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## **Day Habilitation**

Day Habilitation service is the provision of regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living, physical development, basic communication, self-care skills, domestic skills, community skills and community-inclusion activities. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Day Habilitation may include self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices. Services are furnished consistent with the participant's person-centered plan and are integrated into the community as often as possible. Meals are not provided as part of this service.

Day habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered services and supports plan, such as physical, occupational, or speech therapy.

Day Habilitation services are the provision of regularly scheduled activities that may be furnished at a fixed-site facility, in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement.

Day Habilitation non-facility based services may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement.

Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub during the scheduled program delivery day. Other than the brief period at the beginning or end of the day, Day Habilitation non-facility based services cannot be delivered in a provider owned or managed setting.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Transportation to and from the program site is a component part of day habilitation and the cost of this transportation may be included in the rate paid to providers of day habilitation services if it is provided.

### **Day Habilitation - Community Participation**

Community Participation services are the provision of scheduled activities outside of an individual's home that support acquisition, retention, or improvement in self-care, sensory-motor development, socialization, daily living skills, communication, community living, and social skills. Community Participation services include supervision, monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills and training and education in self-determination. Community Participation may include self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices. Each individual receiving Community Participation services works toward acquiring the skills to become an active member of the community. Services are furnished consistent with the participant's person-centered plan (PCP). Because Community Participation is very individualized and is heavily focused on community exploration, it can only be provided in staffing ratios of one staff to each participant or one staff to two participants.

Community Participation services focus on the continuation of the skills already learned in order to build natural supports in integrated settings. The individual is ready to interact and participate in community activities and needs the supports of staff to facilitate the relationship building between the individual and other non-disabled participants within the community activities. Ideally, the paid staff will fade or decrease their support as the natural supports become sufficient to support the individual in the integrated settings and activities.

Community Participation may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub during the scheduled program delivery day. Other than the brief period at the beginning or end of the day, Community Participation cannot be delivered in a provider owned or managed setting.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community.

To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Transportation to and from the planned service location for each day, including a "hub", is a component part of Community Participation and the cost of this transportation may be included in the rate paid to providers of community participation services if it is provided.

## **Personal Care**

A range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care and medication administration to the extent permitted by State law.

Personal care includes the provision of a range of services for participants who require assistance to meet their daily living needs, ensure adequate functioning in their home and permit safe access to the community. Personal care can be provided in the participant's residence (family home, own home or apartment), with or without family caregivers present, or in community settings and may not supplant other Waiver or state plan covered services (i.e., Day Habilitation, Prevocational Service, Supported Employment or Supported Living).

Personal care can include assistance, support and/or training in activities such as meal preparation; laundry; routine household care and maintenance; activities of daily living such as bathing, eating, dressing, personal hygiene; shopping and money management; reminding/observing/monitoring of medications; supervision; socialization and relationship building; transportation; leisure choice and participation in regular community activities; attendance at medical appointments.

Personal care does not include the cost associated with room and board.

Personal care cannot be provided to individuals who are receiving residential habilitation in a provider-managed setting.

Personal Care includes a self-directed option that will be managed by a broker under the Agency With Choice model. The AWC broker will be funded as a Medicaid administrative activity.

## **Prevocational Services**

Per Delaware's Employment First Law, H.B. 319, signed into law in July 2012, and in accordance with other federal guidelines governing employment for persons with disabilities, agencies that provide services to persons with disabilities are required to consider competitive and integrated employment, including self-employment, as the first option when serving people with disabilities who are of working age.

Prevocational Services provide learning and work experiences, including volunteer work and/or internships, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to produce specific outcomes to be achieved, as determined by the individual and his/her services and supports planning team through an ongoing person-centered planning process evaluated annually.

Initial referrals for prevocational services must also include a referral to the Division of Vocational Rehabilitation in order to determine eligibility for Vocational Rehabilitation services and to arrange for a formal community-based employment assessment. The results of the initial community-based employment assessment must support the outcome of integrated, competitive employment and include specific strategies to be achieved by participating in prevocational services that will ultimately enable the individual to obtain integrated, competitive employment.

