

# Audrain Developmental Disability Services Home and Community Based Participant Services Handbook (HCBS Handbook)



## **What does this mean to you?**

If you receive Medicaid Home and Community Based waiver services, you have the right to make choices about your life. You may make decisions about how, when and where you get your services. You may come and go when and where you want. You should have the choice to work and be involved in your community.

## **Audrain Developmental Disability Services (ADDS) Objectives:**

1. ADDS will make sure you have choice and full access to be part of your community.
2. ADDS' Handbook is a document that explains how your services will be carried out. ADDS will make sure your services meet the HCBS requirements.

## **Mission Statement:**

“Creating a Better Life for Audrain County Citizens.

## **HCBS REQUIREMENTS**

### **ACCESS TO THE COMMUNITY** (42 CFR 441.301(4)(i))

**The setting is integrated in and supports full access to the greater community and engagement in community life.** (42 CFR 441.301(4)(i))

#### ***Which means. . .***

ADDS will make sure you have choices about events and have full access to your community. If you want to go to an event, staff will help you see if you have enough money and transportation.

ADDS will help you find local events, parades, etc. and provide options for you to choose from. You will be encouraged to go to public events, such as clubs, groups, parades, or fairs, etc.

### **EMPLOYMENT** (42 CFR 441.301(4)(i))

**The setting provides the opportunity to seek employment and work in competitive integrated settings.** (42 CFR 441.301(4)(i))

#### ***Which means. . .***

If you want a job, you may talk with ADDS and/or ask for a meeting to talk about your employment options. Your planning team will help you with your employment service options.

## **MONEY MANAGEMENT/PERSONAL RESOURCES** (42CFR 441.301(4)(i))

**The setting supports control of personal resources.** (42CFR 441.301(4)(i))

### *Which means . . .*

ADDS will work with you and those who help manage your money. You may have access to your money but may also ask to have your ADDS help take care of funds.

ADDS will help pay your bills, make deposits, budget for more costly items, and work through how to manage money. You will have your own account and can ask for help and information about your money.

## **COMMUNITY RESOURCES** (4 CFR 441.301(4)(i))

**The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services.**

(42CFR 441.301(4)(i))

### *Which means . . .*

ADDS will talk to you about what you like and your choices in accessing services in your community; such as, medical, social and recreational activities, or those services that apply.

## **CHOICE OF SETTINGS** (42 CFR 441.301(4)(ii))

The setting is selected by the individual from among setting options including non-disability specific settings. (4 CFR 441.301(4)(ii))

### *Which means . . .*

ADDS will work with you to learn about your likes and dislikes. This means you have choice of where you live, work and the things you do in your community, including doing things with people who do not have disabilities.

## **RESTRICTIONS/MODIFICATIONS** (42CFR 441.301(4)(ii))

The setting options identified for an individual are supported by an assessed need and documented in the person-centered service plans based on the individual's needs and preferences. (42 C.F.R § 441.301(c)(4)(iv))

### *Which means . . .*

You will not have your rights limited unless it's in your individual support plan. Any limits must be approved by you, your guardian, and your team. It must also be reviewed by Due Process committee.

## **PRIVACY (42CFR 441.301(4)(ii))**

**The residential setting provided the individuals with the option for a private bedroom.** (42CFR 441.301(4)(ii)) (42CFR 441.301(4)(iii))

**The setting ensures the individuals rights of privacy.** (42CFR 441.301(4)(iii))

### ***Which means . . .***

You can talk with your friends/family privately. You will have privacy in your bedroom. You have the right to privacy in your home. Staff will knock before entering your home or room. You will have choice about who you live with. If an issue comes up between housemates, ADDS will meet with you to solve it. If you want new housemates, ADDS will help you make changes.

## **HOUSING OPPORTUNITIES (42CFR 441.301(4)(ii))**

**The person-centered service plan documents the options based on the individual's resources available for room and board.** (42CFR 441.301(4)(ii))

### ***Which means . .***

ADDS will give you choice of housing options. ADDS will work with you to find the best home for you and one you can afford. You may express your wants with ADDS and your current support coordinator during your meetings.

