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OFFICIAL MEMORANDUM

DATE: February 21, 2024

TO: Agencies Certified by the Department of Mental Health/Office of Licensure and Certification under 9 CSR 45-5.

FROM: Miranda Robinett, Director of Licensure and Certification

SUBJECT: Revised Instrument and Changes to Routine Monitoring Functions

The purpose of this memorandum is to inform of updates to the Certification Survey Instrument and to offer details on monitoring functions that will be incorporated into routine surveys.

The Certification Survey Instrument has been updated to align with the revised regulations. The following sections within 9 CSR 45-5, Standards for Community-Based Services, have been revised with an effective date of February 29, 2024:

- 45-5.010 (Certification of Home and Community-Based Providers Serving Persons with Intellectual and Developmental Disabilities)
- 45-5.060 (Procedures to Obtain Certification)

The Office of Licensure and Certification will be implementing additional monitoring functions in accordance with the revised Certification Survey Instrument/regulations. During the transitional phase starting February 29, 2024, through August 31, 2024, all revised criteria as detailed in Appendix A will be reviewed in addition to existing monitoring functions. In lieu of deficiencies/plan of correction requests, agencies will be provided technical assistance and a written list of recommendations via email regarding lack of adherence to requirements that are detailed in Appendix A. Deficiencies will still be cited for any requirements/criteria currently reviewed during OLC surveys.

If you have any questions, please contact the DMH Office of Licensure and Certification at (573) 751-4024 or via email at DMH-OLC@dmh.mo.gov.

Appendix A

Revised Criteria: 2024 Medicaid Waiver Certification Survey Instrument

The highlighted criteria detailed in the table below will be incorporated into OLC Certification Surveys for review effective February 29, 2024 (please refer to the accompanying memo for information related to transitional phase). Please note, this list is not a comprehensive list of criteria/areas to be monitored during surveys and not all of the details contained herein are newly incorporated. For a full list of criteria, please see the [2024 Certification Survey Instrument](#) posted on the Office of Licensure and Certification's [webpage](#).

GENERAL PROGRAM PROCEDURES STANDARDS FOR COMMUNITY-BASED SERVICES PROCEDURES TO OBTAIN CERTIFICATION
GROUP HOME/ISL/SHARED LIVING/OUT OF HOME RESPITE
COMMUNITY AND DAY SERVICES
EMPLOYMENT SERVICES

GENERAL PROGRAM PROCEDURES- Applies to all services unless otherwise indicated		
9 CSR 10-5.206	Report of Events	<ul style="list-style-type: none"> Agency designee(s) shall ensure events are reported in accordance with protocol established by DD or DBH, as applicable to the individual being served. Agencies shall maintain and implement written policies and procedures to ensure the event notification, reporting requirements, and division-specific protocol outlined in this rule are followed. The policies and procedures shall clearly indicate the action to be taken by the agency if staff fail to report an event in accordance with the event notification, reporting requirements, and division-specific protocol outlined in this rule. It is the responsibility of the provider to notify the department with a written or verbal report of all events reportable under this regulation involving the consumers as identified on the report form. 9 CSR 10-5.206 (2) (B)

		<ul style="list-style-type: none"> The agency shall ensure all employees, contracted staff, students/interns, and volunteers receive training on the event notification and reporting requirements applicable to their agency, including the agency's internal policies and procedures. <ul style="list-style-type: none"> This training shall be included as part of the agency's orientation process and take place within the first thirty (30) days of employment and annually thereafter. Employees, contracted staff, students/interns, and volunteers who will have direct contact with individuals served must be trained on the event notification, reporting requirements, and division-specific protocol prior to interacting alone with individuals. This training shall include review of the definitions included in 9 CSR 10-5.200 for abuse, neglect, and misuse of funds/property.
9 CSR 10-5.220 (3)(B)	VDS-HIPAA Compliance	<p>NOTE: Only applicable to Employment Services which utilize Virtual Delivery of Services (VDS)</p> <ul style="list-style-type: none"> Policy must include that HIPAA compliant platforms will be used for VDS.

9 CSR 45-5.010 (4) (A) Individuals are integrated in and have access to the greater community.

Code of State Regulations	Criteria
(A) 7. Individuals are supported in attending religious services and worshipping as they choose.	<ul style="list-style-type: none"> Transportation to services are provided. The individual is allowed to have natural supports accompany them and/or transport them to services. Provider policies & procedures do not prohibit participation in religious services but also do not require participation in them.

9 CSR 45-5.010 (4) (C) Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid funded HCBS.

Code of State Regulations	Criteria
(C) 3. Individuals are provided community options in order to make informed choices of how and where they receive their services and their choices are honored.	<ul style="list-style-type: none"> The individual is supported in making informed choice in selecting a health care provider to provide services and supports to them. Individuals are provided options and information on healthcare providers in their communities.
(C) 5. Individuals are supported in learning transportation skills and are transported safely.	<ul style="list-style-type: none"> Individuals are supported in learning how to access transportation that is available within their community. Individuals will be supported in obtaining driver's licenses as deemed appropriate in their ISP. <i>*Not applicable to OHR</i> Staff are educated and knowledgeable of individual's transportation needs.

	<ul style="list-style-type: none"> ○ Documentation of staff training for lifts and any other adaptive transportation devices specific to the individual(s) is maintained. ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. ● The provider shall have a policy outlining the procedures for vehicle emergencies that includes: <ul style="list-style-type: none"> ○ Immediate notification of 911/Emergency Services; ○ The provider’s emergency call number; ○ How staff will have ready access to pertinent individual information during an emergency (name, healthcare insurance, guardian, provider contact, current photo); and ○ How the provider will facilitate emergency notification of family, guardians, or other interested parties. ● Staff are educated and knowledgeable of the provider emergency plan, including steps they are to follow in case of an emergency while transporting individuals. <ul style="list-style-type: none"> ○ Documentation of staff training for emergency procedures specific to transportation of individual(s). ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. ● Verification of current driver’s license is maintained in personnel files for all employees and volunteers transporting individuals. ● The provider shall have a system in place to ensure that individuals who are transported in staff owned vehicles are transported safely. ● Provider-owned/leased vehicles are properly registered, inspected, insured, maintained, and accessible. ● Provider-owned/leased vehicles have: <ul style="list-style-type: none"> ○ Working seatbelts ○ First aid supplies ○ Copies of vehicle emergency procedures and emergency contact numbers ○ Pertinent emergency information for the individual (during transport)
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9 CSR 45-5.010 (4) (D) The residence is selected by the individual from among setting options including non-disability specific settings.

Code of State Regulations	Criteria
(D) 4. Individuals own, rent, or occupy, under a legally enforceable agreement, their own specific unit/dwelling. A copy of the lease, residency agreement, or other written agreement is maintained.	<p>NOTE: Only applicable to ISL and SL (Companion)</p> <ul style="list-style-type: none"> ● Documentation of the lease/rental/tenant agreement is maintained in the individual record and available to the individual. ● The address and individual’s name are clearly identified on agreement. ● Lease/rental rate for the individual is clearly identifiable on the agreement.