In order to continue to be eligible for prevocational services, service recipients must, at minimum, be assessed annually for the continued need for Prevocational Services. Reviewing individual progress toward the previously identified specific strategies shall be included as part of the annual assessment. Individuals receiving prevocational services must have employment-related outcomes in their person-centered services and supports plan; the general habilitation strategies must be designed to support such employment outcomes. Individuals will be eligible for and can choose to participate in prevocational services while engaging in job development or job search activities in order to expand employability skills.

The optimal outcome for Prevocational Services is competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills; Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace

problem solving skills and strategies; general workplace safety and mobility training. Personal care is a component part of this service but may not comprise the entirety of the service. Meals are not provided as part of this service.

Prevocational facility based services are the provision of regularly scheduled employment related activities that may be furnished at a fixed-site facility, in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement.

Prevocational non-facility based services may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their employment related activities of the day but may not spend any more than 1 hour in total at the hub during the scheduled program delivery day. Other than the brief period at the beginning or end of the day, Prevocational non-facility based services cannot be delivered in a provider owned or managed setting.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Transportation to and from the service location is a component part of prevocational services and the cost of this transportation is included in the rate paid to providers of prevocational services.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.).

## **Residential Habilitation**

Residential services may be available to individuals whose health and safety conditions pose a serious at risk immediate harm or death to the individual or others, who are the victims of abuse or neglect or who have experienced the loss of a caregiver or a change in the caregiver's status that prevents them from meeting the needs of the individual and that puts them at risk of homelessness. The need for residential services must be demonstrated, documented and prioritized using a standardized assessment tool administered by the state. Services must be provided in the most integrated setting to meet the individual's needs.

Residential Habilitation can include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making & household chores, eating & the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional community-based setting. These services are individually planned and coordinated through the member's Person-Centered Plan. The amount, duration, frequency and scope of these services are based on the member's need.

Payments for residential habilitation are not made for room and board. Transportation is a component part of Residential Habilitation for Neighborhood Group Homes and Community Living Arrangements.

Payments for shared living arrangement services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. The methodology by which the costs of room and board are excluded from payments for Shared Living is described in Appendix I.

The following activities may be performed under Residential Habilitation:

- Self-advocacy training that may include training to assist in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices.
- Independent living training which may include personal care, household services, child & infant care (for parents themselves who are developmentally disabled), and communication skills such as using the telephone.
- Cognitive services may include training involving money management, personal finances, planning and decision making.
- Implementation and follow-up from mental health counseling or behavioral or other therapeutic interventions by residential staff, under the direction of a professional, that are aimed at increasing the overall effective functioning of an individual.
- Emergency Preparedness

- Community access services that explore available community resources, natural supports available to the member, and develop methods to access additional services/supports/activities desired by the member.

Supervision which may include a provider safeguarding an individual with developmental disabilities or utilizing technology for the same purpose.

Residential Habilitation may be provided in a neighborhood group home setting, a supervised or staffed apartment (aka community living arrangement), or a shared living arrangement.

Services provided under a shared living arrangement include personal care and supportive services (e.g., homemaker, chore, attendant care, companion, medication oversight (to the extent permitted under State law)) provided in a DDDS-certified private home by a principal care provider who lives in the home. A Shared Living arrangement is furnished to adults who receive these services in conjunction with residing in the home. DDDS prefers one-person Shared Living homes but allows for exceptions to the one-person rule for married couples or the preference of the individual, including siblings or friends who desire to live in the same home. Exceptions may be granted for the maximum number of 3. Separate payment is not made for homemaker or chore services furnished to a participant receiving shared living arrangement services, since these services are integral to and inherent in the provision of shared living arrangement services.