## **CODE OF CONDUCT (42CFR 441.301(4)(iii))**

**The setting ensures the individuals rights of dignity and respect.** (42CFR

441.301(4)(ii))

### ***Which means . . .***

ADDS and all staff will treat you with “dignity and respect”. You should be treated the way you want. You should be talked to in a nice manner and helped in a positive way.

## **GREIVANCE POLICY (42CFR 441.301(4)(iii))**

**The setting ensures freedom from coercion and/or restraint.** (42CFR

441.301(4)(iii))

### ***Which means . . .***

You can talk to staff any time you are unhappy with your services, and ADDS will try to fix the issue. ADDS staff will help you contact your guardian or your support coordinator, if needed. If the issues have not been fixed, you and/or your guardian can file a verbal or written complaint. ADDS will have the Division’s Constituent Services Office phone number so you or your guardian/family can call with a complaint. You do not have to give your name.

## **FREEDOM OF CHOICE** (42CFR 441.301(4)(iv))

The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices. (42CFR 441.301(4)(iv))

### *Which means . . .*

ADDS will make sure you have choices in your life. You will make choices about how you spend your free time. You can do things you like at your home, such as play video games, watch TV, or listen to the radio. You may do your laundry and other household activities at times you choose.

## **VISITORS** (42CFR 441.301(4)(iv))

The setting optimizes autonomy and independence in making choices regarding with whom the individual interacts. (42CFR 441.301(4)(iv))

### *Which means . . .*

You may invite family and friends to your home at any time.

## **SERVICES AND SUPPORTS** (42CFR 441.301(4)(v))

The setting facilitates choice regarding services and supports and who provides them. (42CFR 441.301(4)(v))

### *Which means . . .*

You get to choose your services and who you want to provide them.

ADDs will ask you about what you want, or which staff are the best fit. ADDs will offer options so you and your guardian may make a choice.

## **PERSON-CENTERED PLANNING PROCESS AND PERSON-CENTERED SUPPORT PLAN (PCSP)** (42 CFR 441.301(c)(1))

### *Which means. . .*

This plan process should include people that you choose. The plan needs to be easy for you to understand. The process should take place at times and locations that work for you and your family. Your plan should identify your needs and support you receiving them. Missouri law gives individuals who receive mental health services the following rights without limitation:

1. To humane care and treatment;
2. To the extent that the facilities, equipment, and personnel are available to medical care and treatment in accordance with the highest standards accepted in medical practice;
3. To safe and sanitary housing;
4. To not participate in non-therapeutic labor;

5. To attend or not attend religious services;
6. To receive prompt evaluation and care, treatment, habilitation, or rehabilitation about which the individual is informed insofar that person is capable of understanding;
7. To be treated with dignity as a human being;
8. To not be the subject of experimental research without prior written and informed consent or that of a parent, if the person is a minor, or guardian; except that no involuntary committed person shall be subject to experimental research, except as provided by statute;
9. To decide not to participate or to withdraw from any research at any time for any reason;
10. To have access to consultation with a private physician at the individual's expense;
11. To be evaluated, treated, or habilitated in the least restrictive environment;
12. To not be subjected to any hazardous treatment or surgical procedure unless the individual's parent, if the person is a minor, or guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
13. In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of life;
14. To a nourishing, well-balanced and varied diet;
15. To be free from verbal and physical abuse.

## ***GRIEVANCE PROCEDURES***

As detailed in this manual in the section entitled “Grievance Procedure for Persons Receiving Services”, individuals served by ADDS are encouraged to speak with staff any time they are unhappy with staff, or any services provided. ADDS management/staff will attempt to resolve the issue. ADDS management will help the person served contact their guardian or support coordinator as needed. If the issues have not been resolved, participants or guardians can file a verbal or written grievance, as a formal way of telling ADDS of unhappiness with something and requesting help.

ADDS has the Complaint process and anonymous complaint information available for all persons served and/or their guardians and this is reviewed at the time of the PCSP of the person served. ADDS staff will receive information and training to ensure they understand the importance of persons served or their guardians being provided with information regarding their rights, grievance process and how to file an anonymous complaint. ADDS staff will also be given information to assist in their understanding that persons served should be coercion and restraint free. The ADDS policy entitled “Legal Rights of Citizens” includes information regarding the Grievance Policy of ADDS and is posted in all ADDS programs/facilities.