9 CSR 45-5.010 (4) (E) Individuals are assured the right of privacy, respect, and freedom from coercion and restraint.

Code of State Regulations	Criteria
<p>(E) 2. Provider policy, procedures, and practices shall protect and promote the rights of each individual.</p>	<ul style="list-style-type: none"> • Policies shall not prohibit rights through provider practices or rules. • Provider has policies outlining procedures for supporting individual’s rights and what those rights are as outlined in: 9 CSR 45-3.030; Sections 630.110 and 630.115, RSMo; and 42 CFR 441.301(c)(1) Home and Community-Based Services. • Policy includes procedures for annual staff training and individual review of rights.
<p>(E) 6. Individuals are supported by staff who are knowledgeable and trained annually, with documentation of the training, on individual rights in accordance with sections 6630.110 and 630.115, RSMo, and 9 CSR 45-3.030.</p>	<ul style="list-style-type: none"> • Provider has written documentation signed and dated by the employee/volunteers/contracted staff showing that they have received information related to individual rights and responsibilities annually. • Training documentation includes clear information that rights listed in the RSMo and CSR were reviewed in training. • Training documentation includes staff name/signature/date, instructor name/signature/date, and subject.
<p>(E) 7. Annually, individuals shall be given information written or communicated in a format understood by the individual on how to file a grievance with the provider or complaint with the department.</p>	<ul style="list-style-type: none"> • The provider has a grievance policy which clearly outlines the procedures for: <ul style="list-style-type: none"> ○ Filing an internal grievance with the provider for individuals; ○ How the provider will respond to grievances; ○ Timelines for response; and ○ Ensuring individuals understand how to file a complaint with the department. • Provider shall ensure individuals receive upon entering into services and annually thereafter information on: <ul style="list-style-type: none"> ○ How to file a complaint or grievance with the provider; ○ The Department of Mental Health Constituent Services hotline number and email address; and ○ The Elder Abuse and Neglect hotline number and email address. • Documentation is available in the individual record indicating that it was reviewed with the individual and/or guardian and is dated/signed.
<p>(E) 8. Individuals are supported by not having limitations imposed on their rights without due process, as required by 9 CSR 45-3.030.</p>	<ul style="list-style-type: none"> • The provider will not limit individual’s rights without the individual being afforded due process. • Non-emergency limitations are not imposed prior to the individual receiving due process. • There is a provider policy that outlines the procedures for ensuring: <ul style="list-style-type: none"> ○ Due process, the right to appeal, and the appeal process when there are limitations of rights. ○ Procedures to limit consumer rights as specified in RSMo 630.110 when the consumer is a clear danger to themselves, others or community property and shall only be made jointly by the provider and the Regional Office (<i>emergency based limitation(s)</i>). ○ If emergency limitations are imposed, it is reported through the event reporting system.

	<ul style="list-style-type: none"> ○ If emergency limitations have been imposed, there is evidence that the planning team has convened within five (5) business days to complete the review of the limitation as identified in 9 CSR 45-3.090 (4) (A) 1. ● Any limitation of an individual’s rights must have documentation in the ISP or ISP amendment of: <ul style="list-style-type: none"> ○ A specific assessed need and justification; ○ Timelines for review and criteria for restoration; ○ Positive interventions and supports used prior to rights modifications and cause no harm to the individual; ○ Teaching strategies and monitoring of individual’s progress. ● Documentation of initial and/or annual due process committee review is in the record. (ISP may require more frequent review by due process committee).
<p>(E) 9. Individual are supported in an environment where they are free to communicate privately with whom they choose.</p>	<ul style="list-style-type: none"> ● Individuals are free to have private communication(s) in the environment, including the ability to: <ul style="list-style-type: none"> ○ Make and receive phone calls and text messaging, including Text telephone (TTY) ○ Receive and send mail unopened ○ Receive and send emails ○ Social media/communication via internet (may be free public access or provided in the service setting, *internet is not required) ○ Communicate using adaptive communication device ○ Communicate with individuals of their choosing including but not limited to family, friends, clergy, housemates, support coordinators, and DMH employees
<p>(E) 12. Individuals are supported by staff who are trained annually in identifying, preventing, detecting, and reporting abuse and neglect.</p>	<ul style="list-style-type: none"> ● All employees, including contracted staff, adult household members, relief/respite providers, volunteers, and student workers (not visitors or natural supports) receive training on preventing, detecting, and reporting abuse, neglect, and misuse of funds/property, prior to providing direct support and annually thereafter. ● Training documentation includes staff name/signature/date, trainer name/signature/date, and subject. ● Training documentation is available for review and includes clear information that DMH definitions of abuse and neglect were reviewed.
<p>(E) 14. Individuals are supported in planning and participating in discussions regarding their lives.</p>	<ul style="list-style-type: none"> ● Documentation that the individual and/or guardian (as applicable) was supported in attending the annual ISP meeting at times and locations preferable to the individual. ● Documentation that the individual and/or guardian (as applicable) was supported in attending any update or ISP addendum meetings at times and locations preferable to the individual. ● Documentation that the individual was supported in attending Due Process Review meeting as applicable at times and locations accessible to the individual.

9 CSR 45-5.010 (4) (F) Individual initiative, autonomy, and independence are optimized in making life choices.	
Code of State Regulations	Criteria
(F) 1. Individuals' needs and preferences are honored. Individuals' right to choice and self-determination are respected.	<ul style="list-style-type: none"> • Monitored through (H) 1. for ISP planning.
(F) 2. Individuals are supported in a manner that meets the individual's expressed wants, needs, and preferences.	<ul style="list-style-type: none"> • Monitored through (H) 1. for ISP planning.
(F) 3. Individuals determine the quality and the effectiveness of the services and supports in meeting their needs.	<ul style="list-style-type: none"> • There is documentation that the provider has obtained feedback from individuals served regarding quality/effectiveness of services. • The provider has a policy outlining procedures for obtaining individual feedback. The policy should indicate when and how this occurs.
(F) 9. Individuals have the option to participate in political activities of their choice in the community.	<ul style="list-style-type: none"> • Individuals have access to information that includes political events/activities (such as city hall meetings, political gatherings, polling stations, television programming, etc.). • Individuals are supported in accessing transportation to political events as desired.
(F) 19. Individuals have the option to and are supported in assuming roles in religious organizations.	<ul style="list-style-type: none"> • Individuals have access to information regarding religious organizations; inclusive of meeting dates, contact information, etc. <ul style="list-style-type: none"> ○ Monitored through (A) 7.
(F) 22. Individuals with limited ability to communicate are supported by persons knowledgeable of how they communicate physical needs, how they communicate emotional and psychological needs.	<ul style="list-style-type: none"> • Communication devices/tools are available and in working condition as applicable. • Support staff are knowledgeable of communication needs (visual schedule, sign language, devices, etc.). • There is documentation of staff training as applicable. Documentation of training should include: <ul style="list-style-type: none"> ○ Communication need and type/use/maintenance of device ○ Date of training ○ Instructor's name/title/signature ○ Employee's name/signature

9 CSR 45-5.010 (4) (G) Individuals are supported in making choices regarding services and supports and who provides them.

Code of State Regulations	Criteria
(G) 1. Individuals choose the services and supports they want and need.	<ul style="list-style-type: none"> • Individuals are given the opportunity to participate in provider employee selections who provide direct services to them. • Review of community options and service provider is completed prior to service/placement with provider.

9 CSR 45-5.010 (4) (H) Individuals are assured their basic needs will be met.

Code of State Regulations	Criteria
(H) 2. Individuals have the right to receive physical, emotional, and mental health care from the practitioner of their choice.	<ul style="list-style-type: none"> • The individual is supported in making an informed choice in selecting a practitioner to provide services and supports to them. • Provider assists individuals in obtaining care as needed for changes in health and mental health conditions. <ul style="list-style-type: none"> ○ Monitored through (C) 3. • Includes access to list of available local/regional providers.
(H) 6. Individuals are supported in accessing their physician or medical care consistent with their wants, needs, and preferences.	<ul style="list-style-type: none"> • Individuals have access to the information/resources necessary to obtain care from and/or communicate with a provider that aligns with their needs/choice.
(H) 8. Individuals who have a specialized diet, prescribed to meet identified healthcare needs of the individual, are informed of the reason for the diet and consent to the diet. Orders for specialized diets are reviewed at least annually by a registered dietician, the individual's physician, physician assistant, or advanced practical nurse (APRN). Direct care staff shall be trained by either a dietician or registered nurse in the preparation and implementation of the diet prior to providing independent direct care services. Individual choice shall be honored. Providers may elect to have	<ul style="list-style-type: none"> • There is a provider policy in place that contains procedures for: <ul style="list-style-type: none"> ○ Training of existing staff and implementation of newly ordered specialized/modified diets. ○ Training of new staff to support an individual with a specialized/modified diet. • Individuals who have a specialized/modified diet are supported with their choice to follow or refuse the diet. • The specialized/modified diet is per physician's order and reflected in the individual's plan. • Direct care staff are knowledgeable and trained in the preparation and implementation of the diet, prior to providing independent direct care services, by either: dietician; registered nurse; nutrition educator; speech therapist; occupational therapist; or combination, or nurse delegation. • Documentation of staff training specific to an individual's specialized dietary needs is maintained and available for review. Documentation includes the instructor's name/title, curriculum and instructions for staff, date of the training, and staff name/signature. • Staff supporting the individual with a physician ordered diet maintain documentation of diet progress and/or supports. (i.e., menus, calorie logs, intake sheets) • Instructions for the specialized/modified diet are available for reference.

