

**MISSOURI ASSOCIATION OF PUBLIC ADMINISTRATORS (MAPA)**

**Fall Board Meeting Minutes**

**November 17, 2019**

**Tan-Tar-A Resort, Osage Beach, MO**

Meeting called to order at 2:00 p.m. by MAPA President, Carol Johnson. The Pledge of Allegiance was led by David Yancey and a prayer was offered by Linda Leabo. Four members of the executive board were present along with 17 other public administrators and one state representative.

MAPA Treasurer Cher Caudel presented the **Treasurer's Report** (see attached). Richard Lee made a motion to approve the report after correcting a date; Lisa Reitzel seconded the motion and the report was approved with correction. Cher stated that it has been difficult for her to gain control of the Freedom Bank CD's since there is no branch in her area of the state. Rhonda Noe made a motion to cash out the Freedom Bank CD's upon maturity and deposit those funds in CD's at Commerce Bank; Chrissy Welch seconded the motion. Motion carried.

State Representative Peggy McGaugh spoke with the group regarding **salary issues**. She was approached by the MAPA legislative committee and has agreed to sponsor a salary bill on behalf of MAPA. Although a bill was passed last year to help equalize public administrator salaries, it still ties salary to the number of letters managed by the public administrator, an arrangement which is different from any other county elected official. The proposed bill would phase out fee offices (there are two remaining in the state). At this time, the public administrator position is part-time in approximately 26 counties. An email will be sent out to all public administrators to gather information on current salary and benefits.

MAPA Secretary Danielle Boggs reported that the **minutes** from the spring board meeting were on the MAPA website for review. There was no correspondence to report.

Members of the **Legislative Committee** left the meeting to present the salary proposal to MAC, and later returned. Although the salary proposal was ultimately not adopted by MAC, there were some MAC attendees who were understanding of MAPA's stance. Karen Digh-Allen reported about some work being done on assigning a lifetime forensic case monitor to individuals who are deemed Permanently Incompetent to Proceed (PITP) and placed under guardianship. Carol Johnson also shared some of the comprehensive study's preliminary findings. The data compilation is 85% completed. There was a 93% response rate and an 86% completion rate.

The average time to complete the study was 84 minutes. It was found that 51% of wards live within 30 miles of the public administrator's office. It is estimated that the data processing will be completed by early 2020. It is evident that more mental health resources are needed and that placement help is needed for clients in crisis. It was also found that over half of the current public administrators have no education beyond high school. The group discussed these preliminary findings and the design for the study to work "for" our group rather than "against" our group. Raw findings can sometimes appear misleading, so we want to ensure that final results are communicated in an appropriate manner.

Amanda Huffman reported on the **Standards of Practice Task Force**. She distributed a copy of the draft manual and will send out to all MAPA members via email for review and suggestions. She reminded the group that all are welcome to come to the committee meetings. She also stated that the manual will serve as a guide, not as a mandate. The manual and accompanying forms have a tentative completion date of April 2020. Amanda is reaching out to OSCA regarding forms.

**President** Carol Johnson thanked everyone for responding to emails, as this is the best way for her to track conversations. She encouraged the members to also continue accessing the website and Facebook page for information and support. She reminded the group that all requests regarding the MAPA attorney must come from the MAPA President. She stated that the attorney has answered a few questions for us over the last year, and has reviewed our bylaws and found them satisfactory.

Carol spoke on behalf of MAPA at the Real Voices Real Choices conference, twice at DHSS APS training, MA4 Senior Conference, and MACDDS board meeting. She attended the SDM meetings (and encouraged others to do so as well!); the NGA conference in Lexington, KY; the legislative and SOP meetings; MAC summer board meeting; EAFEC meetings; and participated in quarterly NGA affiliate calls. She reminded each regional VP to notify her of regional trainings so that she can attend.