# ADDS GRIEVANCE PROCEDURE FLOWCHART

## STEP 1

### ADDS PROGRAM COORDINATOR

Program Coordinator will receive and review the complaint and complete a Grievance Form.

Program Coordinator will attempt to resolve the grievance immediately or within 14 business days.

## STEP 2

### ADDS EXECUTIVE DIRECTOR

Executive Director will receive and review the complaint and gather and review evidence.

Executive Director will attempt to resolve the grievance immediately or within 7 business days.

## STEP 3

### ADDS BOARD OF DIRECTORS

You may request to be placed on the next Board Meeting Agenda.

The ADDS Board typically meets every 3rd Thursday of the month.

The Board will investigate the grievance and make a decision in a timely manner.

## STEP 4

### HANNIBAL REGIONAL OFFICE

At anytime in the process, you can contact the Hannibal Regional Office at 573-248-2400.

You may also contact the Missouri Protection and Advocacy Office at 573-893-3333.

The ADDS Target Case Management (TCM) staff if available to assist with this process.

***Individuals served and their guardians retain the right to seek legal representation at their own expense and discretion.***







**PROVIDER COMPLAINT REPORT**

DATE COMPLETED	REGION
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WORKER	TELEPHONE NUMBER	E-MAIL
SUPERVISOR	TELEPHONE NUMBER	E-MAIL
PROVIDER NAME	PROVIDER NUMBER(S)	
PARTICIPANT NAME(S) (LIST OTHERS BELOW, IF NECESSARY)	DCN(S)	DATE(S) OF ALLEGED INCIDENT(S)

AIDE(S), ATTENDANT(S), IF KNOWN

DESCRIPTION OF PROBLEM / ALLEGATIONS

**FORWARD TO SUPERVISOR WITHIN FIVE (5) BUSINESS DAYS**

COMMENTS ADDED BY SUPERVISOR, IF NECESSARY

*You may also direct your grievance or complaint to:*

**Department of Mental Health  
P.O. Box 687, Jefferson City, MO 65102  
800-364-9687 or 573-751-4122**

**Deaf or Hard of Hearing individuals may call the above numbers or the Office of Deaf Services: 573-751-7033**

### **Additional Resource Information**

**Hannibal Satellite Office 573-248-2400**

**Missouri Protection and Advocacy (MO P&A) 800-392-8667  
(Missouri Adult Abuse and Neglect Hotline)**

**Children's Division 800-392-3738**

**ADDs Emergency Number 573-473-0789**

**ADDs Website [www.audraindevelopmental.org](http://www.audraindevelopmental.org)**

**ADDs email [info@audraindds.com](mailto:info@audraindds.com)**



STATE OF MISSOURI  
 DEPARTMENT OF MENTAL HEALTH  
 DIVISION OF DEVELOPMENTAL DISABILITIES  
**MEDICAID WAIVER, PROVIDER, AND SERVICES CHOICE STATEMENT**

INDIVIDUAL NAME	DATE OF BIRTH
MEDICAID NUMBER	DMH ID NUMBER

**Choice to Participate in a Division of Developmental Disabilities Waiver**

As an alternative to placement in a long term care facility known as an Intermediate Care Facility for Mental Retardation (ICF/MR), you have been recommended for participation in the following Division of Developmental Disabilities Medicaid Home and Community-Based Waiver program:

- [ ] Comprehensive Waiver [ ] Community Support Waiver [ ] Sara Jian Lopez Waiver [ ] Autism Waiver  
 [ ] Partnership for Hope Waiver

You may request services through this Medicaid Home and Community-Based Waiver, or you may request referral to an ICF/MR facility. Please indicate your choice of the following services:

- I wish to participate in the Medicaid Home and Community Based Waiver program specified above. I understand that participation is conditional based on my eligibility for Medicaid and other criteria.  
 I wish to be referred to an ICF/MR facility.