Revised Criteria: 2024 Medicaid Waiver Certification Survey Instrument
This document does not contain all regulations/criteria.

<p>management staff trained as a trainer for non-nurse delegated diets.</p>	<ul style="list-style-type: none"> • Documentation of an annual review of the specialized diet by: registered dietician; the individual’s physician; physician assistant; or APRN.
<p>(H) 10. Individuals’ health is protected through measure typically taken to prevent communicable diseases for persons with similar health status. Individual shall be supported by persons who are knowledgeable of infection control practices through annual training.</p>	<ul style="list-style-type: none"> • Provider has a policy regarding infection control and prevention which are in accordance with current Centers for Disease Control and Prevention (CDC) recommendations and include: <ul style="list-style-type: none"> ○ Staff expectations for surveillance and reporting of communicable diseases per the Centers for Disease Control (CDC) guidelines, local health departments, and applicable state laws; ○ Inclusive of pandemic protocols (i.e. COVID-19); ○ Promote infection control techniques such as hand washing by individuals and staff; ○ System for monitoring to ensure infection control techniques are consistently utilized; and ○ Procedures to ensure that when a communicable disease has been diagnosed, appropriate treatment is obtained, measures are taken to prevent transmission, and staff receive adequate training. • Staff receive annual infection control training. <ul style="list-style-type: none"> ○ Training documentation includes clear information that all required areas were reviewed in training. ○ Training documentation includes staff name/signature, date, and subject, as well as trainer/reviewer name, signature, and date. • Sufficient supplies shall be accessible to establish and maintain an infection control program in order to provide safe, sanitary services, including, but not limited to: hot water, soap, paper towels, gloves, cleaning supplies, face shields, etc.
<p>(H) 15. Staff who assist in the system of medication administration shall be certified as DD Medication Aide or be a licensed nurse or pharmacist. Individuals and staff shall be knowledgeable of the individuals’ medical conditions and possible side effects of medication.</p>	<ul style="list-style-type: none"> • All staff who administer medication are certified in Medication Administration. • All staff who administer medication must provide documentation of initial and current medication administration training as required by 9 CSR 45-3.070. • RNs who oversee the practice of medication administration and LPNs who administer medications must maintain a current active license to practice nursing in Missouri. It is the provider’s responsibility to ensure these staff remain in such status. • Individual’s record and emergency information includes medical conditions, allergies, and prescribed medications.
<p>(H) 16. Individuals receive the necessary services, supports, and degree of supervision consistent with the personal abilities of the individual and in accordance with their ISP.</p>	<ul style="list-style-type: none"> • Staffing ratios and levels of supervision are provided at all times as identified in the ISP. • The environment supports the individual’s supervision and safety needs. • As the needs of individuals change, supervision levels are reassessed and addressed as an amendment or in the annual ISP.
<p>(H) 17. Individuals’ homes and other environments are clean, safe, and well maintained.</p>	<ul style="list-style-type: none"> • Individuals’ homes and other environments are maintained in a way that ensures their safety and wellbeing. • Individuals are assisted in obtaining necessary home maintenance and repairs. • A documented provider system ensures the cleanliness, safety, and maintenance of the environment. • Walls, ceilings, and floors are without cracking, crumbling, instability, etc.

	<ul style="list-style-type: none"> • Windows are intact and in operable order. • Exterior entrances and exits have operable locking mechanisms. • Individuals' homes are free of insects/pests, odors, and unsanitary conditions. • The environment has passed external inspections as applicable. <ul style="list-style-type: none"> ○ Group homes or standalone out of home respite serving four or more individuals require an annual state fire marshal inspection. <ul style="list-style-type: none"> ▪ GH with 4-9 persons, 9 CSR 45-5.130 (1) (W) ▪ GH with 10-16 persons, 9 CSR 45-5.140 (1) (W) ▪ GH with 17 or more persons, 9 CSR 45-5.150 (1) (W)
<p>(H) 26. Individuals are supported by staff knowledgeable about emergency procedures, as included in the provider's written procedures and any additional expectations as indicated in the individual's ISP.</p>	<ul style="list-style-type: none"> • The provider shall have a policy outlining procedures for catastrophic events (pandemic, earthquake, tornado, flooding, etc.) that includes resource planning, emergency housing, and staffing support. • The provider shall have a policy outlining procedures for emergency events inclusive of: <ul style="list-style-type: none"> ○ Severe weather (flooding, tornadoes, etc.) ○ Fire ○ Missing persons ○ Intruder ○ Bomb threat ○ Threats of physical violence/behavioral crisis ○ Earthquakes • There is documentation of staff training at orientation of each of the aforementioned emergency procedures. <ul style="list-style-type: none"> ○ Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic. • The provider maintains documentation that staff are knowledgeable, participate in emergency drills, and can explain all emergency procedures. • Written emergency plans are available at each site and are developed to ensure all individuals are supported in a safe and effective manner specific to the site and individuals receiving services there. • The provider maintains a current list of all locations where individuals receive services. <p><u>Emergency Fire Services:</u> Any site served by a volunteer fire association or subscription fire department must provide documentation of current contract or proof of membership, if required by the fire authority.</p>
<p>(H) 27. Individuals participate in emergency drills (tornado, earthquake, intruder) occurring during daytime,</p>	<ul style="list-style-type: none"> • Documentation is maintained at the service site of the date, time, type of drill, time required to evacuate the building or arrive at point of refuge, whether the evacuation was completed, notation of any problems that occurred, the number of individuals present during the drill, and staff participating.

evening, and sleep hours at least four (4) times annually. Individuals participate in fires drills at least four (4) times annually, including one during sleep hours. Documentation of drills shall be maintained.

- All staff will participate in drills. Drills shall take place on all shifts.
- Additional requirements related to fire/safety are contained in 9 CSR 45-5.110, 9 CSR 45-5.130, 9 CSR 45-5.140 and 9 CSR 45-5.150.
- Emergency drills are conducted in a manner that reflect actual staffing patterns, practices, or circumstances that would be present during an emergency.
- Emergency drills must include four in total annually, inclusive of one during sleep hours.
- Fire drills must include four in total annually, inclusive of one during sleep hours.
- Emergency procedures shall be reviewed with individuals receiving ISL and Shared Living services within one week of their arrival.
- Emergency procedures shall be reviewed with individuals receiving OHR services within the first 24 hours of arrival (at the point of first respite stay at the location and as needed).
- All residential settings should conduct a fire drill within one week of any individual moving into the home.
 - Individuals receiving OHR services for more than seven (7) days consecutively at the site must participate in a fire drill within one week of arrival.
- Medically fragile individuals are exempt from participation in emergency drills (other than what is noted below for fire safety drills).
 - Staff must still conduct/participate in emergency drills.
 - Emergency procedures must still be reviewed with medically fragile individuals annually.

Fire Safety for Group Home for 4–9 People 9 CSR 45-5.130 (1) (A)

- Staff shall conduct at least one fire drill per month and one disaster/weather drill per quarter, with a minimum of one fire and one disaster/weather drill per year conducted while the residents are sleeping.
- A drill must be conducted within one week of the arrival of a new resident.
- Medically fragile individuals shall participate at least one time per year.