Carol recognized several public administrators who are involved in other organizations: Sarah Mills Rottgers was appointed to the Missouri Achieving a Better Life Experience Committee by Governor Parson; Amanda Huffman will be attending the Missouri Federation of Behavior Health Alliance meeting and is a part of the Missouri Coalition for Community Behavior Healthcare; and Cher Caudel has been accepted as a member of the State Advisory Council for Behavioral Health and Substance Abuse.

**Vice President** Amanda Huffman attended Region I's training and manned the MAPA booth at the MACDDS conference.

### **Regional Vice-President Reports:**

1. Richard Lee reported that they conducted their regional training and that the meeting went well.
2. No report per Linda Leabo.
3. No report per Chrissy Welch.
4. Their Christmas celebration is approaching, and plans are starting to take shape for the 2021 conference, per Danielle Boggs.
5. Rhonda Noe reported that they are continuing to work diligently on the 2020 conference.
6. Karen Digh-Allen and Teresa Lupardus state that the 2019 conference is being wrapped-up and they plan to meet in March for regional training.
7. No report.
8. No report.
9. Lisa Reitzel reports that their regional training is set to occur in March.

### **Standing Committee Reports:**

By-laws: No report per Wendy Metcalf.

DMH liaison: See attached written report by Cher Caudel.

Ethics: Angie Casavecchia would like to review NGA and CGC participation among MAPA members.

State Ombudsman: Lisa Reitzel has no report; she plans to have a report at the regional meeting and now has the MOU.

### **Appointments:**

Alzheimer's Association: Lisa Reitzel has no report.

MAC: Karen Digh-Allen would like to a picture taken of the MAPA group members who are present at MAC conference. She has also attended the NaCo leadership academy and recommends that others attend if interested.

MO Wings: Cher Caudel reported that the group reconvened on 7/22/19 and plans to have their next meeting on 12/19/19. MO Wings will continue to partner with the SDM Consortium on developing training and educational material for Missouri.

NAMI: No report.

NGA: Karen Digh-Allen reported that she attended the NGA conference in Lexington, KY as a scholarship recipient and stated that several other MAPA members were present as well.

Probate Judges: No report.

Traumatic Brain Injury: No report.

**Old Business:**

The WebEx system approved last year was purchased by MAPA and was tested this month; unfortunately, the test run was unsuccessful. Angie Casavecchia is working out the kinks.

Rhonda Noe gave an update on 2020 Convention plans.

**New Business:**

Karen Digh-Allen made a bylaw suggestion that included adding a MAPA board spot for the immediate past president. She also suggested looking into a scholarship committee for professional opportunities for MAPA members.

Karen Digh-Allen made a motion that MAPA have the ability to sponsor a booth at future conferences that are affiliated with organizations with which MAPA has an interest. Rhonda Noe seconded the motion; motion carried. A proposed budget for this will be put together and presented at the April 2020 meeting.

Cher Caudel made a motion to list the contact information for the MAPA executive board on the public area of our website. Rhonda Noe seconded the motion; motion carried.

Meeting adjourned at 4:08 p.m.

Respectfully submitted,

Danielle Boggs, MAPA Secretary

Webster County Public Administrator

# CHER CAUDEL

Moniteau County Public Administrator  
200 E. Main  
California, MO 65018  
Phone #: 573-796-4704  
Fax #: 573-796-3498

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## MAPA TREASURER'S REPORT November 17, 2019

### CHECKING:

Commerce Bank	
Lobby Fund #1220	\$18,306.22
General Fund #1221	\$46,856.71

### CD'S:

Freedom Bank #4308	\$36,454.03	<i>Matures 11/17/19</i>
Freedom Bank #4318	\$26,887.60	<i>Matures 11/24/19</i>
Commerce Bank #3576	\$11,711.63	<i>Matures 5/19/20</i>

**TOTAL ASSETS: \$140,216.19**

(Total Assets reported on <sup>4/16/19</sup>~~11/18/18~~ at MAPA <sup>Spring</sup>~~Fall~~ Board Meeting were \$165,802.44)

Respectfully submitted on 11/17/19 (MAPA Fall Board Meeting @ MAC Annual Conference)



, MAPA Treasurer

## **MAPA DMH Report**

**November 17, 2019**

We have been attending the DD Quality Advisory Council meetings. See summary of July 9, 2019 meeting attached.

