
Division of Long Term Supports and Services Bureau of Developmental Services

**Systems Work Waiver Work Group
2022
Jessica Gorton**



Support Services Summary (1 of 2)

Thank you for your feedback on Support Services...

- All services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- 30 Services had majority support for inclusion; this many support services may pose administrative challenges.
- Behavioral Support Services and Social Skills Training were called-out as potentially harmful services by one work group member.
- Additional clarity was requested for Support Broker and Service Coordination services.

DD Waiver	Individual and Family Supports Waiver
	Transportation
	Dental
	Respite
	Personal Support
	Blended Supports
	Peer Support
	Nutrition
	Homemaker
	Parenting Support
	Assistive Tech.
	Specialty Services
	Consultations
	Person-Cent. Strat. Consult.
	Prof. Assess and Monitoring
	Behavioral Support Serv.



Support Services Summary (2 of 2)

Thank you for your feedback on Support Services...

- All services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- 30 Services had majority support for inclusion; this many support services may pose administrative challenges.
- Behavioral Support Services and Social Skills Training were called-out as potentially harmful services by one work group member.
- Additional clarity was requested for Support Broker and Service Coordination services.

DD Waiver	Individual and Family Supports Waiver
	Home Mods and Adaps.
	Vehicle Mod
	Special. Med. Equip & Supp.
	Interpreter
	Wellness Coaching
	Social Skills Group
	Family Peer Support
	Family Training
	Goods and Services
	Specialized Driving Assess.
	Service Coordination
	Support Broker
	Remote Supports Services
	Crisis Response Services
	Coun. And Supp. for Careg.



Transportation (1/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Individual and Family Support (0426.R03.00)

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Service Type: Transportation

Alternative Service Title:

Service Definition: Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

- This service does not cover the purchase or lease of vehicles.
- Reimbursement for provider travel time is not included in this service.
- Reimbursement to the provider is limited to transportation that occurs when the individual is with the provider.
- The individual is not eligible for transportation services if the cost and responsibility for transportation is already included in the waiver provider's contract and payment.



Transportation (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Individual and Family Support (0426.R03.00)

Service Type: Transportation	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input checked="" type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Relative Service Delivery Method(check all that apply): <input checked="" type="checkbox"/> Participant Directed <input checked="" type="checkbox"/> Provider Managed



Dental (1/2)

Service Type: Dental

Alternative Service Title:

Service Definition: Preventive dental treatment-topical fluoride applications. Therapeutic dental treatment-pulp therapy for permanent teeth; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable.



Dental (2/2)

Service Type: Dental	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input checked="" type="checkbox"/> Provider Managed </p>



Respite (1/2)

Service Type: Respite

Alternative Service Title:

Service Definition: Services are provided in either: a) licensed respite facility, b) in the home of the participant, c) in the family home, or d) in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term overnight basis where there is an absence or need for relief of those persons who normally provide care for the participant or due to the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, or adult day-care; however, payment will not be made for respite at the same time when other services that include care and supervision are provided.

Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided.

Facility-based respite cannot be participant-directed. Others forms of respite may be self-directed. The choice of the type of respite is dependent on the waiver participant's living situation.

Federal financial participation will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility licensed by the state.



Respite (2/2)

Service Type: Respite	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Relative Service Delivery Method(check all that apply): <input checked="" type="checkbox"/> Participant Directed <input checked="" type="checkbox"/> Provider Managed



Personal Support (1/2)

Service Type: Personal Support

Alternative Service Title:

Service Definition:
CT Comprehensive Supports
 Assistance necessary to meet the individuals day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home Health Care services. Provision of services is limited to the persons own or family home and/or in their community. May not be provided at the same time as Individualized Day Supports, Group Day Supports, Supported Employment, Respite, Individualized Home Support, Adult Companion, Community Companion Home, and/or Community Living Arrangements.