Fire Safety for Group Home for 10-16 People 9 CSR 45-5.140 (1) (A); 17 or more People 9 CSR 45-5.150 (1) (A)

- Staff shall conduct at least one fire drill per month and one disaster/weather drill per quarter, with a minimum of two drills (one fire and one weather/disaster) conducted annually while the residents are sleeping.
- A drill must be conducted within one week of the arrival of a new resident.
- Medically fragile individuals shall participate at least one time per year.

NOTE: ISL or Shared Living sites that do not provide staff 24/7 may not have to have a drill for the shift that staffing hours are not provided. (ex. the individual does not have any staffing support from 7am-3pm seven days per week, then a drill during 7am-3pm would not be required).

	<p>NOTES: Regarding OHR Fire Safety and Drills</p> <ul style="list-style-type: none"> • Out of home respite settings serving 4-9 individuals shall comply with 9 CSR 45-5.130. • Out of home respite settings serving 10-16 individuals shall comply with 9 CSR 45-5.140. • Out of home respite settings serving 17 or more individuals shall comply with 9 CSR 45-5.150. • Out of home respite provided in the ICF/IID setting shall comply with the primary licensing entity's fire safety requirements. • Fire safety requirements are not applicable to out of home respite in the shared living setting.
<p>(H) 28. Individuals shall have access to adequate evacuation exits which are appropriate to their abilities and unobstructed path of egress to safety.</p>	<p>ISL/SL/Group Homes (OHR) w/ capacity < 4 individuals:</p> <ul style="list-style-type: none"> • There is at least one means of exit on each floor. This is contingent upon the individuals' mobility and the design of the home. • Exits could be doors or windows, but must be accessible and safe for the individual. • The means of exit must not be blocked or secured. • Exit doors/windows are easily opened. • Ladders and other evacuation equipment are present and accessible in the home as necessary. • If an individual is expected to exit using a stairwell, step-ladder, rope ladder, window, etc. then the planning team, including the individual, must plan for an effective and safe means of fire escape that is reflective of the individual's abilities. <p>Group Homes/Standalone OHR w/ capacity of 4 or more individuals (per 9 CSR 45-5.130, 45-5.140, and 45-5.150)</p> <ul style="list-style-type: none"> • Each floor occupied in the home shall have not less than two remotely located means of egress. <ul style="list-style-type: none"> ○ Means of egress is a continuous and unobstructed way of travel from any point in a building or structure to a public way. A means of egress consists of three distinct parts: the exit access, the exit, and the exit discharge. (9 CSR 45-5.105 (1) (Q)) <ul style="list-style-type: none"> ▪ Exit access is the portion of a means of egress that leads to an exit. (9 CSR 45-5.105 (1) (F)) ▪ Exit is the portion of a means of egress that is separated from all other areas of the building or structure by construction or equipment required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, separated exit stairs, and separated exit ramps. (9 CSR 45-5.105 (1) (E)) • Required means of egress shall not be a window. • Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two means of egress, or a primary means of egress and a means of escape. <ul style="list-style-type: none"> ○ Means of escape is a way out of a residential unit that does not conform to the strict definition of means of egress but does meet the intent of the definition by providing an alternative way out of a building. (9 CSR 45-5.105 (1) (R))

	<ul style="list-style-type: none"> • No primary means of escape or planned exit shall lead through a bathroom, storage room, furnace room, garage, or any other room deemed hazardous by the fire inspector. <ul style="list-style-type: none"> ○ Exception for Group homes serving 4-9 people: Kitchens shall not be considered hazardous unless they have commercial stoves without extinguishing equipment or other features that lend themselves to rapid fire development.
<p>(H) 35. Each provider shall have written policies and procedures approved by the department regarding medical emergencies. Such policies and procedures shall include-</p> <p>A. Protocol for initiating 911 emergency call;</p> <p>B. Protocol for use of CPR and first aid;</p> <p>C. Instructions for staff and individuals on how to respond to an incapacitated person; and</p> <p>D. A system for ensuring emergency response drills on the emergency protocol are conducted at least every six (6) months for all staff.</p>	<ul style="list-style-type: none"> • The provider shall have a policy outlining procedures for response to medical emergencies which includes immediate contact of Emergency Medical Services (911) or local emergency services where 911 is not available. • Provider procedures for emergencies include that staff notify emergency services prior to other contacts. • Staff initiate and continue CPR until Emergency Services arrive. • The provider maintains documentation that staff are knowledgeable of medical emergency response drills and can explain procedures. • Staff must receive training regarding medical emergency response procedures <ul style="list-style-type: none"> ○ Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic. • All staff must participate in medical emergency drills once every six (6) months • The provider must maintain documentation at the service site for medical emergency drills which includes: <ul style="list-style-type: none"> ○ Date, time, type of medical emergency, notation of any problems, the number of individuals present during the drill, and name of all staff participating.
<p>(H) 36. Individuals experiencing events that meet reportable event criteria shall have those events reported to the department, per 9 CSR 10-5.206.</p>	<ul style="list-style-type: none"> • Provider has a policy outlining procedures for reporting events as outlined in 10-5.206 • Provider staff shall document incidents and injuries in the individual's record. • The provider shall follow the Department's regulations pertaining to the Report of Events. <ul style="list-style-type: none"> ○ Those specific events and medication errors identified on the applicable department report form dependent on the division providing service to the individual. • Event Management Tracking (EMT) forms are not kept in the individual's records but are maintained by the provider. • All staffed shall be trained on reportable events as identified in 9 CSR 10-5.206 (3) (B).
<p>(H) 41. Individuals use mechanical supports only as prescribed. Individuals are supported by staff who are knowledgeable of use of the supports as addressed in the ISP.</p>	<ul style="list-style-type: none"> • Mechanical supports refer to those items and/or equipment utilized to maintain or enhance an individual's ability to perform daily activities more independently. • A physician, APN, or PA must prescribe mechanical supports. • Staff are knowledgeable about the supports needed and provide them as prescribed. • Documentation of staff training on the prescribed use, specific to the individual supported, is available for review.

	<ul style="list-style-type: none"> ○ Documentation includes staff name/signature, date of training, name of reviewer/instructor, mechanical support/equipment reviewed.
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9 CSR 45-5.010 (4) (C) Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid funded HCBS.	
Code of State Regulations	Criteria
(C) 3. Individuals are provided community options in order to make informed choices of how and where they receive their services and their choices are honored.	<ul style="list-style-type: none"> • The individual is supported in making informed choice in selecting a health care provider to provide services and supports to them. • Individuals are provided options and information on healthcare providers in their communities.
(C) 5. Individuals are supported in learning transportation skills and are transported safely.	<ul style="list-style-type: none"> • Individuals are supported in learning how to access transportation that is available within their community. • Individuals will be supported in obtaining driver’s licenses as deemed appropriate in their ISP. • Staff are educated and knowledgeable of individual’s transportation needs. <ul style="list-style-type: none"> ○ Documentation of staff training for lifts and any other adaptive transportation devices specific to the individual(s) is maintained. ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. • The provider shall have a policy outlining the procedures for vehicle emergencies that includes: <ul style="list-style-type: none"> ○ Immediate notification of 911/Emergency Services; ○ The provider’s emergency call number; ○ How staff will have ready access to pertinent individual information during an emergency (name, healthcare insurance, guardian, provider contact, current photo); and ○ How the provider will facilitate emergency notification of family, guardians, or other interested parties. • Staff are educated and knowledgeable of the provider emergency plan, including steps they are to follow in case of an emergency while transporting individuals. <ul style="list-style-type: none"> ○ Documentation of staff training for emergency procedures specific to transportation of individual(s). ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. • Verification of current driver’s license is maintained in personnel files for all employees and volunteers transporting individuals. • The provider shall have a system in place to ensure that individuals who are transported in staff owned vehicles are transported safely. • Provider-owned/leased vehicles are properly registered, inspected, insured, maintained, and accessible. • Provider-owned/leased vehicles have: <ul style="list-style-type: none"> ○ Working seatbelts