On July 12, 2019 Sarah Mills and I had a phone conference with Cris Rodriguez, Gail Vasterling, and Marcy Volner. Cris state that due process exists because the Code of State Regulations talks about no limiting rights without due process. Due process occurs when a provider feels that a right of one of their consumers needs to be limited in some way. Guardians do not have to go through due process to limit rights of their Wards. If a provider wants to limit a right the Guardian is encouraged to participate in due process. There is an external review by a committee at the Regional office. Cris stated that due process is not approving or denying just checking to make sure due process was met. See Division Directive Number 4.200

I also spoke with Wendy Wetzig, deputy director of DD, about the \$75 guardian fee that has been allowed. After speaking with the business office lead she was told that they are not aware of any changes to the fee rate. Although sometimes a judge will order fees that exceed \$75 but that is not the norm.

Finally a group of PA that are on the legislative committee along with Kaycee and Scott have been meeting with DMH to discuss our legislation and issue that have arisen with the department. I am working on a DMH tracking form as well as a flow chart to be distributed to Public Administrators that will show how to navigate the department when you have specific issues.

## Summary of QA Advisory Council Meeting July 9, 2019

**Division Update:** DMH has created a Service Advisory Team that is looking at how to streamline and eliminate confusion as CMS doesn't like multiple service doing the same thing. The SAT is looking at how ISLs are implemented to be available in the community as well as natural supports and technology while providing the opportunity of dignity of risks. They will be working on this through October.

DMH is also working on a contract for Statewide crisis intervention service. They will work with providers, families, and guardians of people in crisis using Positive Behavior Supports, DBT, etc. Project Transition will help with training, crisis behavior plans, and intervene if needed. Starting in St Louis and is doing an outreach to the community (PA's, hospitals, etc.) Dr. Terry Rogers is working with this.

A program opened in Marshall for people with DD and personality disorder called Optimistic Beginnings. This is a B4 waiver for intensive residential program. It is not long term but was created to help people get stable and under control so they can move back into the community.

Effective July 1, 2019 the Division of DD instituted a wait list for entry into DD Medicaid Waivers. This has happened because DMH was given 30.3 million dollars this budget year for services. The waived program isn't getting as much money this year because some of it is being used to increase rates for providers that will allow them to be more competitive with wages and benefits. This year 8.5 million dollars has been set aside for people in crisis. This will limit crisis slots to 35 new slots per month for community support and 5 new slots for individuals needing a comprehensive waiver.

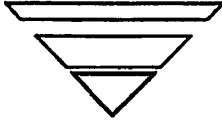
See attached Current Performance vs Goal for people with DD and employment.

In June DMH identified 5 themes to work on to support recovery, independence, and self-sufficiency of Missourians with mental illness and developmental disabilities. The themes are Recovery, Employment, Behavior, Independence, and Workforce Development. See attached for the initiatives for each category.

**Predictors of Abuse  
& Neglect**

Presentation of NCI Predictor of Abuse & Neglect (See attached)

**DIVISION OF  
DEVELOPMENTAL  
DISABILITIES**



Division Directive Number  
4.200

Effective Date: 09.30.11  
Revised: 02.01.13; 04.01.17  
04.01.2018

Valerie Huhn  
Valerie Huhn, Director

**Title: Due Process Review Committee for Limitations of Individual Rights**

**Application:** Department of Mental Health (DMH), Division of Developmental Disabilities (DD), DMH DD Contracted Providers of Service, Senate Bill 40 Boards (SB40) and Not-for-Profit TCM agencies.