**I HAVE RECEIVED INFORMATION REGARDING THE OPTION TO SELF-DIRECT MY SERVICES' AS WELL AS INFORMATION FOR QUALIFIED AGENCY SUPPORTS (SEE ATTACHED FORM) AND SIGN THAT I REVIEWED THE LIST**

\_\_\_\_\_  
 Initials of Responsible Party      Date

**CHOICE OF SERVICE, PROVIDER or SELF-DIRECTED SUPPORTS (SEE ATTACHED FORM)**

Service Choice (List all Services)	Name of Provider or Self-Directed chosen from attached list

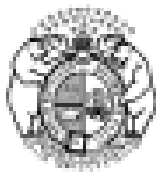
Additional Choices can be added to Supplemental Page

I CERTIFY THAT I HAVE CHOSEN THE ABOVE SERVICES AND PROGRAMS

\_\_\_\_\_  
 Signature of Responsible Party      Date

I CERTIFY THAT I HAVE CHOSEN TO SELF-DIRECT MY SERVICES AND/OR HAVE CHOSEN THE ABOVE LISTED QUALIFIED WAIVER SERVICES PROVIDERS (IF APPLICABLE)

\_\_\_\_\_  
 Signature of Responsible Party      Date      \_\_\_\_\_ Not Applicable



STATE OF MISSOURI  
 DEPARTMENT OF MENTAL HEALTH  
 DIVISION OF DEVELOPMENTAL DISABILITIES  
**MEDICAID WAIVER, PROVIDER, AND SERVICES CHOICE STATEMENT**  
 (Supplemental Page)

INDIVIDUAL NAME	DMH ID
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**CHOICE OF SERVICE, PROVIDER or SELF-DIRECTED SUPPORTS**

*This page is used only when:*

- 1) *Additional space is needed to list service choices in new waiver or*
- 2) *When the individual, guardian and/or designated representative choose a new service and/ or new provider (changes providers) and/or choose to start self-directing supports*

1) Supplemental Page for Initial enrollment of waiver

2) Supplemental Page for change of service or provider, or change to self-directed supports

Effective date:

**I HAVE RECEIVED INFORMATION REGARDING THE OPTION TO SELF-DIRECT MY SERVICES' AS WELL AS INFORMATION FOR QUALIFIED AGENCY SUPPORTS (SEE ATTACHED FORM) AND SIGN THAT I REVIEWED THE LIST**

\_\_\_\_\_  
 Initials of Responsible Party      Date

**CHOICE OF SERVICE, PROVIDER or SELF-DIRECTED SUPPORTS (SEE ATTACHED FORM)**

Service Choice (List all Services)	Name of Provider or Self-Directed chosen from attached list

**I CERTIFY THAT I HAVE CHOSEN THE ABOVE SERVICES**

\_\_\_\_\_  
 Signature of Responsible Party      Date

**I CERTIFY THAT I HAVE CHOSEN TO SELF-DIRECT MY SERVICES AND/OR HAVE CHOSEN THE ABOVE LISTED QUALIFIED WAIVER SERVICES PROVIDERS (IF APPLICABLE)**

\_\_\_\_\_  
 Signature of Responsible Party      Date      \_\_\_\_\_ Not Applicable

# Home and Community Based Services Policy's

HCBS is designed to provide services that meet unmet needs for adults with disabilities allow the individual to remain in their least restrictive environment. This includes the following:

- **Access to the Community:** ADDS will ensure all individuals served know about their community and will be supported in making choices related to accessing the community.



- **Employment:** ADDS will ensure that all individuals served who wish to work are supported in doing so.



- **Money Management/ Personal Resources:** ADDS will assist and support individuals served in managing their own money and personal resources, whether they have a payee or are managing their own money.



- **Community Resources:** ADDS will assist in educating and encouraging individuals served in providing their input on choices regarding the ways in which their needs are met, as well as accessing community services.



- **Choice of Settings:** ADDS will help educate individuals served and their families/guardians.



- **Restrictions/ Modifications:** No individual will have their rights restricted by ADDS except if detailed in their ISP or BSP and approved by the planning team.