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	<ul style="list-style-type: none"> ○ First aid supplies ○ Copies of vehicle emergency procedures and emergency contact numbers ○ Pertinent emergency information for the individual (during transport)
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9 CSR 45-5.010 (4) (E) Individuals are assured the right of privacy, respect, and freedom from coercion and restraint.	
Code of State Regulations	Criteria
(E) 2. Provider policy, procedures, and practices shall protect and promote the rights of each individual.	<ul style="list-style-type: none"> ● Policies shall not prohibit rights through provider practices or rules. ● Provider has policies outlining procedures for supporting individual’s rights and what those rights are as outlined in: 9 CSR 45-3.030; Sections 630.110 and 630.115, RSMo; and 42 CFR 441.301(c)(1) Home and Community-Based Services. ● Policy includes procedures for annual staff training and individual review of rights.
(E) 6. Individuals are supported by staff who are knowledgeable and trained annually, with documentation of the training, on individual rights in accordance with sections 6630.110 and 630.115, RSMo, and 9 CSR 45-3.030.	<ul style="list-style-type: none"> ● Provider has written documentation signed and dated by the employee/volunteers/contracted staff showing that they have received information related to individual rights and responsibilities annually. ● Training documentation includes clear information that rights listed in the RSMo and CSR were reviewed in training. ● Training documentation includes staff name/signature/date, instructor name/signature/date, and subject.
(E) 7. Annually, individuals shall be given information written or communicated in a format understood by the individual on how to file a grievance with the provider or complaint with the department.	<ul style="list-style-type: none"> ● The provider has a grievance policy which clearly outlines the procedures for: <ul style="list-style-type: none"> ○ Filing an internal grievance with the provider for individuals; ○ How the provider will respond to grievances; ○ Timelines for response; and ○ Ensuring individuals understand how to file a complaint with the department. ● Provider shall ensure individuals receive upon entering into services and annually thereafter information on: <ul style="list-style-type: none"> ○ How to file a complaint or grievance with the provider; ○ The Department of Mental Health Constituent Services hotline number and email address; and ○ The Elder Abuse and Neglect hotline number and email address. ● Documentation is available in the individual record indicating that it was reviewed with the individual and/or guardian and is dated/signed.
(E) 8. Individuals are supported by not having limitations imposed on their rights without due process, as required by 9 CSR 45-3.030.	<ul style="list-style-type: none"> ● The provider will not limit individual’s rights without the individual being afforded due process. ● Non-emergency limitations are not imposed prior to the individual receiving due process. ● There is a provider policy that outlines the procedures for ensuring: <ul style="list-style-type: none"> ○ Due process, the right to appeal, and the appeal process when there are limitations of rights.

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	<ul style="list-style-type: none"> ○ Procedures to limit consumer rights as specified in RSMo 630.110 when the consumer is a clear danger to themselves, others or community property and shall only be made jointly by the provider and the Regional Office (<i>emergency based limitation(s)</i>). ○ If emergency limitations are imposed, it is reported through the event reporting system. ○ If emergency limitations have been imposed, there is evidence that the planning team has convened within five business days to complete the review of the limitation as identified in 9 CSR 45-3.090 (4) (A) 1. ● Any limitation of an individual’s rights must have documentation in the ISP or ISP amendment of: <ul style="list-style-type: none"> ○ A specific assessed need and justification ○ Timelines for review and criteria for restoration ○ Positive interventions and supports used prior to rights modifications and cause no harm to the individual ○ Teaching strategies and monitoring of individual’s progress ● Documentation of initial and/or annual due process committee review is in the record. (ISP may require more frequent review by due process committee).
<p>(E) 9. Individual are supported in an environment where they are free to communicate privately with whom they choose.</p>	<ul style="list-style-type: none"> ● Individuals are free to have private communication(s) in the environment, including the ability to: <ul style="list-style-type: none"> ○ Make and receive phone calls and text messaging, including Text telephone (TTY) ○ Receive and send mail unopened ○ Receive and send emails ○ Social media/communication via internet (may be free public access or provided in the service setting, *internet is not required) ○ Communicate using adaptive communication device ○ Communicate with individuals of their choosing including but not limited to family, friends, clergy, housemates, support coordinators. and DMH employees
<p>(E) 12. Individuals are supported by staff who are trained annually in identifying, preventing, detecting, and reporting abuse and neglect.</p>	<ul style="list-style-type: none"> ● All employees, including contracted staff, adult household members, relief/respite providers, volunteers, and student workers (not visitors or natural supports) receive training on preventing, detecting, and reporting abuse, neglect, and misuse of funds/property, prior to providing direct support and annually thereafter. ● Training documentation includes staff name/signature/date, trainer name/signature/date, and subject. ● Training documentation is available for review and includes clear information that DMH definitions of abuse and neglect were reviewed.
<p>(E) 13. Abuse and neglect are prohibited by provider policy and procedures. Providers follow their policies and procedures and ensure action is taken to protect individuals who report abuse or neglect.</p>	<ul style="list-style-type: none"> ● The provider must develop and implement written policies and procedures that include: <ul style="list-style-type: none"> ○ Abuse, neglect, and misuse of funds/property are prohibited and prevented. ○ Current definitions of abuse, neglect, and misappropriation of funds/property consistent with 9 CSR 10-5.200. ○ Procedures for individuals and staff to report abuse and neglect, including hotline numbers for self-reporting and identification of the staff member responsible for the initial reporting. ○ Procedures for protecting individuals from harm and retaliation during an investigation.

	<ul style="list-style-type: none"> ○ Establishes a system to provide individuals, families and staff information on: <ul style="list-style-type: none"> ▪ How and to whom they may report concerns; ▪ How to report incidents without the fear of retribution; ▪ How to provide feedback regarding the concerns that have been expressed.
(E) 14. Individuals are supported in planning and participating in discussions regarding their lives.	<ul style="list-style-type: none"> • Documentation that the individual and/or guardian (as applicable) was supported in attending the annual ISP meeting at times and locations preferable to the individual. • Documentation that the individual and/or guardian (as applicable) was supported in attending any update or ISP addendum meetings at times and locations preferable to the individual. • Documentation that the individual was supported in attending Due Process Review meeting as applicable at times and locations accessible to the individual.

9 CSR 45-5.010 (4) (F) Individual initiative, autonomy, and independence are optimized in making life choices.	
Code of State Regulations	Criteria
(F) 3. Individuals determine the quality and the effectiveness of the services and supports in meeting their needs.	<ul style="list-style-type: none"> • There is documentation that the provider has obtained feedback from individuals served regarding quality/effectiveness of services. • The provider has a policy outlining procedures for obtaining individual feedback. The policy should indicate when and how this occurs.
(F) 9. Individuals have the option to participate in political activities of their choice in the community.	<ul style="list-style-type: none"> • Individuals have access to information that includes political events/activities (such as city hall meetings, political gatherings, polling stations, television programming, etc.).
(F) 22. Individuals with limited ability to communicate are supported by persons knowledgeable of how they communicate physical needs, how they communicate emotional and psychological needs.	<ul style="list-style-type: none"> • Communication devices/tools are available and in working condition as applicable. • Support staff are knowledgeable of communication needs (visual schedule, sign language, devices, etc.). • There is documentation of staff training as applicable. Documentation of training should include: <ul style="list-style-type: none"> ○ Communication need and type/use/maintenance of device ○ Date of training ○ Instructor's name/title/signature ○ Employee's name/signature

9 CSR 45-5.010 (4) (G) Individuals are supported in making choices regarding services and supports and who provides them.

Code of State Regulations	Criteria
(G) 1. Individuals choose the services and supports they want and need.	<ul style="list-style-type: none"> • Individuals are given the opportunity to participate in provider employee selections who provide direct services to them. • Review of community options and service provider is completed prior to service/placement with provider.

