DEPARTMENT OF MENTAL HEALTH

Office of Licensure and Certification

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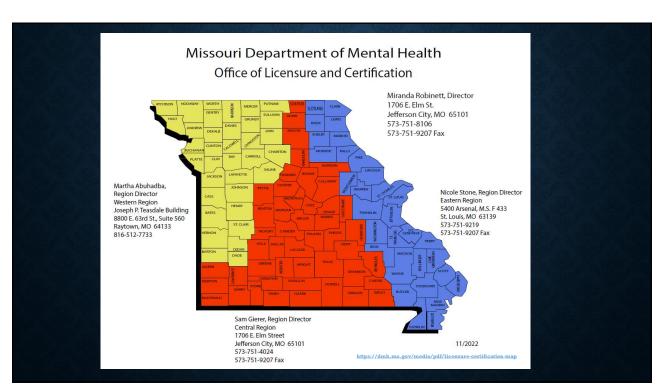
OLC PRESENTERS

- Miranda Robinett- OLC Director
- Heather Ramey-Licensure and Certification Specialist

WHAT WE DO

- Certify DD waiver services
- License
 - Program License for Residential Care Facilities (RCF) and Assisted Living Facilities (ALF)
 - MI/DD Day Programs
 - MI/DD Group Homes
 - Family Living Arrangements (FLA)
 - Intensive Residential Treatment Service (IRTS)
 - Psychiatric Individualized Supported Living (PISL)

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LICENSURE PROCESS

- · Each survey is completed prior to the expiration of the license
- Licensure applications are due 90 days prior to the expiration date of the current license
- OLC surveyor will contact the facility after an application is received/approved to schedule the survey
 - Licensing Fees, as indicated on the application, must be included with the notarized application in order to be approved for processing
- Applications are located on OLC's Website-https://dmh.mo.gov/media/29871
- Surveyor will complete an onsite survey

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SURVEY PROCESS

- · Review of application and submitted documents
- Survey date is confirmed via confirmation letter
- Survey activities include:
 - · Entrance conference
 - Review of personnel records
 - · Review of individual records
 - Medication administration review (MAR)
 - Review of applicable policies and procedures
 - Environmental review (walk-through of the facility)
 - Exit Conference

SURVEY PROCESS (CONTINUED)

- If the survey does not result in findings of deficiencies-
 - · OLC mails a compliance letter with the license
- If the survey does result in findings of deficiencies-
 - A report of findings is sent within 20 business days, indicating a Plan of Correction (POC) is required
 - The facility then has 20 business days to develop and submit the POC

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FREQUENT DEFICIENCIES

- Missing required policies and procedures
- Retaining documentation of staff training that meets regulatory criteria
- Background Screenings
 - · Requested by the applicant
 - · Not requested within required timeframes
- Environmental issues
 - · General Maintenance
 - Cleanliness
- Physician's Orders that are missing required components
 - · Indications for use
 - Signature/date of signature of practitioner

LICENSURE REGULATIONS UPDATES

- Licensure Regulations were updated November 2020
- Goal of the updates-
 - · Make the language more person-centered
 - Streamlining of the CSRs
 - Clarify language

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9 CSR 40-1.060 PROGRAM ADMINISTRATION

- Outlines policy and procedures that are required for every licensed facility.
- Details staffing and training requirements, including appropriate documentation of training.
 - Staff are oriented/trained within 30 days of employment
 - · Annual requirements detailed
- Example of additional emergency/planning policies:
 - Violent or threatening situations
 - Psychiatric crisis
 - Use of cell phones during an emergency

9 CSR 40-1.065 INDIVIDUAL RIGHTS AND RESPONSIBILITIES

- Outlines rights and responsibilities of individuals receiving services.
- Stipulates-
 - · Rights individuals are entitled to
 - · Policies and procedures must not limit rights
 - Limitations of rights must be noted in the individual's plan
 - Copy of individual rights must be readily accessible/available to individuals served
 - Individuals served must be provided a review of rights initially and annually