- **Due Process**

- **Privacy:** All individuals served will have privacy in their bedrooms; if individuals share a bedroom, individuals can request private space to meet with a visitor during the day.



- **Housing Opportunities:** ADDS will work with individuals served who have the desire to live in the least restrictive environment and will receive information on affordable housing.



- **Code of Conduct:** ADDS and all staff recognize the importance of treating individuals served with "dignity and respect"



- **Grievance Policy:** Individuals served can talk to staff any time they are unhappy with staff or the services being provided and ADDS will try to resolve the issue.



- **Freedom of Choice:** ADDS will support individuals served in their independent choices they make in their daily activities, how they spend their free time.



- **Visitors:** Individuals served are encouraged to invite family and friends to visit the individuals home any time.



- **Accessibility:** ADDS will ensure that all individuals served have access to their home and community.



- **Services and Supports:** ADDS will seek input on the individual served preferences in staff and/supports or the type of staff that are the best fit.



- **Rental Agreement:** ADDS individuals served that live in a home that is owned by ADDS but has a legally enforceable agreement or lease that offers the same protection from eviction that tenants have under landlord-tenant law of the state, county, city, or other designated entity have available.



# **HUMAN RIGHTS AND DIGNITY OF THOSE SERVED**



**To be treated with respect and dignity as a human being**



**To have the same legal rights and responsibilities as any other person unless otherwise limited by law**



**To have the right to due process review when any limitation to rights is proposed or is alleged to have taken place**



**To receive services regardless of race, creed, color, age, religion, gender, sex, sexually orientation, gender identity, or expression, national origin, veteran status, disability, or gender information**



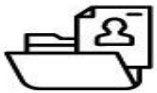
**To be free for physical, verbal, mental, and sexual abuse, neglect, financial exploitation, and retaliation**



**To receive appropriate humane and high-quality services and support as determined by the support team of the person served. which may include but no limited to the individual, parent, guardian, or authorized representative**



**To receive these services and support in the most integrated setting appropriate for the needs of the person served**



**To have access to Targeted Case Management rules, policies, and procedures pertaining to Services and Supports**



**To have access to personal records which are maintained confidentially**



**To easily understand services, support, and personal records. A person served and his/her parents, guardian, or authorized representative shall be informed of the rights of the individual served in language that is easily explained.**

# INDIVIDUAL RIGHTS



TO BE TREATED WITH RESPECT AND DIGNITY AS A HUMAN BEING.



TO HAVE THE SAME LEGAL RIGHTS AND RESPONSIBILITIES AS ANY OTHER CITIZEN



TO RECEIVE SERVICES REGARDLESS OF RACE, CREED, MARTIAL STATUS, NATIONAL ORIGIN,



DISABILITY, RELIGION, SEXUAL ORIENTATION, GENDER, OR AGE.



TO BE FREE FROM PHYSICAL, EMOTIONAL, SEXUAL, AND VERBAL ABUSE AND FINANCIAL



EXPLORATION



TO RECEIVE SERVICES AND SUPPORTS TO ACHIEVE THE MAXIMUM LEVEL OF INDEPENDENCE



TO HAVE ACCESS AND AN UNDERSTANDABLE EXPLANATION OF ALL RULES, POLICIES, AND



PROCEDURES GOVERNING THE OPERATIONS OF THE DIVISION OF DD



WITHIN ONE'S FINANCIAL MEANS, TO HAVE A CHOICE WHERE TO LIVE AND CHOICE IF THEY WANT TO



LIVE WITH OTHERS



TO DIRECT ONE'S OWN PERSON CENTERED PLANNING PROCESS AND TO CHOOSE OTHERS TO BE



INCLUDED IN THAT PROCESS



TO PARTICIPATE FULLY IN THE COMMUNITY



TO COMMUNICATE IN ANY FORM AND HAVE PRIVACY WHEN DOING SO



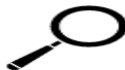
TO ACCEPT OR DECLINE SUPPORTS AND SERVICES



