

Office of the Governor | Mississippi Division of Medicaid

**Mississippi Association of Adult Day
Services Conference
April 28, 2023
Office of Long Term Care**



Using a Person Centered Approach in Adult Day Care



CMS Final Rule

- Centers for Medicare and Medicaid Services (CMS) published in the Federal Register on January 16, 2014.
- Defines person-centered planning requirements for Home and Community Based Services (HCBS) waivers under 1915(c) and HCBS state plan benefits under 1915(i). The person-centered service plan must be developed through a person-centered planning process.
- Amended requirements for qualities of Home and Community Based (HCB) settings. States are required to ensure compliance with the requirements by March 17, 2023 and beyond.
- CMS will soon begin auditing providers on these requirements.

Home and Community-Based Setting Requirements

The setting must:

- Be integrated in and support full access to the greater community
- Be selected by the individual from among setting options
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize autonomy and independence in making life choices
- Facilitate choice regarding services and who provides them

Settings that are NOT Home and Community-Based

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

What's the intent of person centered planning?

- To enhance the quality of HCBS and provide protections to participants.
- To ensure community inclusion for all Medicaid HCBS participants.



What does the term “Person Centered” really mean?

- It is an attempt to identify and highlight the unique talents, gifts and capabilities of a person.
- It is to explore what is important to the person and assist them in living the best life.
- It is NOT something to be done “on” or “to” a person.

WHAT ARE WE MANDATED TO DO?

- ADC owners must complete the HCB Setting Self-Assessment annually to ensure ongoing compliance with the HCBS Settings rules.
- Individualized person-centered service plans (ISP) must be developed to document the options based on the individual's needs and preferences.

Ongoing Monitoring Quality Interviews

- DOM will continue to conduct random in-person and/or virtual visits or telephone interviews throughout the year to ensure the ADC continues to meet the health and safety needs of the members, as well as waiver requirements.
- Educating waiver members on HCB settings requirements and how to report settings questions/issues.

HCBS Setting Self-Assessment

Division of Medicaid
Adult Day Care Facility HCB Setting Assessment

| | | | | | |
|---|--------------------------|--------------------------|--------------------------------|---------------------|---------------------|
| Facility Name: | | DOM Staff/Position: | | | |
| Provider Number: | Date of Self-Assessment: | Date of DOM Assessment: | | | |
| Address: | | DOM Arrival Time: | | DOM Departure Time: | |
| Survey Questions | | Provider Response | DOM Reviewer's Findings | | DOM Comments |
| 1. Does the ADC reflect the needs and preferences of the participants? | | | Compliant | Non-Compliant | |
| 2. Does the ADC develop individualized service plans to meet the participants needs and preferences? | | | Compliant | Non-Compliant | |
| 3. Does the participant or chosen representative have an active role in the development and update of the individualized service plan? | | | Compliant | Non-Compliant | |
| 4. Are the participants given an opportunity to allow convenient times and location for the development of the individualized service plan? | | | Compliant | Non-Compliant | |
| 5. Are the participants allowed to choose and control a schedule that meets their needs? | | | Compliant | Non-Compliant | |
| 6. Are the participants provided with a method to request an update to their individualized plan? | | | Compliant | Non-Compliant | |

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|---|--|-----------|---------------|--|
| 7. Is the individualized service plan signed by all individuals and staff responsible for implementation and a copy provided to the participant and his/her representative? | | Compliant | Non-Compliant | |
| 8. Are the participants allowed choices in snacks and meal entrees? | | Compliant | Non-Compliant | |
| 9. Are the participants allowed to choose a different meal time? | | Compliant | Non-Compliant | |
| 10. Does the dining area afford dignity to the participants? Ex. Require participants to wear bibs. | | Compliant | Non-Compliant | |
| 11. Are the participants allowed to choose where to sit during meal time? | | Compliant | Non-Compliant | |
| 12. If participants want to eat alone can he/she do so? | | Compliant | Non-Compliant | |
| 13. Does staff ask participants about their needs and preferences? | | Compliant | Non-Compliant | |
| 14. Do the participants have access to make private telephone calls? | | Compliant | Non-Compliant | |
| 15. Is information about filing a complaint posted in an obvious location and in an understandable format? | | Compliant | Non-Compliant | |
| 16. Are participants made aware of the person to contact or the process to make an anonymous complaint? | | Compliant | Non-Compliant | |
| 17. Are the participants allowed to make an anonymous complaint? | | Compliant | Non-Compliant | |

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|--|--|-----------|---------------|--|
| 18. Are participants receiving ADC services through Medicaid provided services in the same manner and setting as non-Medicaid participants? | | Compliant | Non-Compliant | |
| 19. Is informal (written and oral) communication conducted in a language that the participant understands? | | Compliant | Non-Compliant | |
| 20. Is assistance provided in private, as appropriate, when needed? | | Compliant | Non-Compliant | |
| 21. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting participants' mobility in the setting or if they are present are there environmental adaptations to ameliorate the obstruction? | | Compliant | Non-Compliant | |
| 22. For participants who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.? | | Compliant | Non-Compliant | |
| 23. Are tables and chairs at a convenient height and location so that participants can access and use the furniture comfortably and safely? | | Compliant | Non-Compliant | |
| 24. Are participants allowed to come and go at will when appropriate? | | Compliant | Non-Compliant | |
| 25. Are participants moving about inside and outside (when appropriate) the setting as opposed to sitting in a designated/assigned spot? | | Compliant | Non-Compliant | |
| 26. Is an accessible van available to transport participants to and from home, and outings such as shopping, movies, museums, etc..? | | Compliant | Non-Compliant | |