CT Individual and Family Supports
 Assistance necessary to meet the individual’s day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Provision of services is limited to the person’s own or family home and/or in their community. This service differs from State Plan services in that participants can self-direct or can use DDS qualified providers rather than Home Health Agencies. May not be provided at the same time as Adult Day Health, Community Companion Home, Group Day, Live-in Companion, Prevocational services, Individual or Group Supported Employment, Respite, Individualized Home Supports, Parenting Support, Senior Supports, Individualized Day Supports or Continuous Residential Supports.



Personal Support (2/2)

<p>Service Type: Personal Support</p>	<p>Alternative Service Title:</p>
<p>Limits on the amount, frequency, or duration:</p>	
<p>Individual and Family Supports Waiver Characteristics:</p>	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input checked="" type="checkbox"/> Participant Directed <input checked="" type="checkbox"/> Provider Managed </p>



Blended Supports (1/2)

Service Type: Blended Supports

Alternative Service Title:

Service Definition: This service provides assistance with the acquisition, improvement and/or retention of skills and provides necessary support to achieve personal habilitation outcomes that enhance an individual's ability to live or work in their community as specified in the plan of care. This service includes a combination of habilitation and personal support activities as they would naturally occur during the course of a day. This service is not available for use in licensed settings. The service may be delivered in a personal home (one's own or family home), work that is based in the community. Payments for Blended Supports do not include room and board. It is a distinct and separate services. May not be provided at the same time as Adult Day Health, Community Companion Homes, Community Living Arrangements, Continuous Residential Services, Prevocational, Group Supported employment, Senior Supports, Shared Living,, Transitional Services, Group Day, Individualized Day Supports, Individual Supported Employment, Respite, Individualized Home Supports, Companion Supports, Peer Support or Personal Support.



Blended Supports (2/2)

Service Type: Blended Supports

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

- Legally Responsible Person
- Legal Guardian
- Relative

Service Delivery Method(check all that apply):

- Participant Directed
- Provider Managed



Peer Support (1/2)

Service Type: Peer Support

Alternative Service Title:

Service Definition:

Connecticut

Peer support includes face-to-face interactions including Face Time or comparable technology (such as IPAD, IPHONE) that are designed to promote ongoing engagement of waiver participants towards the participant's personal goals. All peer support will promote the individual's strengths and abilities to continue improving socialization, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with medical providers including behavioral health services providers and/or others in support of the participant. Service can be provided in the participant's home, at their job or community. Example of Activities: How to manage the participant's home, manage self-direction of supports, How to find a job or maintain a job, How to advance in chosen career, how to access the community and build community supports. The Peer Support uses his/her personal experience and how to engage the participant in order to continually reinforce and maintain skills.

Massachusetts

Peer support is designed to provide training, instruction and mentoring to participants about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support is designed to promote and assist the waiver participant's ability to participate in self-advocacy through either a peer mentor or through an individual/agency peer support facilitator. Peer support may be provided in 1) small groups or 2) peer support may involve one individual who is either a peer or an individual peer support facilitator providing support to a waiver participant. The one to one peer support is instructional; it is not counseling. The service enhances the skills of the participant to function in the community and/or family home. Documentation in the participant's record demonstrates the benefit to the participant. This service may be provided in small groups or as a one-to-one support for the participant. Peer support is available to participants who reside in 24 licensed settings, in the family home, a home of their own or receive less than 24 hours of support per day. This service may be self-directed.



Peer Support (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Comprehensive Supports (0437.R03.00) & MA Adult Supports (0828.R02.00)

Service Type: Peer Support	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input checked="" type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Nutrition (1/2)

Service Type: Nutrition

Alternative Service Title:

Service Definition: Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and training for paid support staff to ensure compliance with the participant's dietary needs. These services are not covered in the Medicaid State Plan.



Nutrition (2/2)

Service Type: Nutrition

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

- Legally Responsible Person
- Legal Guardian
- Relative

Service Delivery Method(check all that apply):

- Participant Directed
- Provider Managed



Homemaker (1/2)

Service Type: Homemaker

Alternative Service Title:

Service Definition: This service consists of performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the caregiver regularly responsible for these activities is temporarily absent or unable to manage the home and care.
A participant may not receive Respite and Homemaker services on the same day.