TO HAVE FREEDOM OF CHOICE AMONG THE DIVISION OF DD APPROVED PROVIDERS



TO SEEK EMPLOYMENT AND WORK IN COMPETITIVE INTEGRATED



TO PARTICIPATE OR DECLINE IN ANY STUDY OR EXPERIMENT



TO CHOOSE IF AND WHERE THEY ATTEND CHURCH



TO HAVE RIGHTS, SERVICES, SUPPORTS AND CLINICAL RECORDS EXPLAINED IN A MANNER THAT



IS EASILY UNDERSTOOD



TO HAVE ALL RECORDS MAINTAINED IN A CONFIDENTIAL MANNER

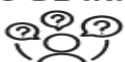


TO REPORT ANY VIOLATION OF ONE'S RIGHTS FROM RETALIATION AND WITHOUT FEAR OF



RETALIATION

TO BE INFORMED ON HOW TO MAKE AN INQUIRY, FILE A COMPLAINT, OR REPORT A VIOLATION OF



ONE'S RIGHTS, AND TO BE ASSISTED IN THESE PROCESS'S, IF REQUESTED



# HIPAA

## Health Insurance Portability and Accountability Act

### What is HIPAA?

HIPAA is a federal law that protects the confidentiality and security of health information and information that would be used to identify a person.

### What does it protect?

- Name
- Date of Birth
- Address
- Social Security Number
- Telephone Number
- Account Number
- Diagnosis
- Occupation
- Employer
- Names of Relatives
- Treatment Services

### AUTHORIZATIONS

- You have to give permission to certain people in order for them to see the information.
- Be specific as to who can have access, what information can be shared, and the purpose of knowing the information.
- The agency requesting information must provide verification as to who they are.

### No authorization is required when:

- Child abuse is suspected
- There are court orders
- IF it is needed to keep someone else safe

### ORGANIZED HEALTH CARE ARRANGEMENT

Facilities and providers of services can share important information about people without violating privacy.

### COMPLAINT PROCEDURE

IF YOU BELIEVE WE HAVE IMPROPERLY USED OR DISCLOSED YOUR HEALTH INFORMATION, YOU CAN FILE A COMPLAINT WITH THE DIRECTOR OF QUALITY ASSURANCE

# ADDS ORGANIZATIONAL CHART

## ADDS BOARD DIRECTORS

**Tim Crews, Executive Director**

<b>Kayla Deimeke</b> Financial Manager	<b>April Dunwoody</b> Organizational Payee Coordinator	<b>Courtney Ragland</b> Financial Manager Assistant	<b>Cheryl Woodward</b> Administrative Assistant
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**Megan Schafer**  
Human Resources,  
Finance Operations

**Melissa Brumagin**  
Director of Training

**Kara Clovis**  
Director of Quality  
Assurance, Community

<b>Mark McDowell</b> Target Case Management Supervisor	<b>Denise Hill</b> Service Coordinator	<b>Emily Terry</b> Service Coordinator, Director of Arts for All Abilities	<b>Michelle Copeland</b> Service Coordinator
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**Andy Morgan**  
IT Specialist

<b>Valarie Haller</b> Director of Health Services	<b>Gracie Hamilton</b> Health Services Assistant
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**Colleen Davis**  
ISL and Natural Home  
Coordinator

**Elaina Knipfel**  
Harvey House Supervisor

<b>Lisa Harrison</b> Residential Services Coordinator	<b>Meri Kuda</b> Breckenridge Heights Manager	<b>Sierra Beasley</b> CT Loyd Apartments Manager
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<b>Barry Dalton</b> Director of DTC	<b>Kayla Cragen</b> DTC Assistant
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<b>John Wilholt</b> Director of Maintenance	<b>Jeff Scarborough</b> Maintenance	<b>Tom Davis</b> Maintenance Assistant
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**HCBS HANDBOOK ACKNOWLEDGEMENT**

I, \_\_\_\_\_ acknowledge receipt of and understanding of the ADDS' HCBS and understand my rights as a participant of HCBS.

Date Acknowledged: \_\_\_\_\_

Printed Name of Person-Served: \_\_\_\_\_

Signature of Person-Served: \_\_\_\_\_

Printed Name of Guardian(s) (if applicable): \_\_\_\_\_

Signature of Guardian(s) (if applicable): \_\_\_\_\_