The Residential Habilitation provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Residential Habilitation services may be delivered out-of-state (i.e. out of network) because services within the State are unavailable or insufficient to meet the person's needs. In making this determination, careful consideration must be given to the reason for providing the services, as well as alternatives which may contribute more to an individual's ability to receive quality supports in a community based setting. When this occurs, the provider must either agree to meet all of the provider requirements under the DDDS waiver or DDDS may accept the provider qualification standards of the other state or DDDS may enter into an interstate agreement with the other state that will specify the role of each state in ensuring that waiver services are delivered in accordance with specified standards. DDDS remains responsible for the assurance of the health and welfare of the beneficiary even where onsite monitoring may be performed by the home state under the interstate agreement.

In these cases the provider of out-of-State services must be chosen just as freely as the provider of in-State services. The provider must have a provider agreement with the Medicaid agency and Medicaid payment must be made directly to the provider.

DDDS may authorize a retainer payment to a Shared Living provider for periods when the waiver member is hospitalized or is temporarily absent from the home for reasons other than hospitalization. For hospitalizations DDDS may authorize up to 7 days within each 30 day period. The 30-day count begins with the first day of hospitalization or the first day of a new hospitalization following a previous 30-day period and return back to the shared living residence. An individual may be absent from the shared living provider's home for reasons other than hospitalization for a period of 18 days per year without interruption of reimbursement as long as the reasons for such absences are documented in the individual's person-centered plan.

### **Residential Habilitation-Medical Residential Habilitation**

Medical Residential Habilitation shall mean a type of residential service selected by the waiver member, that includes the provision of direct skilled nursing services and habilitative services and supports that enable a participant to acquire, retain, or improve skills necessary to reside in a community-based setting. In addition, Medical Residential Habilitation supports each resident's independence and full integration into the community, ensures each resident's choice and rights, and comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered plan.

Medical Residential Habilitation must be medically necessary and provided in accordance with a physician's order and the person-centered plan. The participant who receives Medical Residential Habilitation, must have a medical diagnosis and treatment needs that would justify the provision of direct skilled nursing services that must be provided directly by a registered nurse (RN) or a licensed practical nurse (LPN) operating within his/her scope of practice under state law. Nursing services must be needed on a daily basis and at a level which cannot, for practical purposes, be provided through pre-scheduled skilled nursing visits during the course of a day and which cannot be more cost-effectively provided through a combination of waiver services and other nursing services available under the state plan. There must be an order by a physician, physician assistant, or nurse practitioner for one or more specifically identified skilled nursing services, excluding nursing assessment or oversight, which must be provided directly by a registered nurse or licensed practical nurse under the supervision of a registered nurse, operating within his/her scope of practice under state law.

The Medical Residential Habilitation provider may elect to have the nurse also be responsible for the provision of non-skilled services including eating, toileting, grooming, and other activities of daily living, needed by the individual during the period that Medical Residential Habilitation services are authorized and provided, unless such assistance cannot be safely

provided by the Nurse while also attending to the individual's skilled nursing needs. However, the need for Medical Residential Habilitation shall depend only on the skilled nursing needs of the participant. Medical Residential Habilitation shall be provided in an appropriately licensed or DDDS-certified residential setting, including a neighborhood group home, a supervised or staffed apartment (community living arrangement) or a shared living arrangement.

The Medical Residential Habilitation provider shall be responsible for providing the level of services and supports specified in the person centered plan, including skilled nursing services, up to 24 hours per day 7 days a week when the participant is not attending work or other day services, based on the individualized needs of each participant; however, a nurse is not required to be present in the home during those time periods when skilled nursing services are not medically necessary. One nurse may provide services to more than one person supported in the home during the same time period if it is medically appropriate to do so.

Medical Residential Habilitation may include medication administration and performance of other non-complex health maintenance tasks, as permitted by State law. The Medical Residential Habilitation provider shall oversee the health care needs of the participant.