**Purpose:** To ensure consistency of DMH and DMH Contracted providers Due Process Review Committees that due process occurs when individuals receiving services that are licensed, certified, funded and/or operated by DMH Division of DD have rights limited as defined by the U. S. Constitution, Federal Regulations, Missouri State Statutes, and Code of Regulations.

**Due Process Review Committees**

- 1) DMH DD Due Process Review Committees – Committees operated by DD Regional Offices (RO) and DD State Operated Programs (SOP).
- 2) DMH DD Contracted Provider Due Process Review Committees – Committees operated by a single DMH DD Contracted Provider or several providers. Providers submit a Due Process Review Committee plan to the appropriate regional office and are approved prior to establishment.

**Regional Office Approval of a DMH DD Contracted Provider Due Process Review Committee:**

The Regional Office may delegate responsibilities of the Due Process Review Committee to contracted providers. The responsibilities are to ensure due process is occurring for any rights that have been limited as indicated in the due process components section. The RO will assure that the provider has policies and procedures in place that are equivalent to those required for DMH DD Due Process Committees before delegating the responsibilities, and

1. Have a process in place for notifying the RO of Due Process Review Committee meetings. (The provider should always notify the designated Regional Office staff of upcoming meetings, agendas, and minutes from previous meetings.)
2. At a minimum, agree to participate in annual reviews by Regional Quality Enhancement staff. Reviews include, but are not limited to, the Due Process Review Committee decisions, membership, documentation, training, policies, meeting the established timelines on the operations and access to the committee.
3. Ensure that all volunteer members who have access to individuals have followed the agency's policy related to background screenings.



4. Provide RO a quarterly summary of Due Process Committee Reviews (Attachment A: Provider DPC Quarterly Report). To include, but not limited to:
  - o Number of reviews completed by the Due Process Committee.
  - o Names of agencies that will be implementing the rights limitation.
  - o Distinct counts of individuals who were referred to the committee for review of restrictive interventions.
  - o The types of rights limitations being reviewed.
  - o Results and any follow-up completed by the committee.
  - o Committee member representation.
  
5. Approval by RO Quality Enhancement team of provider's Due Process Review training to include, but not be limited to:
  - o Abuse/Neglect.
  - o Individual Rights (Federal and State laws).
  - o HIPAA Training/Disclosure of PHI/Confidentiality.
  - o Due Process Guideline and Authorities.

Participating in the Due Process Review Committee is bound by confidentiality and the chairperson must ensure that the members sign a confidentiality form, annually, acknowledging their commitment.

**Notification of Delegation:** Within 30 calendar days of all requirements being met, the contracted provider will be notified, in writing, by the RO if they have or have not been delegated the Due Process Review Committee responsibility.

Note: Regional Office Quality Enhancement team may approve committees comprised of more than one provider.

**Provider Due Process Review Committees Unable to Maintain Requirements:**

Suspension of provider Due Process Review Committee shall occur if requirements are not being met, including but not limited to the following: lack of follow-up regarding identified issues, participating provider on the committee is on a critical status plan. Providers who are suspended will be notified in writing by the RO.

**Responsibilities of the Quality Enhancement (QE) Unit shall include:**

- Review of DMH DD Contracted Provider Due Process Review Committee's policies and procedures. Within 30 calendar days of receipt of request, the provider will be notified of acceptance or required changes in writing.
- Offer training and technical assistance for DMH DD Contracted Provider Due Process Review Committees.
- Participate, at least one time per quarter, in DMH DD Contracted Provider Due Process Review Committee meetings.
- Notify Support Coordination agencies and RO personnel of available DMH DD Contracted Provider Due Process Review Committees.
- Identify patterns and trends of rights limitations annually and share with the applicable Regional Office (RO)/State Operated Programs (SOP) Administration.
- Host annual face to face meeting with all approved contracted providers in the region who are operating due process committees to share any new information or news related to the Due Process Committees.

The RO Quality Enhancement team will review information from the DMH DD Contracted Provider Due Process Review Committees at least annually. Any time issues are discovered with a provider's Due Process Review Committee, the RO Quality Enhancement staff will work with the provider to determine what steps need to be taken to resolve the issues.

