

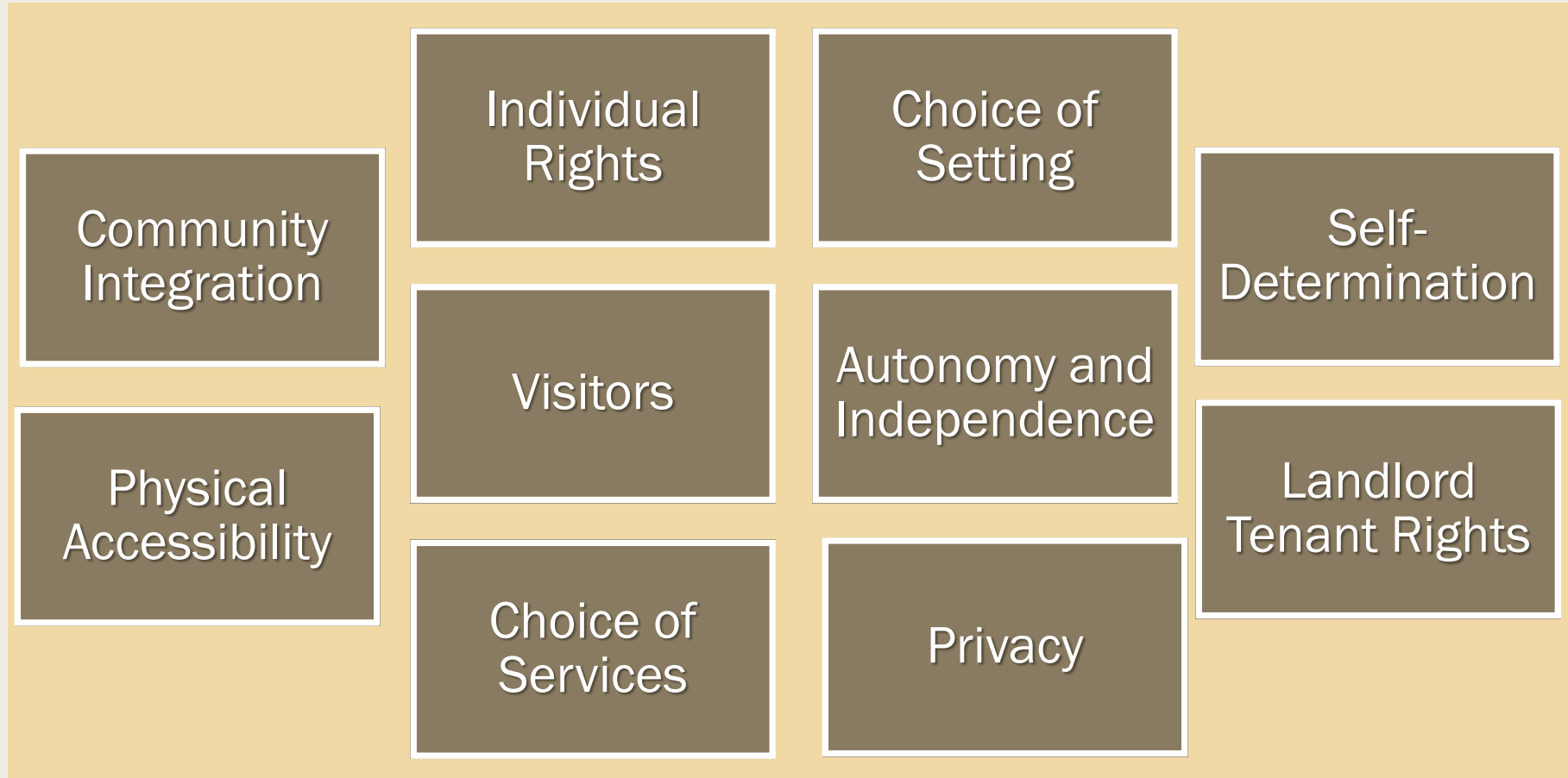
Summary of Findings

2017 Home & Community-Based Services Onsite Assessments

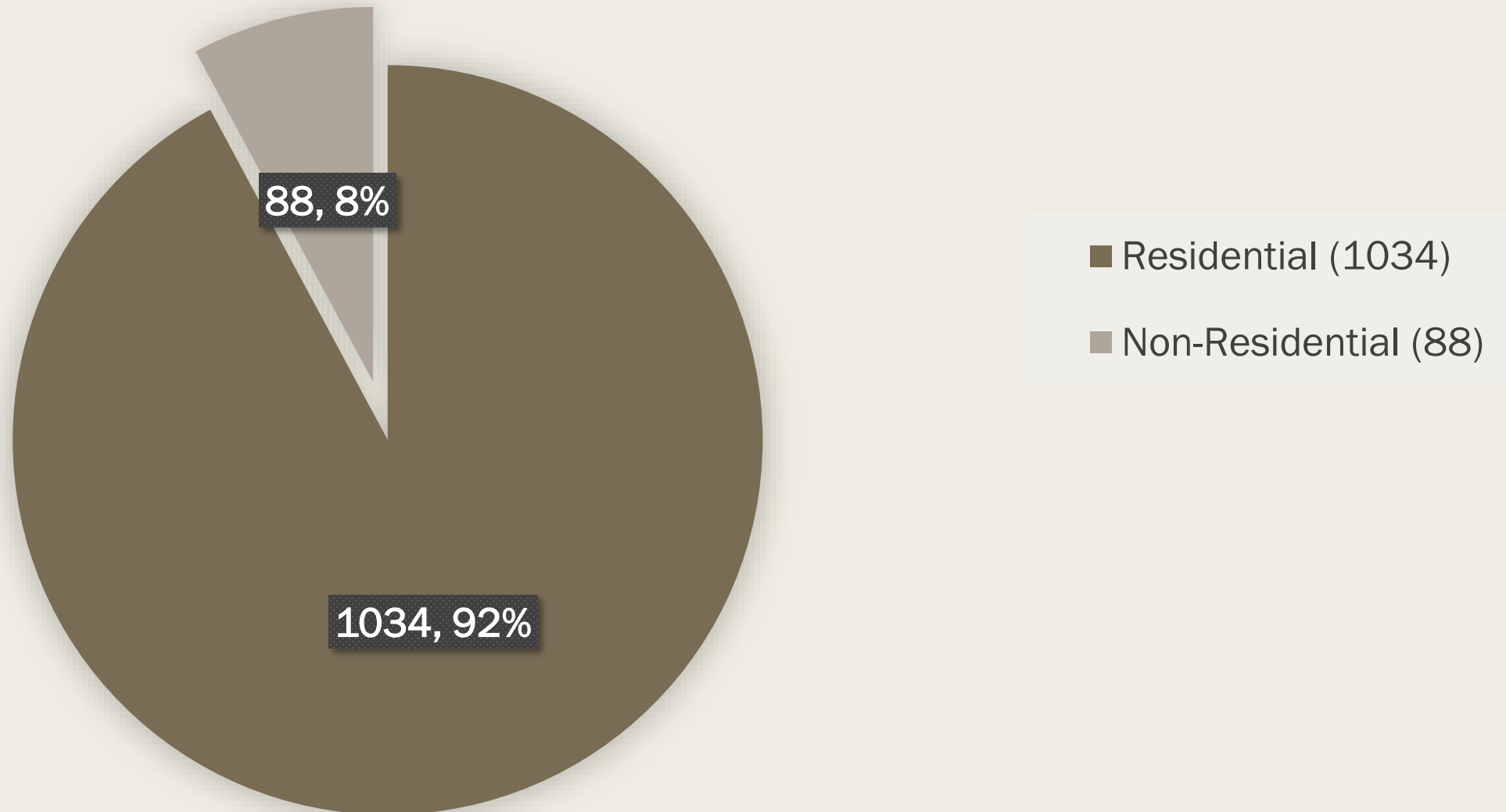
Summary of results from 1122 on-site assessments completed by the Public Consulting Group, Contracted by the South Carolina Department of Health & Human Services to review residential and day programs operated by the South Carolina Department of Disabilities and Special Needs



Residential Setting- Areas of Focus



1,122 DDSN Contracted Provider Settings Assessed in 2017



Community Integration

Standard: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:

- opportunities to seek employment and work in competitive integrated settings,
- engage in community life,
- control personal resources, and
- receive services in the community,
- to the same degree of access as individuals not receiving Medicaid HCBS.



Community Integration

Summary of Findings:

- ▶ There need to be more opportunities to access the community either on their own or with individual support.
- ▶ The activities scheduled are often provider organized and implemented.
- ▶ Activities are often completed with other waiver participants from the same or other setting and the activity is agency sponsored.
- ▶ People are given allowances and not engaged in money management or budgeting. Even for SLP I's surveyed, only 58% of people surveyed indicated they had access to and control over their own money.



