

Package of Evidence Summary

ORGANIZATION AND SETTING DETAILS

Organization Name: Mid-Iowa Workshop Inc. (MIW)
Phone: 641-752-3697

Setting Name: Mid-Iowa Workshop Inc	Date of site review: 10/17/22
Street address of setting: 909 S 14th Ave, Marshalltown, IA 50158	

FUNDING AND SERVICES IN THIS SETTING

Mark all funding sources and services provided in this setting.

HCBS Waiver/Habilitation	Service(s)
<input type="checkbox"/> AIDS/HIV Waiver <input type="checkbox"/> Brain Injury Waiver <input type="checkbox"/> Children's Mental Health Waiver <input type="checkbox"/> Elderly Waiver <input type="checkbox"/> Health and Disability Waiver <input checked="" type="checkbox"/> Intellectual Disability Waiver <input type="checkbox"/> Physical Disability Waiver <input checked="" type="checkbox"/> Habilitation <input type="checkbox"/> Money Follows-the-Person (MFP) <input type="checkbox"/> Other:	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Assisted Living Service <input type="checkbox"/> CDAC Agency <input type="checkbox"/> Day Habilitation <input type="checkbox"/> Home Based Habilitation <input type="checkbox"/> Interim Medical Monitoring Treatment (IMMT) <input checked="" type="checkbox"/> Prevocational services <input type="checkbox"/> Supported Community Living (SCL) <input type="checkbox"/> Residential-Based SCL for children (RBSCCL) <input checked="" type="checkbox"/> Supported Employment <input type="checkbox"/> Intensive Residential Service (IRS) <input type="checkbox"/> Other:

ADDITIONAL DETAILS

List the number of HCBS funded members and non-HCBS funded members served in this setting.	HCBS funded: 54 Non-HCBS funded: 6
Is this setting provider owned or controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this setting an existing location or a new or prospective location?	<input type="checkbox"/> Prospective <input checked="" type="checkbox"/> Existing <input type="checkbox"/> New (<input type="checkbox"/> Check this box if the location is a newly constructed facility.)

<p>What category of heightened scrutiny applies to this setting?</p>	<p><input type="checkbox"/> Category 1: Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment</p> <p><input type="checkbox"/> Category 2: In a building on the grounds of, or immediately adjacent to a public institution</p> <p><input checked="" type="checkbox"/> Category 3: Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS</p>
<p>What subcategories apply to this setting (select all that apply).</p>	<p><input type="checkbox"/> HCBS in ALF that are physically attached to a NF</p> <p><input type="checkbox"/> HCBS in larger than 3-5 bed RCF</p> <p><input type="checkbox"/> HCBS (such as ADC, DH, employment services) in an RCF, NF, hospital, or other facility</p> <p><input checked="" type="checkbox"/> Setting limit individuals' opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS due to the design or model of service provision.</p> <p><input checked="" type="checkbox"/> Setting restricts members' choices to receive services or to engage in activities outside of the setting.</p> <p><input type="checkbox"/> Setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services.</p> <p><input type="checkbox"/> Clusters of sites including several units with people receiving HCBS in a multi-plex of any kind, clusters within neighborhoods, streets, communities, etc. that are clustered together by design for the purpose of receiving HCBS.</p> <p><input type="checkbox"/> Newly constructed facility</p> <p><input type="checkbox"/> Site is/was a facility converted to HCBS</p> <p><input type="checkbox"/> Quality of care concern related to HCBS settings requirements</p> <p><input checked="" type="checkbox"/> Site-based employment service such as a "sheltered workshop"</p> <p><input type="checkbox"/> Other:</p>

EXPLANATION

Home and Community-Based Services (HCBS), whether residential or nonresidential, must be provided in integrated, community-based settings that support members' full access 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 HCBS. HCBS services are required to be provided in such a way as to optimize individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact. If an individual requires a restriction or limitation in one or more of the areas listed below, due process of that restriction or limitation should be outlined in their person-centered plan. Policies and procedures related to restrictive interventions should be followed.

DESCRIPTION OF SETTING

MIW is self-described as a small manufacturing and packaging business which holds contracts with other business for small production and packaging types of services. MIW's workshop is in Marshalltown, Iowa's industrial park district. The building houses administrative offices for MIW and the production business. The production space consists of four work zones and appears typical of a factory setting. Spaces appeared to be divided into separate areas for the different type of work. One space was observed to include individuals sitting in a group setting assembling pieces for a contract. In another space, individuals were working together on machinery. The business runs two shifts. Per agency report, a typical day for a production employee of any kind would include working on their assigned task for the shift based on the contract work needing completed and breaks typical for shift work.

The industrial district has several other industrial businesses but no convenience stores, restaurants, or other such community businesses within walking distance. There is a city bus stop at the front of the building.

MIW is accessed by the general community for recycling purposes, employment opportunities, and tours. There are three main entrances into the building, staff and members can enter into any of them. Community members enter the building from the main entrance or loading docks.