**Due Process Review Committees shall:**

- Ensure that when an individual's rights have been limited:
  - The individual has been notified regarding the limitation.
  - The individual has been given the opportunity to be assisted through external advocacy if the individual disagrees with the limitation.
  - The individual has been informed of how to restore individual rights.
- Ensure that individuals have been notified they are welcome to participate when the committee is reviewing for due process of the limitation of their rights.
- Committees must ensure that they are accessible for the person to attend the review meeting.
- Upon receipt of a referral the chairperson will oversee the process of reviewing the use of the rights limitations and request documentation to demonstrate the need for the rights limitations and that due process has occurred.
- Ensure that the individual, support coordinator, and DMH DD Contracted Provider will receive the results of the review within 30 calendar days after the review is completed.

**Due Process Committee Documentation:**

- Referrals will be maintained electronically via the Division of DD Due Process Committee SharePoint Site Tracker.  
<http://moteam.state.mo.us/dmh/DD/StateQualityEnhancementTeam/Human%20Rights/SitePages/Home.aspx>
- Ensure the provider and support coordinator are notified and that the findings should be maintained with the individual's record.
  - Document and refer unresolved issues discovered from Due Process reviews to the appropriate DMH personnel. Issues may include, but are not limited to, lack of follow-up on recommendations, problems related to services being provided to an individual or interventions being used that are prohibited.
  - Document and provide recommendations and resources regarding individual rights.
  - Document names and roles of participants present to ensure an impartial review process was completed.
  - Document that a limitation is justified and that the due process components were or were not complete with the referral.

**Additional requirements for DMH DD Due Process Review Committees:**

Review referrals that were not resolved by a DMH DD Contracted Provider Due Process Review Committee.

**Court Ordered Rights Limitations**

**Not Guilty by Reason of Mental Disease or Defect (NGRI)** – Individuals that plead Not Guilty by Reason of Mental Disease or Defect (NGRI) are committed to a DMH psychiatric inpatient facility until such time as they are appropriate for conditional release into the community. In order to be released into the community, the individual must receive a conditional release from a court. When the individual is released from the psychiatric facility by the court, the Division of Behavioral Health assigns a DMH Forensic Case Monitor (FCM), who is responsible for ensuring the individual's compliance with the court imposed rights limitation. The court serves as due process. FCM have the authority to impose additional limitations if necessary to facilitate compliance with court ordered rights limitations. If the

individual believes the additional limitations are unfair or exceed the authority of the FCM they have due process through appeal to the Director of Forensics.

Since the limitation is not beyond what a peer without a disability would experience in the same situation and the forensic system already has due process, people on Conditional Status are exempt from the Division's due process requirement.

**Permanently Incompetent to Stand Trial** – Individuals with a permanently incompetent to stand trial (PIST) legal status under guardianship will have to go through due process review with a Division approved committee when rights are being limited.

**Due Process Review Committee Membership:**

The Due Process Review Committee shall include representation by:

**DMH DD Due Process Committee Membership will include the following;**

- Community member(s) with no financial affiliation with DMH or DD Providers.
- Due Process Chairperson (QE Staff).

**DMH DD Contract Provider Due Process Committee will include the following;**

- Community member(s) with no financial affiliation with DMH or the providers approved to operate committee.
- Due Process Chairperson/Facilitator.

**All Due Process Review Committees may include additional representation by:**

- Provider staff.
- Experts as needed (Behavior Analyst, Registered Nurse, Provider Relations, etc.).
- A Self-Advocate receiving services from the Division (not employed by DMH).
- DMH DD Staff.
- A Family member or guardian of an individual receiving services from the Division

Note: A minimum of three members must participate to constitute a quorum, with one of those always being a member with no financial affiliation with DMH or the provider, along with the chairperson and one additional representative.