DDDS will authorize the Nurse Consultation Service for all individuals for whom a physician has written an order for skilled nursing and who elect to receive this service via Medical Residential Habilitation. The Nurse Consultant will oversee the provision of Medical Residential Habilitation. A DDDS nurse will oversee the provision of Nurse Consultation. If an individual requires skilled nursing and chooses to receive it via Medical Residential Habilitation but does not want to receive Nurse Consultation, a DDDS nurse will oversee the provision of Medical Residential Habilitation.

The provider of Medical Residential Habilitation may not be the same provider as the provider of Nurse Consultation. DDDS may make an exception where the supply of those services within a geographic region of the state is not sufficient to enable different providers for those two waiver services. This DDDS Director of Community Services must approve any exceptions.

The Medical Residential Habilitation provider shall be responsible for providing the level of services and supports specified in the person centered plan, including skilled nursing services, up to 24 hours per day 7 days a week when the participant is not attending work or other day services, based on the individualized needs of each participant; however, a nurse is not required to be present in the home during those time periods when skilled nursing services are not medically necessary. One nurse may provide services to more than one person supported in the home during the same time period if it is medically appropriate to do so.

Medical Residential Habilitation may include medication administration and performance of other non-complex health maintenance tasks, as permitted by State law. The Medical Residential Habilitation provider shall oversee the health care needs of the participant.

DDDS will authorize the Nurse Consultation Service for all individuals for whom a physician has written an order for skilled nursing and who elect to receive this service via Medical Residential Habilitation. The Nurse Consultant will oversee the provision of Medical Residential Habilitation. A DDDS nurse will oversee the provision of Nurse Consultation. If an individual requires skilled nursing and chooses to receive it via Medical Residential Habilitation but does not want to receive Nurse Consultation, a DDDS nurse will oversee the provision of Medical Residential Habilitation.

The provider of Medical Residential Habilitation may not be the same provider as the provider of Nurse Consultation. DDDS may make an exception where the supply of those services within a geographic region of the state is not sufficient to enable different providers for those two waiver services. This DDDS Director of Community Services must approve any exceptions.

## **Respite**

Respite Services may be provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal financial participation is not to be charged for the cost of room and board except when provided as part of respite care furnished in a public ICF-IID facility.

Respite may be delivered in the participant's residence (family home, own home or apartment) or in community settings and may not supplant other Waiver or state plan covered services.

Out-of-Home respite includes services provided to participants unable to care for themselves and is furnished on a short-term basis because of the absence of relief of those persons who would normally support the participant. Out-of-Home respite may be planned or may be used for individuals who are experiencing a short term crisis. Facility respite may be provided on the same day that an individual also receives a day service. However, payment will not be made for respite provided at the same time when other services that include care and supervision are provided.

Out-of-Home respite can be provided in the following settings: Medicaid-certified public ICF-IID, Licensed Neighborhood Group Home, DDS-credentialed Community Living Arrangement, shared living arrangement, overnight camp, or other emergency temporary living arrangement that meets DDS standards. Respite is not available to individuals receiving Residential Habilitation in a Neighborhood Group Home or Community Living Arrangement.

For respite that is provided in a licensed Group Home, Community Living Arrangement, or shared living arrangement, the state will ensure that the needs and best interest of the other residents in the home are taken into account and they agree to the proposed arrangement before authorizing the setting for the purpose of a respite service. Prior-approval is required by the Director of Community Services or Designee for an individual living in the family home to access respite services in a Group Home or Community Living Arrangement.

Respite includes a self-directed option that will be managed by a broker under the Agency With Choice model. The AWC broker will be funded as a Medicaid administrative activity. The AWC Broker will also process payments for participants who elect to receive respite at a respite camp.

## **Supported Employment – Individual**

Individual Supported Employment Services are provided to participants, at a one to one staff to consumer ratio, who because of their disabilities, need ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment position, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals in order to promote community inclusion.