Choice of Setting

Standard: The setting is selected by the waiver participant from among setting options including:

- non-disability specific settings and
- an option for a private unit in a residential setting



The setting options are identified and documented in the person-centered service plan and are based on the waiver participants' needs and preferences.

Choice of Setting

Summary of Findings:

- ▶ The choice of setting is often limited to a specific setting that is available at the time the person needs to move.
- ▶ The majority of waiver participants expressed that they were not listened to when expressing their choice of setting and/or desire to move.



Individual Rights

Standard: Ensures an individual's rights of

- privacy,
- dignity and respect, and
- freedom from coercion and restraint.



Individual Rights

Summary of Findings:

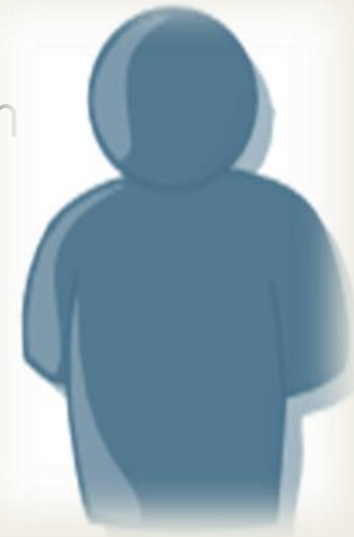
- ▲ Most Waiver participants receive rights training at least once per month.
- ▶ Waiver participants expressed frustration that their concerns are often not addressed.



INDIVIDUAL RIGHTS

Summary of Findings:

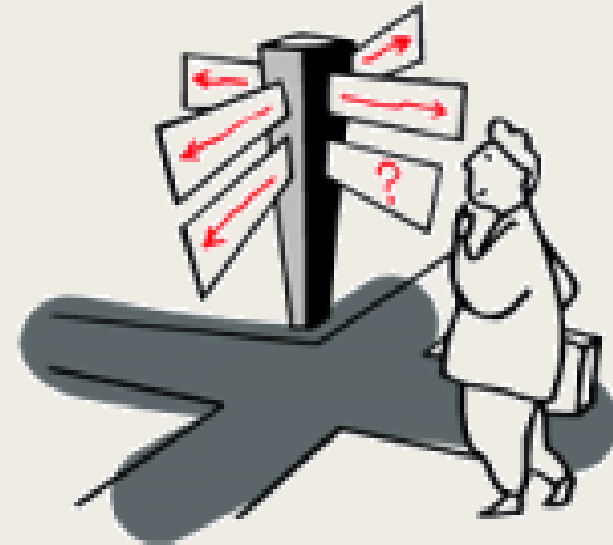
- ▶ Medication administration is often not done privately.
- ▶ Weekend medication administration schedule is often modified for participant's flexibility to sleep in.



Autonomy and Independence

Standard: Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to

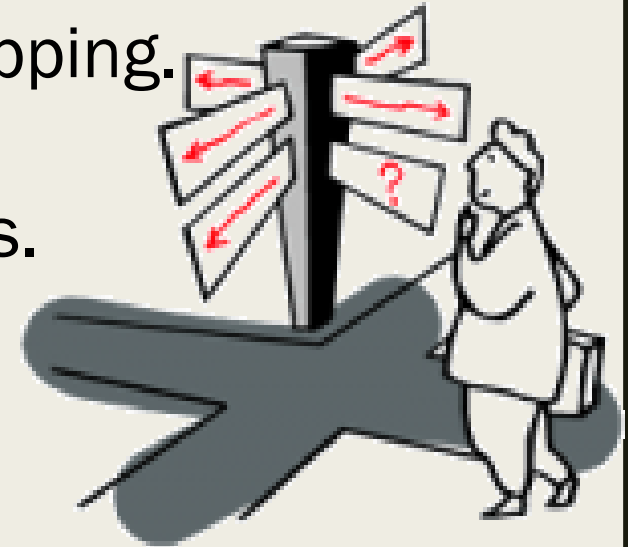
- daily activities,
- physical environment, and
- with whom to interact.