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|--|--|-----------|---------------|--|
| 27. Is health information about the participants kept private? | | Compliant | Non-Compliant | |
| 28. Do staff converse with participants in the setting while providing assistance and during the regular course of daily activities? | | Compliant | Non-Compliant | |
| 29. Does staff talk to other staff about a participant (s) as if the participant was not present or within earshot of other persons in the setting? | | Compliant | Non-Compliant | |
| 30. Does staff address participants in a manner in which the person would like to be addressed as opposed to routinely addressing participants as 'hon', 'sweetie', 'sugar' etc..? | | Compliant | Non-Compliant | |
| 31. Is the ADC facility not on the grounds of, or adjacent to, a public institution? | | Compliant | Non-Compliant | |
| 32. Does the ADC staff document on a daily basis to reflect activities that address needs, goals and desired outcomes of the participants? | | Compliant | Non-Compliant | |

Signature and title of Provider Representative

Date

Signature and title of DOM Representative

Date

Person-Centered Individualized Service Plans (ISP)

Home and Community-Based Services Person-Centered ISP

- The person-centered planning process is driven by the individual
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual

Home and Community-Based Services Person-Centered ISP

- Reflects cultural considerations/uses plain language
- Includes strategies for solving disagreement
- Offers choices to the individual regarding services and supports the individual receives and from whom
- Provides method to request updates

Home and Community-Based Services Person-Centered ISP

- Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual

Home and Community-Based Services Person-Centered ISP

- May include whether and what services are self-directed
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Includes risk factors and plans to minimize them
- Is signed by all individuals and providers responsible for its implementation and a copy of the plan must be provided to the individual and his/her representative

Individualized Service Plan (ISP) Documentation

Written Person-Centered ISP Documentation

Written plan must reflect:

- Setting is chosen by the individual and is integrated in, and supports full access to the greater community
- Opportunities to seek employment and work in competitive integrated settings
- Opportunities to engage in community life, and control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Written Person-Centered ISP Documentation

- Individual's strengths and preferences
- Clinical and support needs
- Includes goals and desired outcomes
- Providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS

Written Person-Centered ISP Documentation

- Risk factors and measures in place to minimize risk
- Individualized backup plans and strategies when needed
- Individuals important in supporting individual
- Individuals responsible for monitoring plan

Written Person-Centered ISP Documentation

- Plain language and understandable to the individual
- Who is responsible for monitoring the plan
- Informed consent of the individual in writing
- Signatures of all individuals and providers responsible

Written Person-Centered ISP Documentation

- Distributed to the individual and others involved in plan
- Includes purchase/control of self-directed services
- Exclude unnecessary or inappropriate services and supports
- Modification of the additional conditions as previously discussed in the home and community-based setting requirements
- Must be reviewed, and revised upon reassessment of functional need as required every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.

INDIVIDUALIZED SERVICE PLAN

Member and Caregiver Information

Member Name: _____ DOB: _____ Primary Phone: _____
 Address: _____ Secondary Phone: _____
 Caregiver Name: _____ Primary Phone: _____
 Address: _____ Secondary Phone: _____

| Member's Abilities | Member's Strengths | Member's Interest | Member's Preference |
|--------------------|--------------------|-------------------|---------------------|
| | | | |

SERVICE AUTHORIZATION

We(I), member and/or representative of _____, hereby certify that on _____, we(I) have had the opportunity to participate in the development of the Individualized Service Plan. My signature certifies that I have been given a copy of this plan, and I understand that I can request to update/change this plan at any time which is convenient for me.

GRIEVANCES AND COMPLAINTS

We(I), member and/or representative of _____, hereby certify that on _____, we(I) have been informed of the process to file a complaint, including an anonymous complaint.
 Phone Number for Complaints: () - -

 Member Signature

 Representative/Caregiver Signature

 Licensed Nurse Signature

 Program Director Signature

 Administrator Signature

 Other/Title Signature

INDIVIDUALIZED SERVICE PLAN

Personal Goals: _____

Service Goals: _____

| Description of Member's Needs <i>*including cultural or religious observations, mobility assistance, etc.</i> | Expected Outcomes of Long-term & Short-term Goals | Intervention Provided to Reach Desired Goals | Activities and Services Provided by ADC | Person Providing Activities & Service | Time Needed to Achieve Goal |
|--|---|--|---|---------------------------------------|-----------------------------|
| | | | | | |
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Description of needs is based upon the member's Plan of Services & Supports (PSS).

| NOTES |
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| Annual Checklist | |
|------------------------|--|
| Updated ISP | |
| Current Photograph | |
| Nutritional Assessment | |
| Medical History/Exam | |
| Most recent PSS | |
| | |
| | |
| | |
| | |

Member Name: _____

Date Completed: _____

For more information

More information about Statewide Transition
Plan is available at

<https://medicaid.ms.gov/providers/1915c-and-1915i-home-and-community-based-hcb-setting-transition-plan/>

Contact Information

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Future Updates For ADC Services

- E&D Waiver Renewal
- Administrative Codes Updates

THE END



QUESTIONS?