9 CSR 45-5.010 (4) (H) Individuals are assured their basic needs will be met.

Code of State Regulations	Criteria
(H) 8. Individuals who have a specialized diet, prescribed to meet identified healthcare needs of the individual, are informed of the reason for the diet and consent to the diet. Orders for specialized diets are reviewed at least annually by a registered dietician, the individual's physician, physician assistant, or advanced practical nurse (APRN). Direct care staff shall be trained by either a dietician or registered nurse in the preparation and implementation of the diet prior to providing independent direct care services. Individual choice shall be honored. Providers may elect to have management staff trained as a trainer for non-nurse delegated diets.	<ul style="list-style-type: none"> • There is a provider policy in place that contains procedures for: <ul style="list-style-type: none"> ○ Training of existing staff and implementation of newly ordered specialized/modified diets. ○ Training of new staff to support an individual with a specialized/modified diet. • Individuals who have a specialized/modified diet are supported with their choice to follow or refuse the diet. • The specialized/modified diet is per physician's order and reflected in the individual's plan. • Direct care staff are knowledgeable and trained in the preparation and implementation of the diet, prior to providing independent direct care services, by either: dietician; registered nurse; nutrition educator; speech therapist; occupational therapist; or combination, or nurse delegation. • Documentation of staff training specific to an individual's specialized dietary needs is maintained and available for review. Documentation includes the instructor's name and title, curriculum and instructions for staff, date of the training, and staff name/signature. • Staff supporting the individual with a physician ordered diet maintain documentation of diet progress and/or supports. (i.e., menus, calorie logs, intake sheets) • Instructions for the specialized/modified diet are available for reference. • Documentation of an annual review of the specialized diet by: registered dietician; the individual's physician; physician assistant; or APRN.
(H) 10. Individuals' health is protected through measure typically taken to prevent communicable diseases for persons with similar health status. Individual shall be supported by persons	<ul style="list-style-type: none"> • Provider has a policy regarding infection control and prevention which are in accordance with current Centers for Disease Control and Prevention (CDC) recommendations and include: <ul style="list-style-type: none"> ○ Staff expectations for surveillance and reporting of communicable diseases per the Centers for Disease Control (CDC) guidelines, local health departments, and applicable state laws; ○ Inclusive of pandemic protocols (i.e. COVID-19); ○ Promote infection control techniques such as hand washing by individuals and staff;

<p>who are knowledgeable of infection control practices through annual training.</p>	<ul style="list-style-type: none"> ○ System for monitoring to ensure infection control techniques are consistently utilized; and ○ Procedures to ensure that when a communicable disease has been diagnosed, appropriate treatment is obtained, measures are taken to prevent transmission, and staff receive adequate training. ● Staff receive annual infection control training. <ul style="list-style-type: none"> ○ Training documentation includes clear information that all required areas were reviewed in training. ○ Training documentation includes staff name/signature, date, and subject, as well as trainer/reviewer name, signature, and date. ● Sufficient supplies shall be accessible to establish and maintain an infection control program in order to provide safe, sanitary services, including, but not limited to: hot water, soap, paper towels, gloves, cleaning supplies, face shields, etc.
<p>(H) 15. Staff who assist in the system of medication administration shall be certified as DD Medication Aide or be a licensed nurse or pharmacist. Individuals and staff shall be knowledgeable of the individuals' medical conditions and possible side effects of medication.</p>	<ul style="list-style-type: none"> ● All staff who administer medication are certified in Medication Administration. ● All staff who administer medication must provide documentation of initial and current medication administration training as required by 9 CSR 45-3.070. ● RNs who oversee the practice of medication administration and LPNs who administer medications must maintain a current active license to practice nursing in Missouri. It is the provider's responsibility to ensure these staff remain in such status. ● Individual's record and emergency information includes medical conditions, allergies, and prescribed medications.
<p>(H) 26. Individuals are supported by staff knowledgeable about emergency procedures, as included in the provider's written procedures and any additional expectations as indicated in the individuals ISP</p>	<ul style="list-style-type: none"> ● The provider shall have a policy outlining procedures for catastrophic events (pandemic, earthquake, tornado, flooding, etc.) that includes resource planning, emergency housing, and staffing support. ● The provider shall have a policy outlining procedures for emergency events inclusive of: <ul style="list-style-type: none"> ○ Severe weather (flooding, tornadoes, etc.) ○ Fire ○ Missing persons ○ Intruder ○ Bomb threat ○ Threats of physical violence/behavioral crisis ○ Earthquakes ● There is documentation of staff training at orientation of each of the aforementioned emergency procedures. <ul style="list-style-type: none"> ○ Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic. ● The provider maintains documentation that staff are knowledgeable, participate in emergency drills, and can explain all emergency procedures. ● Written emergency plans are available at each site and are developed to ensure all individuals are supported in a safe and effective manner specific to the site and individuals receiving services there.

	<ul style="list-style-type: none"> The provider maintains a current list of all locations where individuals receive services. <p>Emergency Fire Services: Any site served by a volunteer fire association or subscription fire department must provide documentation of current contract or proof of membership, if required by the fire authority.</p>
<p>(H) 27. Individuals participate in emergency drills (tornado, earthquake, intruder) occurring during daytime, evening, and sleep hours at least four (4) times annually. Individuals participate in fires drills at least four (4) times annually, including one during sleep hours. Documentation of drills shall be maintained.</p>	<p>NOTE: Only applicable for Day Habilitation-</p> <ul style="list-style-type: none"> Fire drills must be conducted <u>monthly</u> at Day Habilitation sites, per 9 CSR 45-5.110 <u>Emergency drills must include 4 in total annually.</u> Documentation is maintained at the service site of the date, time, type of drill, time required to evacuate the building or arrive at point of refuge, whether the evacuation was completed, notation of any problems that occurred, the number of individuals present during the drill, and staff participating. All staff will participate in drills. Drills shall take place on all shifts. Emergency drills are conducted in a manner that reflect actual staffing patterns, practices, or circumstances that would be present during an emergency. Medically fragile individuals are exempt from participation in emergency drills (other than what is noted below for fire safety drills). <ul style="list-style-type: none"> Staff must still conduct/participate in emergency drills. Emergency procedures must still be reviewed with medically fragile individuals annually.
<p>(H) 35. Each provider shall have written policies and procedures approved by the department regarding medical emergencies. Such policies and procedures shall include-</p> <p>A. Protocol for initiating 911 emergency call;</p> <p>B. Protocol for use of CPR and first aid;</p> <p>C. Instructions for staff and individuals on how to respond to an incapacitated person; and</p> <p>D. A system for ensuring emergency response drills on the emergency protocol are conducted at least every six (6) months for all staff.</p>	<ul style="list-style-type: none"> The provider shall have a policy outlining procedures for response to medical emergencies which includes immediate contact of Emergency Medical Services (911) or local emergency services where 911 is not available. Provider procedures for emergencies include that staff notify emergency services prior to other contacts. Staff initiate and continue CPR until Emergency Services arrive. The provider maintains documentation that staff are knowledgeable of medical emergency response drills and can explain procedures. Staff must receive training regarding medical emergency response procedures <ul style="list-style-type: none"> <u>Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic.</u> <u>All staff must participate in medical emergency drills once every six months.</u> The provider must maintain documentation at the service site for medical emergency drills which includes: <ul style="list-style-type: none"> <u>Date, time, type of medical emergency, notation of any problems, the number of individuals present during the drill, and name of all staff participating.</u>

<p>(H) 36. Individuals experiencing events that meet reportable event criteria shall have those events reported to the department, per 9 CSR 10-5.206.</p>	<ul style="list-style-type: none"> • Provider has a policy outlining procedures for reporting events as outlined in 10-5.206. • Provider staff shall document incidents and injuries in the individual’s record. • The provider shall follow the Department’s regulations pertaining to the Report of Events. <ul style="list-style-type: none"> ○ Those specific events and medication errors identified on the applicable department report form dependent on the division providing service to the individual. • Event Management Tracking (EMT) forms are not kept in the individual's records but are maintained by the provider. • All staffed shall be trained on reportable events as identified in 9 CSR 10-5.206 (3) (B).
<p>(H) 41. Individuals use mechanical supports only as prescribed. Individuals are supported by staff who are knowledgeable of use of the supports as addressed in the ISP.</p>	<ul style="list-style-type: none"> • Mechanical supports refer to those items and/or equipment utilized to maintain or enhance an individual’s ability to perform daily activities more independently. • A physician, APN, or PA must prescribe mechanical supports. • Staff are knowledgeable about the supports needed and provide them as prescribed. • Documentation of staff training on the prescribed use, specific to the individual supported, is available for review. <ul style="list-style-type: none"> ○ Documentation includes staff name/signature, date of training, name of reviewer/instructor, mechanical support/equipment reviewed.