**Requirements of Due Process Review Committee Members training shall include:**

- Abuse/Neglect
- Individual Rights (Federal and State laws)
- HIPAA Training/Disclosure of PHI/ Confidentiality
- Due Process Guideline and Authorities

Note: Chairperson has responsibility of ensuring members are trained as necessary. All DMH chairmen will be trained on the use of the Due Process Review Division of DD Tracking System.

**Requirements for DMH DD Due Process Review Committee Volunteer Members:**

Volunteer members include provider and community members not employed by DMH. All volunteer members must meet all the requirements as outlined in the DOR 6.510 prior to serving on the committee.

<http://dmh.mo.gov/docs/diroffice/dors/dor6-510-screeningemployeesandvolunteers.pdf>

Note: Chairmen will ensure that all committee members have completed the background screening process prior to participating on the Due Process Review Committee.

Participating in the Due Process Review Committee is bound by confidentiality and the RO Personnel Department must ensure that the members sign a confidentiality form, annually, acknowledging their commitment.

**Due Process Review Committee Process:**

Where possible rights limitations are being proposed or implemented, referrals which are written or verbal can be submitted by any of the following:

- Individuals served
- Family member
- Guardian
- Committees
- Interdisciplinary teams
- Providers
- DMH employees, and
- General public

**State Operated Waiver Program or Contracted Providers Referral Process:**

For individuals supported in SOWP or getting services from a provider who operates a due process committee, referrals may be made to either the applicable RO Due Process Review Committee or to the applicable SOWP or provider Due Process Review Committee.

The Due Process Committee that receives the referral will notify the other facility and invite them to attend the review.

**Confidentiality and Impartial Review:**

The Due Process Review Committee Chairperson shall oversee redacting any identifying information (such as individual's and agency's names) prior to the committee reviews of a referral.

**Time Frames for Completion of Reviews:**

Referrals to the Due Process Review Committee will be reviewed **within 30 calendar days** from the date of receipt of all necessary information to complete the referral record on the DMH Due Process Tracking System. If the committee review exceeds 30 calendar days, documentation on the referral tracker shall reflect the justification for the extension.

**Due Process Review Committee Meetings:**

- Review meeting will be scheduled by each Due Process Review Committee to ensure that referrals are reviewed within the required timeframe as outlined in the directive.
- Documentation related to each review will be typed and/or attached to the Due Process Review record in the Division's Due Process Review Tracking System.

When the Due Process Review Committee convenes and reviews the information related to the rights limitation(s), they will review to ensure all the following items have been identified for due process and record this in the tracking system.

**Due Process Components:**

**Justification - purpose & rationale:**

- Describe the rights limitation.
- Document less intrusive methods of meeting the need that have been implemented and did not work.
- Identify a specific and individualized assessed need.
- Explain the reason the limitation is being put in place.
- Explain if the limitations are necessary to keep the person safe or others safe.
- Describe any historical pattern or significant situation which has occurred that would justify a limitation.
- If the plan is being referred for annual review, there must be documentation noting the progress or lack of progress from the past year of implementation (i.e. summary of monthly reviews, quarterly reviews, behavioral data results, evaluations about the effectiveness of medications/interventions).

**Conditions under which the rights limitation is applied:**

- Explain where the limitation will be imposed (i.e. only at home, in the community, day program, in kitchen, etc.).
- Include a clear description of the condition that is directly proportionate to the specific assessed need.
- Explain when the limitation will be imposed (i.e. at all times, in morning, after/before a specific event or situation, if family present, only when.....)

**Teaching Support Strategies:**

- Outcomes/strategies that are being taught to help an individual develop skills in order to overcome the need for this restrictive intervention.
- Document the positive interventions and supports used prior to any modifications to the Individualized Support Plan (ISP).
- Provide evidence that the requested type of intervention/teaching has worked in the past and information on why this is the method by which the person learns best.
- If there are restrictive interventions that are required to keep the person or others safe and teaching strategies have not been identified, then the supports need to be identified, in the Individual Support Plan, along with efforts that are being explored to support the person in the least restrictive way.
- For teaching and support strategies, document who is responsible for the training of the strategies.