Homemaker (2/2)

Service Type: Homemaker

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

- Legally Responsible Person
- Legal Guardian
- Relative

Service Delivery Method(check all that apply):

- Participant Directed
- Provider Managed



Parenting Support (1/2)

Service Type: Parenting Support

Alternative Service Title:

Service Definition: Parenting Support assists eligible consumers who are or will be parents in developing appropriate parenting skills. Individual and group training and support will be available. Parents will receive training that is individualized and focused on the health and welfare and developmental needs of their child. Close coordination will be maintained with informal supports and other formal supports. If the eligible consumer (parent) does not have physical custody or visitation rights, they will not receive individualized child-focused training.



Parenting Support (2/2)

Service Type: Parenting Support

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Assistive Technology (1/2)

Service Type: Assistive Technology

Alternative Service Title:

Service Definition: This service covers assistive technology and any related assistive technology services. Assistive technology means an item, piece of equipment, certification and training of a service animal (service animal as defined by the American Disabilities Act (ADA)), or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities of participants. Assistive technology services means a service that directs/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 such as therapies, interventions, or services associated with other services in the service plan.
- (D) Coordination and use of necessary 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 professional or other individuals who provides services to, employ or are otherwise substantially involved in the major life functions of participants. Devices, controls, or appliances, specified in the individual service agreement that enable the individual to increase their ability to perform activities of daily living, and/or perceive, control, or communicate with the environment in which they live will be covered.

Adaptive equipment may only include items of durable and non-durable medical equipment necessary to address the individual's functional limitations and specified in the plan of care. Adaptive equipment may be covered so long as the equipment is necessary to address the individual's functional limitations and is not to be used for recreational purposes. May include performance of assessments to identify type of equipment needed by the participant. This service may be provided remotely through telehealth as determined necessary by the state to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4).

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Assistive Technology (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from NH Developmental Disabilities Waiver (0053. R07.00)

Service Type: Assistive Technology

Alternative Service Title:

Continued from page 1

Limits on the amount, frequency, or duration: Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual’s person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual’s functional abilities.

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Specialty Services (1/2)

Service Type: Specialty Services

Alternative Service Title:

Service Definition: Specialty Services: Are intended for recipients whose needs in the areas of medical, behavioral, therapeutic, health and personal well-being require services which are specialized pertaining to unique conditions and aspects of developmental disabilities. Specialty Services are utilized to provide assessments and consultations and are used to contribute to the design, development and provision of services, training support staff to provide appropriate supports as well as the evaluation of service outcomes and transportation if applicable. This service may be provided remotely through telehealth as determined necessary by the state to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4). Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual's functional abilities.



Specialty Services (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from NH Developmental Disabilities Waiver (0053. R07.00).

Service Type: Specialty Services

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Consultations (1/2)

Service Type: Consultations

Alternative Service Title:

Service Definition: Evaluation, training, mentoring, or special instruction, which maximize the ability of the service provider, family, and/or other caregivers of a specific child/individual to understand and care for that child's/individual's developmental, functional, health and behavioral needs. The administration of the SIS and HRST shall not require prior authorization. Consultative Services shall not replace services available through the NH Medicaid State Plan, He-W 500 (including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, He-W 546) or services available under the Rehabilitation Act of 1973 or Individuals with Disabilities Education Act. Support and counseling regarding diagnosis and treatment of the individual to families for whom the day-to-day responsibilities of caregiving are becoming or have become overwhelming and a stressor to the family. This service may be provided remotely through telehealth as determined necessary by the State to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements. This service may be provided in an acute setting under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.



