportation to an individual, regardless as to whether the vehicle is owned by the agency or staff, the vehicle checklists apply. Any service provided in a building that is not the individuals natural home requires environment monitoring and emergency planning. All residential services shall have an adaptive equipment maintenance log when adaptive equipment exists.

Below are some of the common parameters for emergency/safety.

- DETECTORS – (Smoke/Carbon Monoxide) Documentation should exist which indicates these detectors are checked monthly for functionality and batteries changed accordingly.
- EMERGENCY DRILLS –Individuals participate in emergency drills (e.g. CPR, tornado, earthquake, intruder) occurring during daytime, evening and overnight hours at least four (4) times annually. Individuals participate in fire drills monthly, including one during nighttime. Documentation of drills shall be maintained. Drills should be conducted within one week of a new person moving into placement. See 9 CSR 45-5.130, .140, .150, <http://sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf>
- FIRE EXTINGUISHERS – Need to be checked and initialed per recommendation of company.
- FIRE INSPECTIONS – Group homes and day programs must have a fire safety inspection annually by State Fire Marshall.

Resources: the below resources can all be found at <http://dmh.mo.gov/dd/forms.html>

Adaptive Equipment Maintenance Log

Environmental Monitoring Guidelines

Vehicle Condition Sheet

Vehicle Safety Check

Tornado Check List

Fire Safety Check list

EMPLOYEE REQUIREMENTS

Depending on the structure of the employer, the PM may or may not be responsible to ensure staff education, background screening or trainings are on file and maintained/updated as required. However, even if the PM is not directly responsible for the paper end of the system, they should be aware of the requirements and whether staff have met those requirements to assure individuals are receiving supports from trained staff.

Age and Education

All staff must be at least 18 years old.

Direct care staff must have either a High School Diploma or GED or five (5) years' direct experience in lieu of HSD/GED with the written approval of the Division.

Staff who do not have a HSD/GED or the 5 years' experience can be employed for one year while they are pursuing a GED. The provider must maintain evidence of enrollment in GED classes on file to prove

that they are pursuing a GED. If the staff does not obtain a GED by the end of that year, there are no extensions.

The HSD does not have to be obtained from a public or private school. The Division recognizes all HSD certificates.

If staff have continued education beyond HSD/GED, evidence of the higher education can be used in lieu of HSD/GED.

Diplomas from institutions outside of the United States are acceptable. The provider should do due diligence to try to obtain proof of equivalency to the high school diploma, however, few systems are exactly the same. If the person is eligible for employment in the United States, passes the background screening, and passes required trainings, the provider can employ the person using the diploma presented. The provider must maintain any evidence of education.

Background Screening

All employees and volunteers, even if they are not direct care staff, are to have background screenings. Background screenings must be conducted within **two days of hire and prior to contact with individuals** receiving services. The employee/volunteer is disqualified from employment when the background screening reveals specific criminal offenses, the person is on the DMH Employment Disqualification Registry or on the Department of Health and Senior Services Disqualification List. The employee/volunteer can request a DMH Exception, if eligible as some offenses are disqualified from exception.

Family Care Safety Registry

The FCSR helps ensure that persons caring for children, seniors, or physically or mentally disabled individuals can be screened for employment purposes. The law requires that every child care and elder care worker hired on or after January 1, 2001, and every personal care worker hired on or after January 1, 2002 to register.

The Department of Health and Senior Services (DHSS) created an electronic interface with the data systems maintained by the State Highway Patrol, Department of Social Services (DSS), Department of Mental Health (DMH), and various units within the Department of Health and Senior Services. Those wishing to hire a child care, elder care or personal care worker may contact the Registry via the toll-free call center, by submission of a signed form, or by approved Internet access, to obtain background screening information about a caregiver, which includes:

- State criminal history records maintained by the Missouri State Highway Patrol
- Sex Offender Registry maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The employee disqualification list maintained by the Missouri DHSS
- The employee disqualification registry maintained by the Missouri DMH
- Child-care facility licensure records maintained by the Missouri DHSS
- Foster parent licensure records maintained by the Missouri DSS

Although volunteers are not required by law to register, the FCSR is one option for obtaining the required background screening.