**Monitoring methods:**

- Include an assurance that interventions and supports will cause no harm to the individual.
- Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
- Information on data collection methods should include:
  - Who is documenting?
  - Where is data being kept (i.e., daily progress notes, outcome data sheets, MAR, etc.)?
  - What is the frequency of documentation (i.e. daily, weekly, monthly, etc.)?
  - How often is the data reviewed by team?

**Criteria for restoration:**

- What will it take for the rights limitation to be lifted; how will the individual and team know when the restrictive intervention is no longer needed or could be reduced in intensity/frequency?
- The criterion needs to be in specific observable and measurable terms (i.e. if individual has three consecutive months of no attempts to elope, chimes will be removed from the exterior door).

**Review schedule:**

- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- State how often the team will submit plan to Due Process Committee for review (minimum is annually).

**Notice of right to due process:**

- Include informed consent of the individual.
- Document that the individual and the guardian are aware of the rights limitation, were part of the planning process to develop interventions, know they have a right to due process, and have information on what to do if they do not agree with the rights limitation.
- Individual was assisted through external advocacy if he/she disagrees with the limitation.
- Signed authorization page (can either be signed by the guardian only or can be signed by guardian and/or individual).

If components are not present, the chairperson will ensure the information is sent to the support coordinator and provider on all of the items that need additional information and the date that the committee is requesting to receive them.

If the committee does not receive the information or if the additional information received does not ensure that due process has occurred, the committee will document the actions taken on the electronic referral form, or for provider committees, in their minutes of the meeting.

Actions shall include but not limited to:

- Committee chairperson will notify the RO Director/ SOP Superintendent or designee regarding when and individual's right is being limited and due process has not been afforded.
- The RO Director/SOP will determine appropriate action to assure protection of the individual's rights.

**The Due Process Review Committee shall provide the following documentation:**

After the review, the facilitator will document if all due process components were evident during the review, any recommendations, or request for follow-up regarding missing components and send information to the provider and the support coordinator. The support coordinator shall inform the individual, guardian, and/or representative of the findings.

### **Dissatisfaction with Findings from Due Process Review Committee:**

All committee findings documentation will include:

- Information on how to contact the DMH Office of Constituent Services to report if the individual or the guardian is dissatisfied with the findings from the Due Process Review Committee.
- Information on how to contact the applicable RO Director when a contracted provider is dissatisfied with the findings of a Due Process Committee Review.

Note: At least annually, the State Quality Enhancement Team will review information from all Due Process Review Committees as part of an ongoing Quality Assurance Process. The State QE Team will provide technical assistance as needed.

### ***Authority and Other References***

**42 CFR 441.301(c)(2)(xiii) Subpart G—Home and Community Based Services: Waiver Requirements** [http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=045d6945dfd4f379c396ec073afe584f&mc=true&n=pt42.4.441&r=P&ART&ty=HTML#se42.4.441\\_1301](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=045d6945dfd4f379c396ec073afe584f&mc=true&n=pt42.4.441&r=P&ART&ty=HTML#se42.4.441_1301)

#### **Missouri Revised Statutes**

- Section 630.110 – Patient’s rights with limitations
- Section 630.115 – Guaranteed rights to all DMH consumers
- Section 630.125 – Explanation of rights and entitlements
- Section 630.120 – No presumptions regarding consumer rights, responsibilities, or competency

#### **Missouri Code of State Regulations**

- 9 CSR 45-3.030 Individual Rights
- 9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities

**Contract For Services Contract # ER019914 Purchase of Services Program for the Division of DD 3.9 Consumer Rights** <http://dmh.mo.gov/docs/dd/POSContract.pdf>

### **Resources:**

#### **Due Process Components Guide:**

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

*This guideline will be reviewed and updated annually, if needed.*

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