

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF MISSOURI

The CMS-approved Missouri transition plan can be found at:

<https://www.medicaid.gov/sites/default/files/2023-05/mo-appvd-plan.pdf>

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities	<p>MO Department of Mental Health (DMH) operates five 1915(c) waivers:</p> <ul style="list-style-type: none">• Waivers:<ul style="list-style-type: none">○ Autism Waiver○ Comprehensive Waiver○ Missouri Children with Developmental Disabilities Waiver○ Partnership for Hope Waiver○ Community Support Waiver• Services delivered in provider-owned or -controlled settings:<ul style="list-style-type: none">○ Residential habilitation○ Employment services○ Day service○ Family Model Residential Support○ Individualized Support Living <p>MO Department of Health and Senior Services (DHSS) operates five 1915(c) waivers:</p> <ul style="list-style-type: none">• Waivers:<ul style="list-style-type: none">○ Adult Day Care Waiver○ Aged and Disabled Waiver○ AIDS Waiver○ Independent Living Waiver○ Medically Fragile Adult Waiver• Services delivered in provider-owned or -controlled settings:<ul style="list-style-type: none">○ Adult day care○ Attendant care (provided in residential care facility)
Compliant/Non-Compliant	<p><u>DMH Waiver Assessment: 2,200 Service Sites</u></p> <p>Total number of DMH Waiver Assessment provider settings deemed 100% compliant with the HCBS Settings Rule, as of December 2019:</p> <ul style="list-style-type: none">• 3 Day Habilitation settings• 1 Individualized Supported Living setting <p>Total number of provider settings who may already be compliant, or with changes will comply HCBS characteristics:</p>

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	<ul style="list-style-type: none"> • 370 Group Home • 206 Shared Living • 2,573 Individualized Supported Living • 125 Employment • 271 Day Habilitation settings <p>Total number of provider settings presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review:</p> <ul style="list-style-type: none"> • 0 of any setting type <p>Total number of providers settings found that do not and cannot meet HCBS characteristics:</p> <ul style="list-style-type: none"> • 0 of any setting type <p><u>DHSS Waivers Assessment: 112 Adult Day Care providers and AIDS Waiver Attendant Care</u></p> <p>Total number of provider settings presumed fully compliant with HCBS characteristics:</p> <ul style="list-style-type: none"> • 68 Adult Day Care <p>Total number of provider settings who may already be compliant, or with changes will comply HCBS characteristics:</p> <ul style="list-style-type: none"> • 43 Adult Day Care settings • 1 Attendant Care setting <p>Total number of settings presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review:</p> <ul style="list-style-type: none"> • 0 of any setting type <p>Total number of settings found that do not and cannot meet HCBS characteristics:</p> <ul style="list-style-type: none"> • 0 of any setting type
<p>Reasons for Non-Compliance</p>	<p>DMH determined compliance in its participant and provider assessment tool by creating “The Seven Pillars of Compliance”:</p> <ol style="list-style-type: none"> 1. The HCB provider is integrated in and supports access to the greater community 2. The HCB provider provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources 3. The HCB provider ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS 4. The HCB provider is selected by the individual from among setting options including non-disability specific settings 5. The HCB provider ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint.

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	<p>6. The HCB provider optimizes individual initiative, autonomy, and independence in making life choices</p> <p>7. The HCB provider facilitates individual choice regarding services and supports and who provides them</p> <p>The assessments identified the areas with the largest discrepancies between participant and provider responses that required the most remediation were Pillar 2, Pillar 4, Pillar 5, and Pillar 7.</p> <p>DHSS and MMAC completed individual assessments of settings under their purview. Most provider settings were compliant. Areas of concern and may require remediation include:</p> <ul style="list-style-type: none"> • Employment • Ability to choose to combine more than one service delivery in one setting <p>DMH and DHSS used GIS to analyze locations of individuals’ service settings to identify co-located and operationally-related settings by using a baseline of 1/8 mile, and settings that provide individuals multiple HCB services in one location and address to identify potential settings that isolate or are institutional in nature.</p>
<p>Transition plans</p>	<p>Relevant agencies will revise HCBS provider manuals, policies, and procedures to incorporate HCBS Final Rule Requirements. Revisions will clarify expectations of participants’ control of their environment and access to the community. DMH, DHSS, and MMAC will incorporate HCBS Final Rule education into the Provider Enrollment Process. If after initial assessment a DMH setting is not in compliance, Support Coordinators will provide details about steps to take to remediate issues. New remediation/transition plans from providers must include milestones to ensure compliance including systemic programmatic changes and assurances of person-centered services. Both DMH and DHSS work with providers for ongoing compliance through monitoring processes and required updates. For those non-compliant, setting information will be submitted for heightened scrutiny review.</p>

SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*
- *Category 3: Have the effect of isolating people from the broader community.*

<p>% Presumed Institutional (No. of Residents Affected)</p>	<p>After the first phase of the heightened scrutiny review conducted by DMH and DHSS using GIS, 186 settings were identified as requiring heightened scrutiny. However, after onsite visits, the remediation process, and discussions with CMS, DMH removed 137 of the 152 settings identified. Based on the CMS Heightened Scrutiny Training for States, the remaining 15 sites were determined not to need the full heightened scrutiny process. No DMH</p>
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	setting heightened scrutiny packages were sent to CMS for further review. DHSS removed 27 of the 34 settings initially identified from the heightened scrutiny process based on site visits. 3 of the remaining 7 facilities closed. Of the final four, one isolating setting was removed, 2 settings were found not to be isolating, and one setting terminated their enrollment.
Type of Setting/Residents	Not known
Reason for Presumption	Not known
Heightened Scrutiny Process	<p>Prior to making a final referral to CMS for heightened scrutiny, DMH and/or DHSS will:</p> <ul style="list-style-type: none"> • Convene a review team of state staff and stakeholders to validate if a setting is “presumed to have the qualities of an institution” • If determined to have the appearance of being isolating, evidence will be submitted to CMS for heightened scrutiny review • If review team determines setting is not isolating or institution-like, setting will be permitted and not subjected to CMS heightened scrutiny review • If setting does not comply, providers will be afforded opportunity to implement necessary modifications by the end of the transition period • Heightened Scrutiny evidence packages will be posted for public comment and shared with CMS

NON-COMPLIANCE COMMUNICATION

States must describe their process for notifying residents when a setting is unwilling or unable to comply with the rule, and supporting residents to select and transition to a new setting.

% Cannot/Will Not Comply (No. of Residents Affected)	If relocation of individuals receiving Adult Day Care services is required, the local DHSS Adult Protective and Community Staff will work with individuals to ensure a collaborative approach in transitioning to a setting meeting HCBS Setting requirements. If relocation of individuals receiving Attendant Care services is necessary, the state case manager will contact waiver participants and help develop a plan for relocation.
Type of Setting/Residents	Not known
Reason for Determination	Provider decision not to comply
Communication Strategy	For any settings found to be non-compliant, all participants within the setting will be notified at least 60 days prior to the end of the transition period. For the DHSS Waiver Attendant Care participants, this window will at least 90 days prior.

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<p>Assistance to Residents?</p>	<p>The contracted entity will ensure that the person is given ample opportunity to learn about the variety of settings that are available and are compliant with the HCBS Settings Rule. Individuals will be contacted to be given a choice of alternative settings through a person-centered process. Participants will receive service in the current setting until a compliant setting is located. Transition of individuals will be closely tracked to ensure continuity of Waiver service.</p>
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ONGOING MONITORING

States must describe their planned process for ensuring ongoing compliance with the rule.

<p>Monitoring Procedures</p>	<p>Strategies to ensure ongoing compliance will include:</p> <ul style="list-style-type: none"> • Utilize Provider Relations Reviews Guideline to incorporate monitoring for ongoing compliance of provider systems. • Targeted Case Management Reviews hosted by Technical Assistance Coordinators quarterly for training and information dissemination • Service Monitoring by Support Coordinators to prescribe support monitoring standards • Licensure and Certification Reviews: determined to be in partial compliance with HCBS Rule. Instrument will be revised to be fully compliant • Review of ISP Guidelines: Incorporate HCBS federal rule into information on individual’s rights given upon entry to the waiver • Update the Missouri DMH-Office of Constituent Service website to include resources compliant with final HCBS Rule • MMAC will review enrolled Adult Day Care and AIDS Waiver Attendant Care providers
<p>Quality Assurance Measures</p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings and PCP Rules. For example, Quality Enhancement Reviews using the National Core Indicator (NCI) survey will be conducted to evaluate if individuals have full access to the benefits of community living and are given the opportunity to receive appropriate person-centered services in integrated settings.</p>