Alternatives to Family Care Safety Registry

Due to the length of time for individuals to become registered with the FCSR, agencies are experiencing significant problems employing persons quickly- and meeting the timelines required by state statute. The Division will be providing the following to providers as information on what would be the fastest alternative to using the FCSR:

1. Missouri Automated Criminal History System (MACHS) - Criminal background check completed online through the MSHP. Name search is all that is required (no fingerprints). Access to Portal: <https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html>
Background information on system: <https://www.machs.mshp.dps.mo.gov/MocchWebInterface/about.html>
2. DHSS Employment Disqualification Check - Online EDL system.
Instructions: <http://health.mo.gov/safety/edl/webinstructions.php>
3. DMH Employment Disqualification Registry - Fax Application to DMH Central Office at 573-526-4561. Application form (Only check DMH Disqualification Registry): <http://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/MO300-1590s.pdf>

If agencies choose to use the Caregiver Background Screening form, how will the Office of Licensure and Certification verify the date mailed? The Office of General Counsel suggests providers sign an attestation of the date that it was mailed. A completed copy of the request should be kept with the attestation in the employee file.

Example:

I hereby attest that I have completed the State of Missouri Caregiver Background Screening for [employee name] _____ and mailed it to the Missouri State Highway Patrol on the _____ day of _____, 20__ at the following address:

Missouri State Highway Patrol
Criminal Justice Information Services Division
P.O. Box 9500
Jefferson City, MO 65102

Print Name: _____ Signature: _____ Date: _____

Reminders:

The employer initiating the process to become registered on the FCSR is not considered initiating a background screening request. When the alternative is used, the individual is still required to personally register with the FCSR within 15 days of employment.

Employment Disqualification Registry (EDR)

A Department of Mental Health registry. Employees found guilty of abuse, neglect or misuse of funds according to DMH definitions are placed on this list.

Employment Disqualification List (EDL)

A Department of Health and Senior Services (DHSS) list. Employees found guilty of abuse or neglect according to DHSS definitions are placed on this list.

Exceptions

An employee/volunteer with an eligible offense can apply for an exception from the DMH Exceptions committee. The person cannot work for a contracted agency without an exception.

Note that a good cause waiver issued by DHSS is not recognized by the Department of Mental Health Division of DD. An employee seeking an exception to work for a DD contracted provider must make application for a DMH exception.

Resources

Employee Disqualification Information which includes laws, instructions for requesting an exception or removal from the EDR, disqualifying crimes under Section 630.170 and disqualifying crimes not eligible for an exception are at, <https://dmh.mo.gov/about/employeedisqualification/> Family Care Safety Registry, <http://health.mo.gov/safety/fcsr/>

Relatives as Providers

It is important to note that Personal Assistant is the only service which allows relatives to be paid providers, with some limitations.

Personal Assistant services shall not be provided by an individual's spouse, or if the individual is a minor (under age 18) by a parent; or a guardian.

Personal assistant services may otherwise be provided to a person by a member(s) of his or her family when the person is not opposed to the family member providing the service and the service to be provided does not primarily benefit the family unit, is not a household task family members expect to share or do for one another when they live in the same household, and otherwise is above and beyond typical activities family members provide for another adult family member without a disability.

Family is defined as a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild.

Resources

Medicaid Waiver Applications, <http://dmh.mo.gov/dd/progs/waiver/index.html>
Medicaid Waiver Manual, <http://dmh.mo.gov/dd/manuals/waivermanuals.html>

Required Trainings

All staff employed to carry out the provisions of this contract SHALL meet the training and educational requirements as specified in the definition of the particular service being purchased.

Below are the required trainings for staff. Agencies must provide evidence that required trainings have been completed by staff within the designated timelines.