Consultations (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from NH In Home Supports for Children with Developmental Disabilities (0397.R04.00)

Service Type: Consultations	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Person-Centered Strategic Consulting (1/

Service Type: Person-Centered Strategic Consulting

Alternative Service Title:

Service Definition: This service involves consultation to the individual's support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, Person Centered Strategies and a modified environment and/or life style for the individual. Person Centered Strategies consultation (PCSC) involves evaluating a person's setting, schedule, typical daily activities, relationships with others that make up the supports for an individual including paid staff/paid family and unpaid natural supports. The evaluation leads to changes in strategies including such things as re-arranging the home to reduce noise and stimulation, adding a personal quiet area to allow the individual to get away from annoying events, teaching skills to promote more positive interactions between the individual and supporting staff or family. Evaluation may involve identifying skills that would help the individual to have a better quality of life and assist the support staff/family to teach these meaningful skills to the individual and identify ways to proactively prevent problem situations and assisting the individual and support staff/family to use these new strategies and problem solving techniques for the individual. Such strategies developed could include: clarifying the expectations for the individual and all members of the support team, and establishing positive expectations or rules for the individual with the support team learning to change their system to support in these more positive ways, improving recognition of desirable actions and reduction of problematic interactions that might evoke undesirable responses from the individual. A large part of the consultation will involve assisting the support system to develop a sustainable implementation plan and to insure a high fidelity of implementation and consistency of use of the strategies to assist and support the individual. This is not a direct therapy type service, for example the consultant's interaction with the individual should be pleasant and positive, but it is not this interaction that improves the quality of the person's life, rather the changes made to the person's support system, especially those focusing on implementation of identified strategies make the difference for the individual.

PCSC might work towards improved quality of life for the individual through training of support persons and developing a way for the support system to monitor and evaluate the interactions and systems to establish increased opportunities for teaching and practice of necessary skills by the individual, increasing recognition of desirable actions by the individual and the support team, increased frequency and types of positive interactions by support persons with and by the individual, and assisting the individual and support team to arrange practice opportunities such as social skills training groups or arranging a system of coaching and prompting for desirable actions in situations that commonly are associated with problems. The consultant might establish and lead such practice opportunities while coaching support person to continue the practice when the service is discontinued.

The unit of service is one-fourth hour. This is a short term service that is not meant to be on going, the typical duration of service is to be twelve months or less.

This service is not to be provided for development or implementation of BSPs or functional assessment as these services require licensure as a behavior analyst, psychologist, counselor or social worker with specialized training in behavior analysis. However, this service might work in conjunction with an ABA Service provider to develop and establish a support system that can implement strategies towards a good quality of life for the individual.

Text continued on next page



Person-Centered Strategic Consulting (2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from MO Partnership for Hope (0841.R02.00)

Service Type: Person-Centered Strategic Consulting

Alternative Service Title:

Text continued...

Limits on the amount, frequency, or duration: PCSC differs from the ABA service in that PCSC the focus and whole scope of the service is on identifying barriers to a good quality of life and improving proactive, preventative and teaching based strategies to increase desirable, healthy skills and thus reduce problem situations. In addition, the PCSC will require providers with a less involved level of training and experience than ABA.

Outcomes expected for this service are as follows:

1. Written document describing the results of the evaluation of the system to identify problem situations, strategies and practices and relate these to the quality of life for the focus individual.
2. Summary of recommended strategies developed with the support team to address the identified problems and practices based on the evaluation.
3. Training for the individual and support team to implement the strategies with fidelity and collect data to determine effectiveness of the strategies that will assist the individual in achieving a good quality of life.
4. A written document that is incorporated into the ISP to ensure the implementation of the new strategies with fidelity and consistency by the support team after the PCSC is completed.

Documentation for the service:

1. Identification of the outcome being addressed during the service unit(s) for a particular session.
2. Description of progress towards the outcome.
3. Actions steps and planning for the next service sessions including a timeline and steps necessary to achieve the outcome.

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Professional Assessment and Monitoring

Service Type: Professional Assessment and Monitoring

Alternative Service Title:

Service Definition: Professional Assessment and Monitoring (PAM) is intended to promote and support an optimal level of health and well-being. PAM is a consultative service by a licensed health care professional that may include assessment, examine, evaluate, and/or treat an individual of identified condition(s) or healthcare needs and planning to include instructions and training for caregivers when indicated. PAM services maintain, restore and / or improve an individual's functional status. PAM may include ancillary, management and / or instructional strategies.

PAM providers are to coordinate and communicate with the individual, their caregivers and the support team. This would include but is not limited to reporting all changes in health status to the physician and the support coordinator and providing written reports of the visit to the support coordinator. All services must be documented in the individual record.

