

Home and Community Based Services Manual

4.00

APPENDIX 2a

PARTICIPANT CHOICE STATEMENT INSTRUCTIONS (AGENCY, CDS AND ADULT DAY CARE)

The Participant Choice Statement (Agency, CDS, and Adult Day Care) shall be completed at each initial and subsequent (re)assessment used to determine eligibility for Home and Community Based Services (HCBS) for all participants with the exception of those who reside in a Residential Care Facility/Assisted Living Facility (RCF/ALF). Upon completion of the assessment and authorization of HCBS, the Participant Choice Statement shall be uploaded to the participant's case in the HCBS Web Tool. The Participant Choice Statement provides documentation of the participant's involvement in the selection of services and providers, and development of the Person Centered Care Plan (PCCP), as well as, education regarding available community services and supports and reporting abuse, neglect, or exploitation. It also is used to assess the continued compliance with the HCBS Final Rule based upon participant feedback (See [policy 1.20](#)).

INSTRUCTIONS

Division of Senior and Disability Services (DSDS) or their designee shall explain each section and have the participant initial, indicating they have reviewed and understood the information. If the participant is unable to initial, DSDS staff or their designee shall explain the participant's inability to initial on the Participant Choice Statement or in Case Notes.

PARTICIPANT NAME: Enter the participant's name.

DCN: Enter the participant's Departmental Client Number (DCN).

COUNTY NAME: Enter the participant's county of residence.

DSDS staff or their designee shall utilize the guidance below for the associated sections of the Participant Choice Statement to assist in guiding discussion with participants. Sections within the Participant Choice Statement which are self-explanatory are not included.

Services and Providers

- #1 Choose the service(s) based upon the proposed or authorized PCCP.
- #2 Explain, although Providers can conduct face-to-face reassessments, it is the responsibility of DSDS staff to review, approve, and authorize the PCCP.
- #3 For guidance regarding the ability to self-direction refer to policy 3.25.
- #4 Review the appropriate Rights and Responsibilities document(s) with participant.

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Person Centered Care Plan

- #1 Explain suggested tasks, times and/or frequencies and the restrictions of only utilizing tasks which have been authorized. Additionally, explain the total authorized units is the maximum the participant may receive.
- #2 Ensure the appropriate Regional Evaluation Team (REV) phone number has been entered.
- #5 Explain, per state statute the provider is required to use an Electronic Visit Verification (EVV) system, however, the participant has the right to refuse.

Wellness

- #1 Explain abuse, neglect, and exploitation as defined below.

Abuse: The infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation and bullying(192.2400, RSMo).

Neglect: The failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result (192.2400, RSMo).

Exploitation: The Crime of Financial Exploitation involves allegations that a person (whether a family member, joint tenant, caregiver/attendant, or someone who has assumed fiduciary responsibility) has knowingly by deception, intimidation, undue influence, or force obtained control over an eligible adult's property with the intent to permanently deprive the eligible adult benefit or possession of his or her property as directed in 570.145, RSMo.

Community Services and Supports

- #1 Identify critical risks. Examples include; caregiver burnout, participant isolation, or potential for falls. List formal or informal supports for each risk identified. Examples include community resources such as the Area Agency on Aging (AAA), Missouri Association for Community Action (MACA), or Center for Independent Living (CIL), etc. When the identified risk(s) mandates a referral for a hotline investigation, the 'support' field should indicate "appropriate referral made." If there are no identified critical risks, staff shall check the box to indicate this.
- #2 Identify additional participant's needs not addressed in the care plan. Examples include; transportation, housing, or mental health services. List formal or informal supports for each need identified. Examples include, coordinating services with other state agencies such as the Department of Mental Health, Non-Emergency Medical Transportation,

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utility assistance, etc. If there are no additional needs, staff shall check the box to indicate this.

#4 In order to meet Centers of Medicare and Medicaid Services (CMS) standards, this section shall be used to assess continued compliance with the HCBS Final Rule ([Policy 1.20](#)) based upon participant feedback. DSDS staff or their designee shall pay particular attention to participants in an Adult Day Care setting or a provider owned or controlled setting. If a participant indicates to DSDS staff or their designee concerns regarding the participant's setting, the staff should utilize the HCBS Final Rule [Participant Survey](#) to prompt further discussion. If necessary, DSDS staff or their designee shall forward all settings concerns to the Bureau of Long Term Services and Supports (BLTSS). For additional information regarding the HCBS Final Rule: <http://health.mo.gov/seniors/hcbs/transitionplan.php>

#5 Ensure that the appropriate REV Team phone number has been entered.

ASSESSOR SIGNATURE AND DATE: The individual completing the assessment shall sign and date the Participant Choice Statement reflecting when the assessment was completed.

ASSESSOR NAME (PRINTED) Print the name of the Assessor.

EMPLOYED BY: Enter the name of the Assessor's employer.

PARTICIPANT SIGNATURE AND DATE: Obtain the participant's/responsible person's signature and date. When the participant is unable to or refuses to sign the form, DSDS staff or their designee shall document this information in the Case Notes section of the HCBS Web Tool or on the Participant Choice Statement itself.

DISTRIBUTION: The original copy shall be provided to the participant. A copy shall be uploaded and maintained in the HCBS Web Tool. If the participant does not meet eligibility and is therefore, not authorized for HCBS, it is not necessary to obtain a signature from the participant or upload the form.

RIGHTS AND RESPONSIBILITIES

There are four (4) different Rights and Responsibilities forms. Staff shall review and leave the participant with the appropriate Rights and Responsibilities form(s), Agency, CDS, and/or Adult Day Care, based upon the participant's proposed or authorized PCCP. The RCF/ALF Rights and Responsibilities form is not applicable to participants residing in their own home. If a service is added to the care plan between annual reassessments, mail the participant the appropriate Rights and Responsibilities form.