Training	PA/In Home Respite	Employment	CI/DH/ISD	GH/ISL/OH R/SL
Med Aid initially and every 2 years if an individual requires staff support with medication, whether in directly passing or providing support to the individual's self-administration. <i>9 CSR 45-5.010 (3)(D) 1. O.</i>	X	X	X	X
First Aide initially and every 2 years <i>9 CSR 45-5.010 (3)(D) 1. P.</i>	X		X	X
CPR initially and every 2 years <i>9 CSR 45-5.010 (3)(D) 1. Q.</i>	X		X	X
Body Substance Precautions <i>9 CSR 45-5.010 (3)(D) 1. I.</i>	X	X	X	X
Abuse and Neglect prior to contact and every 2 years <i>9 CSR 45-5.010 (3)(C) 2. F.</i>	X	X	X	X
Confidentiality and HIPAA upon hire and annually <i>9 CSR 45-5.010 (3)(C) 2. K.</i>	X	X	X	X
Emergency Procedures <i>9 CSR 45-5.010 (3)(D) 2. K.</i>	X	X	X	X
Emergency Intervention System (MANDT or CPI) when ISP indicates risk for harm to self or others.	X	X	X	X
Adaptive Equipment/Specialized Diet as appropriate to each individual <i>9 CSR 45-5.010 (3)(D) 2. W. 9CSR 45-5.010 (3) (D)1.G</i>	X	X	X	X
Positive Behavior Supports within 90 days of employment. <i>Waiver Requirement, 9 CSR 45-5.010</i>	X	X	X	X
Protocol on handling medical emergencies which include how to respond to an incapacitated person, initiating a 911 emergency call, use of CPR and first aid.	X	X	X	X
Person Centered Plans within in one month of employment - training on each individual's ISP. Reviewed at least annually or as plans are amended. <i>Waiver requirement</i>	X	X	X	X
Individual Rights and Due Process	X	X	X	X
Community Event Reporting <i>9 CSR 10-5.206</i>	X	X	X	X
Employees hired after 07/01/2014---14 units of classroom training within 6 mo. of hire and 6 hours of OTJ training within 6 mo. of hire. Annually- 4 units of CEU required. <i>Waiver Requirement</i>		X		
Missouri Quality Outcomes (for staff with less than 1 year experience). <i>Waiver Requirement</i>			X	
Home and Community Based Services Rule Providers must develop policies/procedures and ensure all staff understand the expectations surround the HCBS rule.	X	X	X	X

Staff may provide direct care while obtaining required CPR/First Aid, Emergency Intervention, Medication Administration training as long as there is one fully trained staff on duty during each shift at each service delivery location.

Qualifications to Administer Medication or Supervise Self-Administration of Medication.

Individuals who administer medications or supervise self-administration of medications are required to be either a physician, a licensed nurse, a DHSS certified medication technician, a DMH certified medication employee, a DHSS level I medication aide or a Division of DD medication aide.

All DHSS and Division of DD Medication Aides must participate in a minimum of four (4) hours of medication administration update training every 2 years to remain in good standing to administer or

supervise the self-administration of medication to person. This update training must be conducted by an approved course instructor and the documentation of this training must be done on form “MO 650-8730 Medication Aide 2 Year Update Training”.

Training Exemptions for Medical Professionals

Medical professional listed must be licensed in Missouri and in good standing.

Training Type	LPN	RN	MD/DO	Emergency Medical Technician
Med Admin	Exempt	Exempt	Exempt	Not Exempt but can challenge current training curriculum
First Aide	Exempt	Exempt	Exempt	Exempt
CPR	Required	Required	Required	Required

Resources

POS Contract, <https://dmh.mo.gov/dd/provider/docs/poscontract.pdf>

Medicaid Waiver Applications, <http://dmh.mo.gov/dd/progs/waiver/index.html>

Medicaid Waiver Manual, <http://dmh.mo.gov/dd/manuals/waivermanuals.html>

Medication Administration Manual, <http://dmh.mo.gov/dd/manuals/>

Medication Aide 2 year Update Manual, <http://dmh.mo.gov/dd/manuals/>

EXTERNAL MONITORING

The purpose of this section is to provide information about monitoring not already covered in Support Coordination and Medical sections. The role of the PM varies from provider to provider based on the expectations designed by the provider. The PM’s level of involvement and responsibility to follow up on review findings increases when the review focuses on individual supports. Some reviews involve staff training, policy and procedure and budgetary components, which may not be the responsibility of the PM in that particular agency. Please note the list on the following page is comprised of the most common reviews but additional reviews are possible from sources such as Department of Labor.