9 CSR 45-5.010 (4) (B) Individuals are provided with opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.	
Code of State Regulations	Criteria
<p>(B) 4. Individuals are supported in obtaining employment in a setting which encourages interaction with the public.</p>	<ul style="list-style-type: none"> • The employment setting does not exclude individuals from interacting with members of the public.
<p>(B) 12. Individuals are supported in developing and maintaining relationships with coworkers.</p>	<ul style="list-style-type: none"> • Individuals have the opportunity to maintain relationships with coworkers to the same degree as employees not receiving HCBS services.
<p>(B) 14. Individuals are supported in making a budget, which takes into account the individual’s financial goals.</p>	<ul style="list-style-type: none"> • Individuals are supported in developing a personal budget as applicable for their specified employment service. • Individuals are educated about their personal financial needs and resources.

9 CSR 45-5.010 (4) (C) Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid funded HCBS.

Code of State Regulations	Criteria
<p>(C) 5. Individuals are supported in learning transportation skills and are transported safely.</p>	<ul style="list-style-type: none"> • Individuals are supported in learning how to access transportation that is available within their community. • Individuals will be supported in obtaining driver’s licenses as deemed appropriate in their ISP. • Staff are educated and knowledgeable of individual’s transportation needs. <ul style="list-style-type: none"> ○ Documentation of staff training for lifts and any other adaptive transportation devices specific to the individual(s) is maintained. ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. • The provider shall have a policy outlining the procedures for vehicle emergencies that includes: <ul style="list-style-type: none"> ○ Immediate notification of 911/Emergency Services; ○ The provider’s emergency call number; ○ How staff will have ready access to pertinent individual information during an emergency (name, healthcare insurance, guardian, provider contact, current photo); and ○ How the provider will facilitate emergency notification of family, guardians, or other interested parties. • Staff are educated and knowledgeable of the provider emergency plan, including steps they are to follow in case of an emergency while transporting individuals. <ul style="list-style-type: none"> ○ Documentation of staff training for emergency procedures specific to transportation of individual(s). ○ Documentation includes staff name/signature/date, instructor signature/date, and topic. • Verification of current driver’s license is maintained in personnel files for all employees and volunteers transporting individuals. • The provider shall have a system in place to ensure that individuals who are transported in staff owned vehicles are transported safely. • Provider-owned/leased vehicles are properly registered, inspected, insured, maintained, and accessible. • Provider-owned/leased vehicles have: <ul style="list-style-type: none"> ○ Working seatbelts ○ First aid supplies ○ Copies of vehicle emergency procedures and emergency contact numbers ○ Pertinent emergency information for the individual (during transport)

9 CSR 45-5.010 (4) (E) Individuals are assured the right of privacy, respect, and freedom from coercion and restraint.

Code of State Regulations	Criteria
<p>(E) 2. Provider policy, procedures, and practices shall protect and promote the rights of each individual.</p>	<ul style="list-style-type: none"> • Policies shall not prohibit rights through provider practices or rules. • Provider has policies outlining procedures for supporting individual’s rights and what those rights are as outlined in: 9 CSR 45-3.030; Sections 630.110 and 630.115, RSMo; and 42 CFR 441.301(c)(1) Home and Community-Based Services. • Policy includes procedures for annual staff training and individual review of rights.
<p>(E) 6. Individuals are supported by staff who are knowledgeable and trained annually, with documentation of the training, on individual rights in accordance with sections 6630.110 and 630.115, RSMo, and 9 CSR 45-3.030.</p>	<ul style="list-style-type: none"> • Provider has written documentation signed and dated by the employee/volunteers/contracted staff showing that they have received information related to individual rights and responsibilities annually. • Training documentation includes clear information that rights listed in the RSMo and CSR were reviewed in training. • Training documentation includes staff name/signature/date, instructor name/signature/date, and subject.
<p>(E) 7. Annually, individuals shall be given information written or communicated in a format understood by the individual on how to file a grievance with the provider or complaint with the department.</p>	<ul style="list-style-type: none"> • The provider has a grievance policy which clearly outlines the procedures for: <ul style="list-style-type: none"> ○ Filing an internal grievance with the provider for individuals; ○ How the provider will respond to grievances; ○ Timelines for response; and ○ Ensuring individuals understand how to file a complaint with the department. • Provider shall ensure individuals receive upon entering into services and annually thereafter information on: <ul style="list-style-type: none"> ○ How to file a complaint or grievance with the provider; ○ The Department of Mental Health Constituent Services hotline number and email address; and ○ The Elder Abuse and Neglect hotline number and email address. • Documentation is available in the individual record indicating that it was reviewed with the individual and/or guardian and is dated/signed.
<p>(E) 8. Individuals are supported by not having limitations imposed on their rights without due process, as required by 9 CSR 45-3.030.</p>	<ul style="list-style-type: none"> • The provider will not limit individual’s rights without the individual being afforded due process. • Non-emergency limitations are not imposed prior to the individual receiving due process. • There is a provider policy that outlines the procedures for ensuring: <ul style="list-style-type: none"> ○ Due process, the right to appeal, and the appeal process when there are limitations of rights. ○ Procedures to limit consumer rights as specified in RSMo 630.110 when the consumer is a clear danger to themselves, others or community property and shall only be made jointly by the provider and the Regional Office (<i>emergency based limitation(s)</i>). ○ If emergency limitations are imposed, it is reported through the event reporting system. ○ If emergency limitations have been imposed, there is evidence that the planning team has convened within five business days to complete the review of the limitation as identified in 9 CSR 45-3.090 (4) (A) 1.

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	<ul style="list-style-type: none"> Any limitation of an individual’s rights must have documentation in the ISP or ISP amendment of: <ul style="list-style-type: none"> A specific assessed need and justification Timelines for review and criteria for restoration Positive interventions and supports used prior to rights modifications and cause no harm to the individual Teaching strategies and monitoring of individual’s progress Documentation of initial and/or annual due process committee review is in the record. (ISP may require more frequent review by due process committee).
(E) 12. Individuals are supported by staff who are trained annually in identifying, preventing, detecting, and reporting abuse and neglect.	<ul style="list-style-type: none"> All employees, including contracted staff, adult household members, relief/respite providers, volunteers, and student workers (not visitors or natural supports) receive training on preventing, detecting, and reporting abuse, neglect, and misuse of funds/property, prior to providing direct support and annually thereafter. Training documentation includes staff name/signature/date, trainer name/signature/date, and subject. Training documentation is available for review and includes clear information that DMH definitions of abuse and neglect were reviewed.
(E) 14. Individuals are supported in planning and participating in discussions regarding their lives.	<ul style="list-style-type: none"> Documentation that the individual and/or guardian (as applicable) was supported in attending the annual ISP meeting at times and locations preferable to the individual. Documentation that the individual and/or guardian (as applicable) was supported in attending any update or ISP addendum meetings at times and locations preferable to the individual. Documentation that the individual was supported in attending Due Process Review meeting as applicable at times and locations accessible to the individual.