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9 CSR 40-1.070 ORGANIZED RECORD SYSTEM

- This CSR outlines the maintenance of records required for every licensed facility
 - An organized record system shall be maintained at the residential program or day program which ensures easily retrievable, complete, and usable records stored in a secure and confidential manner
 - · Drills- record of scheduled and unscheduled emergency drills
 - · Work schedule must be maintained at the site
 - · Details what must be included in the individual record
 - · Details what must be included in personnel records

9 CSR 40-1.075 PERSON CENTERED SERVICE

- · This CSR is for all licensed facilities
- This CSR covers ISPs, ITPs, and Care Plans
 - · ISPs are completed by DD Service Coordinators
 - ITPs are completed by the Administrative Agent
 - · Licensed provider completes monthly documentation on the goals and objectives
 - · Care Plans are completed by the facility for individuals who do not have an ISP or ITP
 - Care Plans need to be completed within the first 30 days of admission and annually thereafter with goals and objectives important to the Individual
 - Care plans are required to have monthly documentation on the goals and objectives

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9 CSR 40-1.075 PERSON CENTERED SERVICE (CONTINUED)

- Immunizations shall be current, as recommend by DHSS immunization schedules.
- · In order to determine with compliance-
 - Immunization record is to be included in the individual record: or
 - Attempts to obtain shall be documented in the individual record

9 CSR 40-1.075 PERSON CENTERED SERVICE

(CONTINUED)

• Health Screen

- · Required within 30 days of transition into a residential program
- Individual record must have a current health screen and risk assessment within the last year from their primary healthcare provider
- Individuals shall receive an annual health screening unless specified otherwise by their primary healthcare provider.

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9 CSR 40-1.075 PERSON CENTERED SERVICE (CONTINUED)

· Risk Assessment

- Required within 30 days of transition into a residential program
- Individual record must have a current health screen and risk assessment within the last year from their primary healthcare provider
- A safety crisis plan or crisis prevention plan shall be developed with individuals identified as having risk factors for harm to self or others

· Required components of the risk assessment

- Suicide risk
- · Risk of self harm
- · Risk of harm to others
- Physical, sexual and/or emotional abuse experienced or witnessed
- · History and presence of trauma symptoms
- Aggressive disruptive behavior

ADDITIONAL UPDATES TO REGULATIONS

- · Applicable to specific program settings-
 - 9 CSR 40-1.080 Dietary Services
 - 9 CSR 40-1.085 Environment
 - 9 CSR 40-1.090 Fire Safety and Emergency Preparedness
 - 9 CSR 40-4 Behavioral Health Community Residential Programs
 - 9 CSR 40-6 Family Living Arrangements
 - 9 CSR 40-9 Day Programs Serving Individuals with Mental Illness and Intellectual or Developmental Disabilities

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NOTIFICATION OF REVISIONS

- Visit the MO Secretary of State's website to register for notifications of revisions to specific chapters of regulations.
- Register here: https://www.sos.mo.gov/adrules/notifications



EMT REPORTING

- Event Management and Tracking (EMT) reporting is required on any individual who receives DMH funded services.
- Facilities should promptly report <u>all</u> adverse client events to the Community Mental Health Center and/or Service Coordinator, who will then notify the Department of events requiring EMT reporting.

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EXAMPLES OF REPORTABLE EVENTS

- · Death
- · Medication errors
 - Medication errors must be reported immediately to the individual's primary healthcare provider, parent/guardian, and to the department via the identified protocol (i.e. CMHC/Service Coordinator contact)
- Injuries resulting in medical inpatient hospitalization
- Self-injurious behavior
- Suicidal attempts/ideations
- Elopements
- Assaults (Sexual and Physical)
- Fires at the facility
- · Alleged or suspected abuse, neglect, or misuse of funds/property by staff