SETTING ASSESSMENT SUMMARY

<p>Did the organization attest to being compliant with HCBS settings requirements in the same or similar settings on their most recent Provider Quality Self-Assessment?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: EXPLAIN</p>
<p>Does the organization operate other HCBS sites that have been determined through their most recent Quality Oversight Review to be compliant with HCBS settings requirements?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: In previous quality oversight reviews, this setting has been determined to be out of compliance with settings requirements.</p>
<p>MIW meets category 3 of heightened scrutiny due to the isolating effect the setting has on members receiving prevocational services. Due to the model of service and design of the program, the setting limits members' interaction with the broader community including interaction with individuals not receiving HCBS services and restricts member's choice to receive services and engage in activities outside of the setting.</p> <p>In 2017, a Focused Review related to compliance with HCBS settings in non-residential settings was completed to look at the agency's supported employment and prevocational services. Supported employment was generally found to meet standards for HCBS settings. However, prevocational services were found to be out of compliance due to the isolating effect the setting had on members. At the time, there was little to no integration into the community for members receiving prevocational services. The original report described a culture of "reverse integration" meaning the "community" was brought to the setting rather than supporting the members to access existing community resources in an integrated, community setting. This was partially an issue with HCBS settings requirements but also seemed to be contradictory to the general definition and scope of</p>	

prevocational services. The issues were remediated by more fully developing the "career exploration" component of prevocational services. At the conclusion of the 2017 review, the agency was providing training in the community three times a week and all members had the opportunity to attend. This was determined to be minimally compliant with HCBS settings with an expectation that continued compliance would be achieved over time. Compliance would be monitored through annual self-assessment and periodic quality oversight reviews.

In mid-2020, a periodic quality oversight review was completed per the typical quality oversight schedule. Due to restrictions to onsite visits during the public health emergency (PHE), this review was conducted as a desk review but would have typically been conducted as an onsite review. It was again discovered that the workshop setting was not in compliance with HCBS settings requirements, even outside of the limitations placed on it because of the PHE.

A corrective action plan (CAP) was accepted in February 2022. Per the CAP, the agency planned to ensure that prevocational services are provided in an integrated community setting by cultivating opportunities for prevocational services outside of the production setting and by making the production setting more integrated. Plans to integrate the service included additional outreach to local businesses and organizations for volunteer opportunities, job shadowing, tours, and on-site learning opportunities. Additionally, MIW planned on offering opportunities for certain members to access resources in the community. The plan to make the production setting more integrated included hiring general community members as "production aides" to work alongside the members to meet production needs. Additionally, the agency planned on adding positions or enhancing positions to allow for more opportunities for interaction with the public.

Throughout 2022, evidence of compliance was reviewed to ensure the plan of correction was successfully carried out and that the agency can demonstrate full compliance with HCBS settings requirements. Efforts to integrate the service included some additional outreach to local businesses and organizations for volunteer opportunities, job shadowing, tours, and on-site learning opportunities as planned. Evidence was not sufficient to demonstrate that this was successful in ensuring members primarily receive prevocational services in a community integrated setting. Additionally, MIW began offering opportunities for certain members to access resources in the community. For example, they have been taking members to the post office to learn the tasks of retrieving, sorting and delivery of mail, to the bank to cash their MIW paychecks and learn the tasks of making business deposits, and to a local business to give training on the use computers. However, evidence did not demonstrate that prevocational services are not primarily provided out in the community. Most prevocational services are still provided in the agency's production workshop.

To make the production setting an integrated community setting, the agency hired people from the general community as "production aids" to work alongside the members receiving prevocational services. Evidence demonstrated only about 10% of the agency's employees were general community members hired to integrate the setting. The agency recently provided information over the phone and via letter to Iowa Medicaid to explain that they believe the setting is integrated and cited that they have many more general community members employed at the location than was previously reported. The agency reports that approximately 26 individuals work as "production aids" while on any given day, only about 30 of the 60 members served by MIW are present at one time. This is due to varied work hours for those receiving prevocational services. This demonstrates that there is a nearly 1:1 ratio of HCBS members working alongside non-disabled, non-HCBS recipients. However, additional evidence suggested that these 26 individuals include all non-members that work for the agency, including those funded to provide prevocational and supported employment services to members, agency leadership, and general laborers. In a technical assistance call with the agency in

October 2022, the agency's CEO explained that all employees work to meet the contracted production needs and all employees work to support members receiving services. Reviewers are still working to better understand the make-up of the agency's workforce.

Other efforts to make the production setting more integrated included the addition of "training stations" at the "front desk" and "dock" allowing the members in those locations limited interaction with community members who call on the telephone or come to the office in-person.

Although MIW has taken some steps to allow members some interaction with the general community while receiving prevocational services, the setting has not been able to overcome the institutional presumption and effect of isolating people from the general community. MIW is still not providing prevocational services in a primarily community integrated setting.

It was strongly recommended to the agency, at least in the short term, to focus compliance efforts in providing prevocational services outside of the production setting as opposed to trying to make the production setting integrated.

Another issue exists in that the prevocational services provided by MIW may not meet the general requirements, definitions, and scope for prevocational services as outlined in definition in 441-78.27(9). This issue will be addressed separately.

COMPLIANCE DECISION

Name and title of person who completed this package of evidence summary:	Jason Scott HCBS Specialist
<p>Compliance Status and Recommendations</p> <p><input type="checkbox"/> Evidence supports that the setting is compliant with HCBS settings requirements. Organization is required to maintain ongoing compliance with all HCBS requirements.</p> <p><input checked="" type="checkbox"/> Evidence supports that the setting is NOT compliant with HCBS settings requirements.</p> <p><input checked="" type="checkbox"/> Setting could/did meet requirements for HCBS Settings with remediation.</p> <ul style="list-style-type: none"><input type="checkbox"/> Date remediation plan (CAP) accepted: 2/17/22<input type="checkbox"/> Date remediation (CAP and compliance) achieved: <p><input type="checkbox"/> Setting is unable or unwilling to meet requirements by compliance deadline.</p> <p><input type="checkbox"/> Other:</p> <p>Next Steps</p> <p><input checked="" type="checkbox"/> Post for public feedback (HCBS Specialist to complete a package of evidence summary.)</p> <p><input checked="" type="checkbox"/> Refer to CMS further heightened scrutiny review</p>	