Supported individual employment may also include support to establish or maintain self-employment, including home-based self-employment. Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, on the job employment supports, social skills training, benefits support, training and planning, transportation, asset development and career advancement services, implementation of assistive technology, and other workforce support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting. Personal care services may be provided as a component under this service and included in the rate paid to providers, but personal care/assistance may not compromise the entirety of the service.

Transportation between the participant's place of residence and the employment site is a component part of individual supported employment services and the cost of this transportation is included in the rate paid to providers of individual supported employment but may not compromise the entirety of the service.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.) Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

## **Supported Employment – Small Group**

Supported Employment Small Group Employment Support are services and training activities provided in regular business, industry, and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other employment work groups. Small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. Individuals must be compensated at or above the minimum wage and the outcome of this service must be sustained paid employment and work experience leading to further career development and individual integrated community based employment for which an individual is compensated, at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Supported employment small group employment supports may be a combination of the following services: vocation/job related discovery or assessment, person center employment planning, job placement, job development, social skills training, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefits supports, training and planning, transportation and career advancements services. Personal care is a component part of this service but may not comprise the entirety of the service.

Other workplace support services may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating in to the job setting.

Transportation between the participant's place of residence and the employment site is a component part of individual supported employment services and the cost of this transportation is included in the rate paid to providers of individual supported employment but may not compromise the entirety of the service.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.) Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

### **Assistive Technology not otherwise covered by Medicaid**

Assistive technology means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.

Assistive technology includes--

(A) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;

(B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;

(C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(D) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan;

(E) training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and

(F) training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

## **Behavioral Consultation**

Behavioral Consultation is provided under the Positive Behavior Support model. Behavioral Consultation results in individually designed behavior plans and strategies for waiver participants who have significant behavioral difficulties that jeopardize their ability to remain in the community due to their inappropriate responses to events in their environment. The behavioral consultation is designed to 1) decrease challenging behaviors while increasing positive alternative behaviors, and 2) assist participants in acquiring and maintaining the skills necessary to live independently in their communities and avoid institutional placement.

The Behavioral Consultation service includes a functional behavioral assessment, development of a behavior support plan, and implementation of the behavioral support plan to enable individuals, families, and service providers to effectively support the waiver participants in their attainment of goals they have set. The Behavioral Consultation providers use an industry-standard functional behavioral assessment to determine the needs of each individual. The service includes periodic monitoring of the effectiveness of the behavioral support plan with requisite adjustments as indicated.

The Behavioral Consultation service may include the development of a Picture Exchange Communication System (PECS) for waiver participants who experience communication challenges.

The Behavior Consultation service may include preparation of a package of information about a waiver participants and presentation thereof to the Human Rights Committee (HRC) or PROBIS in cases where restrictive interventions are proposed.

Specifically, Behavioral Consultation includes:

- Completing an initial functional behavioral assessment to better understand the purpose, triggers, and what is causing the maladaptive behavior.
- Developing behavior support plans incorporating the principles of Positive Behavior Supports in order to reduce maladaptive or self-limiting behavior and increase appropriate positive behaviors. This may include the creation of a Picture Exchange Communication System (PECS).
- Providing consultation, training and direction to waiver participants' support team and other direct support professionals who work with the waiver participants who displays challenging, maladaptive or self-limiting behaviors. This may include
  - Instructing support teams, direct support professionals and family members and others with whom the waiver participants routinely interacts on the principles of Positive Behavior Support and implementation of the behavior support plan. This may include training on a Picture Exchange Communication System (PECS) when applicable.

- Monitoring the outcome of the behavior support plan through data collection and observation associated with the implementation of the behavior support plan.

- Maintaining the waiver participants' record which may include the following: documentation of progress/treatment for people who have behavior support plans or mental health support plans on at least a monthly basis; the creation of a quarterly report that identifies target behaviors for which data will be collected for specific types of incidents and also delineates psychiatric appointments, medication training, staff training, mental health appointments, medical issues and at risk concerns that occurred during the quarter.