Autonomy and Independence

Summary of Findings:

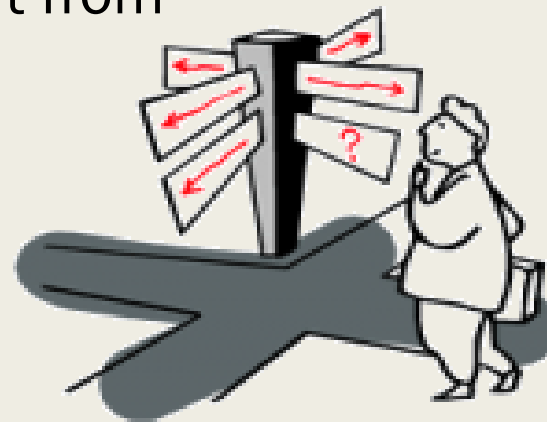
- ▶ Staff primarily do cooking and grocery shopping.
- ▲ Waiver participants do cleaning and chores.
- ▶ Choice of meal times is often limited.
- ▲ Bedtimes are flexible but people often go to their rooms early.



Autonomy and Independence

Summary of Findings:

- ▶ Waiver participants often expressed that staff often say one thing, and do another (choices around menus, activities).
- ▶ The activities in residential settings are often group-based and staff determine activities with little or no input from waiver participants.
- ▶ In residential settings, staff complete tasks *for* waiver participants rather than *with* waiver participants.



Choice of Services

Standard: Facilitates individuals choice regarding services and supports, and who provides them.



Choice of Services

Summary of Findings:

- ▶ Many waiver participants expressed that they had no idea about the service planning process or the actual service plan document.
- ▶ Many of the people supported were often not familiar with the service plan (or the process) so they could not comment on the use of, or choice in a facilitator.
- ▲ ...but also added they were okay with it once they were there.



Landlord Tenant Rights

Standard: The unit or dwelling is a specific physical place

- that can be owned, rented, or occupied
- under a legally enforceable agreement by the waiver participant, and
- the waiver participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of South Carolina.



Landlord Tenant Rights

Summary of Findings:

- ▶ About 26% of residential settings are non-compliant with the requirement for a lease.

(PCG did not review the content of the lease for compliance with landlord-tenant laws in South Carolina).



Privacy

Standard: Units have entrance doors lockable by the waiver participant, with only appropriate staff having keys to doors.



Privacy

Summary of Findings:

- ▶ Line of sight supervision is most prevalent.
- ▶ Safety and protection drive the amount of independence/control a person has.
- ▶ Less than half of the people surveyed in CRCFs, CTH Is, and CTH IIs reported that they have a key to their homes and their rooms.



Self-Determination

Standard: Waiver participants have the freedom and support to control their own schedules and activities, and have access to food at any time.



Self-Determination

Summary of Findings:

- ▶ About 90% of Waiver participants in CRCFs, CTH Is and CTH IIs reported that they have the flexibility to eat meals at the time of their own choosing.
- ▶ About 80% of Waiver participants in CRCFs, CTH Is and CTH IIs reported they have access to food items throughout the day without requesting these items from staff.



Self-Determination

Summary of Findings:

- ▶ Access to money -individuals have allowances versus personal budgets. Training and support to develop money management skills is limited.
- ▲ Issuance of keys and lease agreements appeared to be a very recent development.



Visitors

Standard: Waiver participants are able to have visitors of their choosing at any time.



Visitors

Summary of Findings:

- ▶ Further discussion is needed on the permissibility of overnight visitors: same sex and opposite sex.
- ▶ Sign in/out sheets are seen as a protection to the people living in the setting, but adds an institutional quality to the home.



Physical Accessibility

Standard: The setting is physically accessible to the individual.



Physical Accessibility

Summary of Findings:

- ▶ Development of communication approaches for people with limited or no communication skills and the use of technology to assist them is needed.
- ▶ Some physical barriers exist for people with mobility limitations.
- ▶ Assistive Devices other than for physical accessibility are not commonly used.



Non-Residential Areas of Focus

Community
Integration

Individual
Rights

Choice of
Setting

Physical
Accessibility

Autonomy and
Independence

Choice of
Services

Community Integration

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- opportunities to seek employment and work in competitive integrated settings,
- engage in community life,
- control personal resources, and
- receive services in the community,
- to the same degree of access as individuals not receiving Medicaid HCBS.



Community Integration

Summary of Findings:

- ▲ Most people are engaged in volunteer or non-paid work.
- ▲ Some programs have people out in the community each day
- ▶ ...but most do not.



Choice of Setting

Standard: The setting is selected by the waiver participant from among setting options including:

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The setting options are identified and documented in the person-centered service plan and are based on the waiver participants' needs and preferences.