9 CSR 45-5.010 (4) (F) Individual initiative, autonomy, and independence are optimized in making life choices.	
Code of State Regulations	Criteria
(F) 3. Individuals determine the quality and the effectiveness of the services and supports in meeting their needs.	<ul style="list-style-type: none"> There is documentation that the provider has obtained feedback from individuals served regarding quality/effectiveness of services. The provider has a policy outlining procedures for obtaining individual feedback. The policy should indicate when and how this occurs.
(F) 22. Individuals with limited ability to communicate are supported by persons knowledgeable of how they communicate physical needs, how they communicate emotional and psychological needs.	<ul style="list-style-type: none"> Communication devices/tools are available and in working condition as applicable. Support staff are knowledgeable of communication needs (visual schedule, sign language, devices, etc.). There is documentation of staff training as applicable. Documentation of training should include: <ul style="list-style-type: none"> Communication need and type/use/maintenance of device Date of training Instructor’s name/title/signature Employee’s name/signature

9 CSR 45-5.010 (4) (G) INDIVIDUALS ARE SUPPORTED IN MAKING CHOICES REGARDING SERVICES AND SUPPORTS AND WHO PROVIDES THEM.

Code of State Regulations	Criteria
(G) 1. Individuals choose the services and supports they want and need.	<ul style="list-style-type: none"> • Individuals are given the opportunity to participate in provider employee selections who provide direct services to them. • Review of community options and service provider is completed prior to service/placement with provider.

9 CSR 45-5.010 (4) (H) Individuals are assured their basic needs will be met.

Code of State Regulations	Criteria
(H) 10. Individuals' health is protected through measure typically taken to prevent communicable diseases for persons with similar health status. Individual shall be supported by persons who are knowledgeable of infection control practices through annual training.	<ul style="list-style-type: none"> • Provider has a policy regarding infection control and prevention which are in accordance with current Centers for Disease Control and Prevention (CDC) recommendations and include: <ul style="list-style-type: none"> ○ Staff expectations for surveillance and reporting of communicable diseases per the Centers for Disease Control (CDC) guidelines, local health departments, and applicable state laws; ○ Inclusive of pandemic protocols (i.e. COVID-19); ○ Promote infection control techniques such as hand washing by individuals and staff; ○ System for monitoring to ensure infection control techniques are consistently utilized; and ○ Procedures to ensure that when a communicable disease has been diagnosed, appropriate treatment is obtained, measures are taken to prevent transmission, and staff receive adequate training. • Staff receive annual infection control training. <ul style="list-style-type: none"> ○ Training documentation includes clear information that all required areas were reviewed in training. ○ Training documentation includes staff name/signature, date, and subject, as well as trainer/reviewer name, signature, and date. • Sufficient supplies shall be accessible to establish and maintain an infection control program in order to provide safe, sanitary services, including, but not limited to: hot water, soap, paper towels, gloves, cleaning supplies, face shields, etc.
(H) 15. Staff who assist in the system of medication administration shall be certified as DD Medication Aide or be a licensed nurse or pharmacist. Individuals and staff shall be knowledgeable of the individuals' medical conditions and possible side	<ul style="list-style-type: none"> • All staff who administer medication are certified in Medication Administration. • All staff who administer medication must provide documentation of initial and current medication administration training as required by 9 CSR 45-3.070. • RNs who oversee the practice of medication administration and LPNs who administer medications must maintain a current active license to practice nursing in Missouri. It is the provider's responsibility to ensure these staff remain in such status.

<p>effects of medication.</p>	<ul style="list-style-type: none"> Individual's record and emergency information includes medical conditions, allergies, and prescribed medications.
<p>(H) 26. Individuals are supported by staff knowledgeable about emergency procedures, as included in the provider's written procedures and any additional expectations as indicated in the individuals ISP.</p>	<p>NOTE: The following is applicable to provider owned/leased/rented sites:</p> <ul style="list-style-type: none"> The provider shall have a policy outlining procedures for catastrophic events (pandemic, earthquake, tornado, flooding, etc.) that includes resource planning, emergency housing, and staffing support. The provider shall have a policy outlining procedures for emergency events inclusive of: <ul style="list-style-type: none"> Severe weather (flooding, tornadoes, etc.) Fire Missing persons Intruder Bomb threat Threats of physical violence/behavioral crisis Earthquakes There is documentation of staff training at orientation of each of the aforementioned emergency procedures. <ul style="list-style-type: none"> Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic. The provider maintains documentation that staff are knowledgeable, participate in emergency drills, and can explain all emergency procedures. Written emergency plans are available at each site and are developed to ensure all individuals are supported in a safe and effective manner specific to the site and individuals receiving services there. The provider maintains a current list of all locations where individuals receive services. <p>Emergency Fire Services:</p> <p>Any site served by a volunteer fire association or subscription fire department must provide documentation of current contract or proof of membership, if required by the fire authority.</p>
<p>(H) 27. Individuals participate in emergency drills (tornado, earthquake, intruder) occurring during daytime, evening, and sleep hours at least four (4) times annually. Individuals participate in fires drills at least four (4) times annually, including one during sleep hours. Documentation of drills shall be maintained.</p>	<p>NOTE: The following is applicable to provider owned/leased/rented sites:</p> <ul style="list-style-type: none"> Fire drills must be conducted monthly at employment sites, per 9 CSR 45-5.110. Emergency drills must include four in total annually. Documentation is maintained at the service site of the date, time, type of drill, time required to evacuate the building or arrive at point of refuge, whether the evacuation was completed, notation of any problems that occurred, the number of individuals present during the drill, and staff participating. All staff will participate in drills. Drills shall take place on all shifts. Emergency drills are conducted in a manner that reflect actual staffing patterns, practices, or circumstances that would be present during an emergency.

<p>(H) 35. Each provider shall have written policies and procedures approved by the department regarding medical emergencies. Such policies and procedures shall include-</p> <p>A. Protocol for initiating 911 emergency call.</p> <p>B. Protocol for use of CPR and first aid.</p> <p>C. Instructions for staff and individuals on how to respond to an incapacitated person; and</p> <p>D. A system for ensuring emergency response drills on the emergency protocol are conducted at least every six (6) months for all staff.</p>	<ul style="list-style-type: none"> • The provider shall have a policy outlining procedures for response to medical emergencies which includes immediate contact of Emergency Medical Services (911) or local emergency services where 911 is not available. • Provider procedures for emergencies include that staff notify emergency services prior to other contacts. • Staff initiate and continue CPR until Emergency Services arrive. • The provider maintains documentation that staff are knowledgeable of medical emergency response drills and can explain procedures. • Staff must receive training regarding medical emergency response procedures <ul style="list-style-type: none"> ○ Documentation of staff training must include instructor name/signature/title; staff name/signature; date; and topic. <p><i>*The following are specific to provider controlled sites:</i></p> <ul style="list-style-type: none"> • All staff must participate in medical emergency drills once every six (6) months. • The provider must maintain documentation at the service site for medical emergency drills which includes: <ul style="list-style-type: none"> ○ Date, time, type of medical emergency, notation of any problems, the number of individuals present during the drill, and name of all staff participating.
<p>(H) 36. Individuals experiencing events that meet reportable event criteria shall have those events reported to the department, per 9 CSR 10-5.206.</p>	<ul style="list-style-type: none"> • Provider staff shall document incidents and injuries in the individual’s record. • The provider shall follow the Department’s regulations pertaining to the Report of Events. <ul style="list-style-type: none"> ○ Those specific events and medication errors identified on the applicable department report form dependent on the division providing service to the individual. ○ The provider shall have a policy outlining the procedures for reporting events in compliance with 9 CSR 10-5.206. • Event Management Tracking (EMT) forms are not kept in the individual's records but are maintained by the provider. • All staffed shall be trained on reportable events as identified in 9 CSR 10-5.206 (3) (B).