In cases where psychological or professional counselling or assessment services are indicated, upon request of the waiver participants, the BA will:

- Identify potential mental health practitioners
- Act as a liaison between the individual, his/her support team and the service provider to ensure that the mental health practitioner receives information necessary to appropriately treat the person
- Attend mental health appointments when specified in the Behavior Support Plan

In cases where psychiatric services are needed, upon request of the waiver participants, the role of the BA is to:

- Identify potential mental health practitioners
- Act as a liaison between the individual, his/her support team and the service provider to ensure that the mental health practitioner receives information necessary to appropriately treat the person
- Instruct the team on how to carry out the prescribed treatment.
- Develops behavior support plans to ensure that the individual is supported in accordance with the principles of best practice.
- Monitors progress/treatment for people who have a behavior support plan
- Serves as a support team participants for people who have a behavior support plans
- Prepares necessary documentation for oversight committees such as PROBIS and HRC in accordance with DDDS policies
- Attend mental health appointments when specified in the Behavior Support Plan

## **Community Transition Service**

Payments may be made for Community Transition to facilitate transition from an institution to a community setting, consistent with SMDL 02-008, for individuals who transition from provider-operated settings to their own private residence in the community. Community Transition will enable individuals whose means are limited to furnish and decorate his or her bedroom in a manner of his or her choosing consistent with the HCBS Settings Rule and to foster independence. Community Transition includes the reasonable, documented cost of one-time expenses and services necessary to occupy a domicile in the community, including:

- Essential furnishings, including: Bed frame, mattress and box spring or futon, dresser, wardrobe, chair, trash can, lamps, desk, small table/nightstand, bookcase, linens and pillows, window covering, wall decorations, mirrors
- Bath mats & shower curtain, grab bars and other free-standing implements to increase stability in the bathroom
- Small appliances including blow dryer, vacuum cleaner, coffee maker, toaster
- Toiletries
- Kitchen items, including: hand towels, dishes, drinkware, flatware & utensils, knives, cookware, bowls and food storage
- Initial supply of cleaning supplies and laundry
- Initial supply of bathroom supplies
- Clothing
- Moving expenses
- Security deposits
- Set-up fees and deposits for utility access (telephone, electric, utility, cable)
- Pest eradication
- Cleaning service prior to occupancy
- Lock and key

Community transition services shall not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely recreational purposes such as televisions or DVD players. Community transition expenses must be included in the individual's person centered plan and must be approved by DDDS in advance. If an individual for whom waiver funds have been used for community transition expenses moves from one waiver-funded residential setting to another, they will be able to take any such furnishings with them to their new residence.

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources.

## **Home or Vehicle Accessibility Adaptations**

Home modifications include those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. This includes backup power generators that are necessary to supply power to medical equipment and are determined to be medically necessary by physician's order. Modifications must comply with applicable building codes and must have building permits where required.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant.

Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. They include adaptations or alterations to an automobile or van that is one of the waiver participant's primary means of transportation in order to accommodate the special needs of the participant.

The following items are specifically excluded:

1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual;
2. Purchase or lease of a vehicle; and
3. Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

Home and Vehicle Modifications may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Bids or estimates must be obtained from at least two vendors so that DDDS can select the most reasonable bid based on the work to be performed which may take into account such elements as the time necessary to perform the work.

In the event that the time necessary to obtain two bids will result in a delay in receiving the service that could pose a health or safety risk to the participant, DDDS may waive this requirement. Providers must issue a warranty for their work for one year from the date of purchase.

## **Nurse Consultation**

Nurse Consultation consists of the overall coordination and monitoring of the health care needs for waiver participants. These individuals live in community settings and have a prescribed medical treatment plan. This consultation assists caregivers in carrying out individual treatment/support plans and is necessary to improve the individual's independence and inclusion in their community. This service may be delivered in the individual's place of residence or in another community setting as described in the service plan.