Choice of Setting

Summary of Findings:

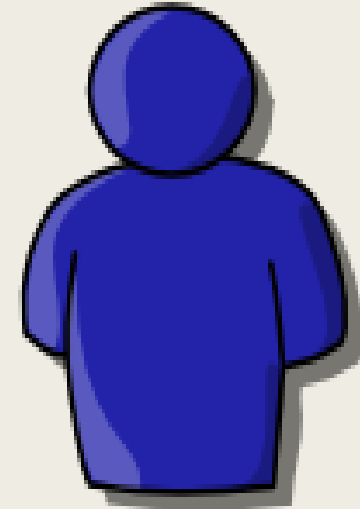
- ▶ Discussions on employment seem to be just starting, not everyone knew a job was an option.
- ▶ Those that are employed are often only employed for a few hours a week.



Individual Rights

Standard: Ensures an individual's rights of

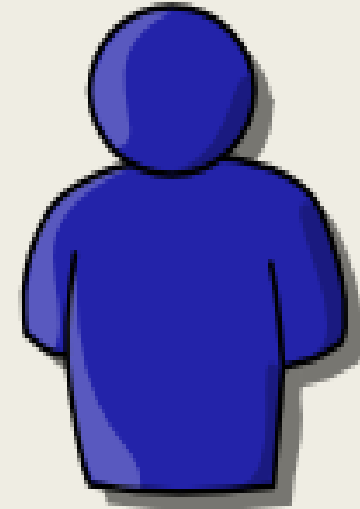
- privacy,
- dignity and respect, and
- freedom from coercion and restraint.



Individual Rights

Summary of Findings:

- ▲ People were encouraged to resolve concerns informally.
- ▶ Storage for personal belongings brought to the non-residential settings were often only coat racks or open cubbies for storage.
- ▶ Valuables were kept by staff if needed.
- ▶ Some non-residential settings had specific locations dedicated as Medication Rooms or Sick Rooms



Autonomy and Independence

Standard: Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to

- daily activities,
- physical environment, and
- with whom to interact.



Autonomy and Independence

Summary of Findings:

- ▶ Indoor and outdoor common use areas are often available, but 67% of people surveyed believe they must spend their break time in a lunch room.
- ▶ People often spend the majority of their day with the same group of people.
- ▶ 42% of day service settings assign people to a group and a room and that is where they stay while in the setting.
- ▶ Access to individualized activities was limited.



Autonomy and Independence

Summary of Findings:

- ▶ People in the setting may move from one group activity to another and may work with different staff throughout the day.



Choice of Services

Standard: Facilitates individuals choice regarding services and supports, and who provides them.



Choice of Services

Summary of Findings:

People expressed that they thought they were listened to by staff.

Unlike in the residential settings, people seemed to be more familiar with the service planning that took place in the non-residential setting and the facilitator concept.



Physical Accessibility

Standard: The setting is physically accessible to the individual.



Physical Accessibility

Summary of Findings:

Use of assistive devices in non-residential settings was more prevalent.



Observations From Interviews with Provider Staff in both Residential and Non-Residential Settings: Areas of Note

Some settings were very innovative and focused on community integration.

In the interviews conducted, PCG also identified some specific areas where opportunities exist for improvement.

Staff who participated in the interviews were mostly well prepared and had some familiarity with the questions that were asked. Due to limited time working at the setting, some had very limited knowledge of the setting's practices. In the CTH I model, the home provider often stated that the setting was their home and the waiver participant followed their rules, and expectations.

Staff often do not use person first/respectful language-staff and may be as supportive as they should toward the waiver participants, People are often referred to as "residents" or identified as "low functioning, severe" and staff refer to themselves as caregivers, not support staff.

Waiver participants are frequently “allowed or permitted” to do things, not supported to learn and develop skills for independence.

The **Focus** was often on care, not skill development. Example: staff cook and grocery shop, rather than working on objectives and teaching people to plan, shop and prepare meals.

Mostly **Activities** that are agency originated (dances, clubs etc.) were considered to be community integration.

The **Agency based** activities and materials used are not always age appropriate (proms are held, special clubs organized, people coloring).

The **Development** of communication skills for people with limited or no verbal skills was very limited.

The Service Plan is typically not seen as a useful/guiding document.



The SC Department of Disabilities & Special Needs recognizes there are many unique circumstances among the settings reviewed and will continue to work with provider agencies in moving towards compliance with the CMS Home & Community-Based Final Rule.