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MEMORANDUM

TO: Executive Directors, Residential Services
Residential Directors

FROM: Janet Brock Priest, Associate State Director-Operations

DATE: May 25, 2023

SUBJECT: Planned Supports for Accessing Medication

The Home and Community Based ("HCB") Settings Regulations note the following as a characteristic which must be present in all settings where HCB Waiver services are delivered:

> *The setting 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.*

During a recent review ("site visits") of HCB Waiver settings by the Centers for Medicare and Medicaid Services ("CMS"), it was found that, for some waiver participants who live in their own apartments, those participants' medications were stored in the participants' apartments and inside locked cabinets, to which the participants did not have access. It should be noted that site visits conducted by CMS included visits to settings that are Community Residential Care Facilities (CRCFS) and Community Training Homes II (CTHs II); no similar findings were noted for those settings.

When participants cannot, without support, securely keep and/or take their own medications, limiting access to those medications can be an acceptable supportive practice. This practice is acceptable when it is:

- based on a participant's assessed need, and
- appropriately documented in the participant's support plan.

In advance of the recent site visits, at the request of CMS, participants' plans were provided. For those authorized to receive Residential Habilitation, the Case Management Support Plan, Person Centered Description and Residential Support Plan for all waiver participants supported in the selected settings were shared. Those plans were also made available, on-site, on the day of the site visit. Other available participant information, including self-administration of medication assessments, was not requested, or provided; and therefore, was not reviewed. The finding which resulted from the site visit was made based on the review of plans, observations while in participants' homes, and interviews with participants.

Again, for those participants who require support to securely keep and/or take their own medications, limiting access to medications can be an acceptable supportive practice. To be an acceptable practice, it must first be based on an assessed need. Whether to limit someone's access to his/her medication is a decision that must be made based on the participant's ability to securely keep his/her medication (*e.g., in an appropriate place, without being lost, stolen, given away, or shared with others*), and his/her ability to use/take medication only as prescribed. The currently available Self -Administration of Medication Assessments address most of the factors needed to inform the decision (*e.g., "recognizes the time the medication is to be taken," "removes correct dose…," "returns…to appropriate storage space"*). However, those Assessments alone may not sufficiently address all factors, especially those related to keeping medications from being lost or stolen. If vulnerabilities exist that are likely to result in medication being lost or stolen, the Self-Administration of Medication Assessments can and should be supplemented with such information.

Secondly, to be an acceptable practice, when based on assessed need, the limits placed on a participant's access to medication must be specifically noted in his/her support plan. As part of planning, any proposed limits to access must be discussed, and the decision clearly documented in the plan. Decisions may vary based on the preferences of each participant. For example, a participant may fully agree to his/her medication being locked with only staff having access; another may also agree, but desire (as a priority) to learn the skills needed to have greater access; and, yet another may agree to medication being locked with staff having a key but may want to also possess a key of his/her own. If access is limited, the limits employed as support must be documented in the Residential Support Plan.

Providing support to securely keep and take medication is not necessarily considered a restriction. If the supports, including limits to access, are discussed, individualized based on the needs and preferences of the participant, agreed upon during planning, and documented in the Residential Support Plan, those agreed upon supports are not a restriction. On the other hand, if the participant does not agree to support that includes limits to access, then those limits could be considered a restriction and should be treated as such.

As a general practice, it is strongly recommended that for those who live in settings other than CTHs II or CRCFs, the Residential Support Plan specify the if supports are needed to securely keep and take medication and if so, what those specific supports are.

Please direct any questions regarding this correspondence to Janet Brock Priest at jpriest@ddsn.sc.gov.