Nurse Consultation consists of the following activities:

- Provides the clinical and technical guidance necessary to support the individual in managing his/her healthcare needs.
- Completes the Nursing Assessment, develops an integrated medical plan of care and monitors the effectiveness of the interventions on no less frequent than an annual basis.
- Completes the required DDDS medical alert forms such as the Fall Risk Assessment, Aspiration Assessment, and other assessments as appropriate on no less frequent than an annual basis.
- Completes on-site medication/record reviews for Neighborhood Homes and Community Living Arrangements (e.g. the monthly Health and Medication Review as outlined in all applicable DDDS policies and procedures.) Findings of all reviews shall be recorded in the electronic case record and any adverse findings must be reported as a critical incident for follow up and possible corrective action.
- Completes monthly contacts (by phone or in person) and at least an annual on-site visit for Shared Living Providers. During the on-site visit the nurse will verify that medication storage follows the DDDS guidelines.
- Completes Quarterly Nursing Reviews for individuals residing with Shared Living Providers.
- Monitors, reviews, and reconciles medication forms monthly and takes appropriate action as indicated for individuals residing with Shared Living Providers.
- In emergency situations, may perform a medical procedure within the registered nurse's scope of practice, experience and proficiency.
- Participates as an Interdisciplinary Team member.
- Attends the annual Person-Centered Plan (PCP) meetings and other meetings as appropriate.
- Provides ongoing health related training for waiver participants, direct support professionals and families.

- Maintains on-going accurate, timely, and relevant documentation of all health care issues. Updates all required documents as changes in health conditions warrant.
- Communicates to individuals/families/guardians/other service providers about health care issues.
- Attends medical appointments with the individual if indicated/warranted.
- Assists in obtaining resources and acts as an advocate and coordinator of health care services ensuring appropriate treatment, follow-up and resolution to healthcare issues occur.
- Assists waiver participants to transition from one residential living arrangement to another.
- Adheres to DDDS healthcare protocols.
- Monitors medication administration activities performed by direct care staff or consumers and may provide consultation to a direct support professional regarding medication administration in specific situations where nursing expertise is required under the Nurse Practice Act. Phone contacts to carry out any of the covered activities described above are considered a billable activity with proper documentation. Phone contacts lasting between one and 15 minutes can be billed as one unit of service.

### **Specialized Medical Equipment and Services not otherwise covered by Medicaid**

Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the person-centered plan, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.

## **Supported Living**

Supported Living is support that is very individualized and is provided in a non-provider-managed residence that is owned or leased by the waiver participant. The amount and type of supports provided are dependent upon what the individual needs to live successfully in the community and must be described in their Person Centered Plan (PCP) but cannot exceed 40 hours per week for each participant. Daily hours of support may vary based on the needs of the individual. Supported living encourages maximum physical integration into the community and is designed to assist the individual in reaching his or her life goals in a community setting.

The types of supports provided in these settings are tailored supports that provide assistance with acquisition, retention, or improvement in skills related to:

- activities of daily living, such as personal grooming and cleanliness, domestic chores, or meal preparation, including planning, shopping, cooking, and storage activities;
- social and adaptive skills necessary for participating in community life, such as building and maintaining interpersonal relationships, including a Circle of Support that includes natural supports;
- locating and scheduling appropriate medical services;
- instrumental activities of daily living such as learning how to maintain a bank account, conducting banking transactions, managing personal finances in general;
- learning how to use mass transportation;
- learning how to select a housemate;
- how to acquire and care for a pet
- learning how to shop
- facilitating connections to community-based activities

The individual may want to learn a new skill or may have some proficiency in certain parts of a skill but want to learn how to complete the entire task independently. Supported Living includes self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices.

Supported living must be provided based on the individualized needs of each waiver participant and at naturally occurring times for the activity, such as banking and those related to personal care.

Supported living is provided on a one-on-one basis. If services are provided with two or more individuals present, the amount of time billed must be prorated based on the number of consumers receiving the service. Payments for Supported Living do not include room and board.