Type	Frequency	Purpose and Resources	PA/IHR / OHR	CI/DH/ Emp./GH / ISD/ISL/S L
Provider Relations Review	3 years	A Division function performed by Provider Relations which reviews provider systems around staff qualifications, staffing ratios, policy and procedures and contractual requirements. It is performed at the administrative location of the office with provider designated staff. When this review occurs during the same year as L&C, overlapping components are removed from the PR review. <u>Resource</u> Division Guideline #55 Provider Relations Review, https://dmh.mo.gov/dd/guidelines.html	X	X

Quality of Services Review	n/a	<p>A Division function performed by Quality Enhancement which reviews individual services by annually pulling a random sample of individuals receiving Medicaid Waiver services. The review is performed through interview with the individual and observation of the service. As the sample is random, there is no routine frequency that providers could expect to be involved.</p> <p><u>Resource</u> Guideline #54 Quality of Services Review, https://dmh.mo.gov/dd/guidelines.html</p>	X	X
Focus Review	n/a	<p>A Division function performed by a team designed to review the specific areas of concern identified within a provider. The review focuses on evaluation and enhancement of the provider system and all surrounding systems such as the TCM and the Regional Office when the need for a review is identified. The review may involve individuals, their support staff and administrative staff, depending on the systems to be reviewed.</p> <p><u>Resource</u> Guideline #56 Quality of Services Focus Review, https://dmh.mo.gov/dd/guidelines.html</p>	X	X
Fiscal Review of POS and Individual Funds	Annually	<p>Ensures all benefits and other individuals' funds managed by a Regional Office or contract provider are appropriately utilized to meet the needs, wants and desires of the individual; and 2) Ensure services authorized under the POS program and funds paid via general revenue to contract providers are provided and paid in accordance with the POS service requirements.</p> <p><u>Resource</u> Division Directive 5.070, https://dmh.mo.gov/dd/directives/docs/directive5.070.pdf</p>	X	X
Certification	2 years	<p>A Department of Mental Health function performed by the Office Of Licensure and Certification at no charge to the provider. It is designed to evaluate provider systems surrounding the health, safety and rights of individuals receiving services. It is performed on site of service and interviews the individual receiving services and their support staff. Certification or Accreditation is required for ISD, DH, CI, SL, ISL, GH and Employment services.</p> <p><u>Resources</u> Information About and Application for Certification, https://dmh.mo.gov/mentalillness/provider/certification.html 9 CSR 45-5.-10 and 9 CSR 45-5.060-5.150, https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c45-5.pdf</p>		X

		Certification Survey Instrument		
Missouri Medicaid Audit and Compliance (MMAC)	n/a	Enhances the integrity of the Missouri State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care. MMAC audits all providers who bill Medicaid for payment. There is no standard review schedule. <u>Resource</u> MMAC www.mmac.mo.gov	X	X
Accreditation	1-3 Years	Accreditation is performed by an outside entity such as CARF, CQL or Joint Commission at a cost to the provider. The Division accepts Accreditation in lieu of Certification as long as the Accreditation is for the specified contracted services. Note that it is possible to be both Accredited and Certified. Many providers are Accredited for Employment Related services as they are dually contracted with Vocational Rehabilitation and are Certified for the remainder of DD contracted services. <u>Resources</u> CARF, www.carf.org CQL, www.c-q-l.org Joint Commission, www.jointcommission.org	Optional	Optional