Any changes in health status are to be reported to the physician and support coordinator as needed. Written reports of the visit are required to be sent to the support coordinator. This service may be provided by a RN, or a LPN under the supervision of a RN, or a licensed dietitian to the extent allowed by their respective scope of practice in the State of Missouri.

This service must not supplant Medicaid State plan services or Medicare services for which an individual is eligible. Excluded services include Diabetes Self-Management Training available under the state plan and medical nutrition therapy services prescribed by a physician for Medicare eligible who have diabetes or renal diseases.

PAM service providers must have a valid DMH contract and/or provide services through an OHCDs for the provision of PAM services.

Service Documentation:

Providers of PAM must maintain an individualized plan of treatment and detailed record of intervention activities by unit of service. The provider is required to follow procedures set forth under The Code of State Regulations 13 CSR 70-3.030, which defines adequate documentation.



Professional Assessment and Monitoring

Service Type: Professional Assessment and Monitoring

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

- Legally Responsible Person
- Legal Guardian
- Relative

Service Delivery Method(check all that apply):

- Participant Directed
- Provider Managed



Behavioral Support Services (1/2)

Service Type: Behavioral Support Services

Alternative Service Title:

Service Definition: Clinical and therapeutic services which are not covered by the Medicaid State Plan, necessary to improve the individuals independence and inclusion in their community. This service is available to individuals who have intellectual disabilities and demonstrate an emotional, behavioral or mental health issue that results in the functional impairment of the individual and substantially interferes with or limits functioning at home or in the community. Professional clinical service to include: 1) Assess and evaluate the behavioral and clinical need(s); 2) Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individuals natural environments; 3) Provide training to the individuals family and the support providers in appropriate implementation of the behavioral support plan and associated documentation; and, 4) Evaluate the effectiveness of the behavioral support plan by monitoring the plan on a monthly basis, and by meeting with the team one month after the implementation of the behavior plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation. The professional(s) shall make recommendations to the Individual Support Team and Case Manager for referrals to community physicians and other clinical professionals that support the recommendations of the assessment findings as appropriate. Use of this service requires the preparation of a formal comprehensive assessment and submission of any restrictive behavioral support program to the DDS Program Review Committee for approval prior to implementation.



Behavioral Support Services (2/2)

<p>Service Type: Behavioral Support Services</p>	<p>Alternative Service Title:</p>
<p>Limits on the amount, frequency, or duration:</p>	
<p>Individual and Family Supports Waiver Characteristics:</p>	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Home Modifications & Adaptations (1/2)

Service Type: Home Modifications & Adaptations

Alternative Service Title:

Service Definition: Those physical adaptations to the private residence of the participant, 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. Service includes the assessment and evaluation of home safety modifications. This service can only be provided in the participant's primary residence. Such adaptations include but are not limited to:

- Installation of ramps and grab-bars
- Widening of doorways/hallways
- Modifications of bathroom facilities
- Lifts: porch or stair lifts
- Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies, and which are necessary for the welfare of the participant
- Installation of specialized flooring to improve mobility and sanitation
- Specialized accessibility/safety adaptations/additions
- Automatic door openers/door bells
- Voice activated, light activated, motion activated and electronic devices
- Door and window alarm and lock systems
- Air filtering devices and cooling adaptations and devices
- Specialized non-breakable windows

All services shall be provided in accordance with State or Local Building codes.

Excluded are those adaptations or improvements to the home that are of general utility, and which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. General household repairs are not included in this service.

Continued page 2



Home Modifications & Adaptations (2/2)

Service Type: Home Modifications & Adaptations

Alternative Service Title:

Continued from page 1

Limits on the amount, frequency, or duration: Any use of Waiver funds for home adaptation requests must be submitted and approved in advance following the process outlined below. The Service Coordinator will explore with the participant and family when relevant, utilization of appropriate modifications that are portable to accommodate changes in residence, size of the participant, and changes in equipment and needs. In addition, all proposals for home adaptations shall plan for the reuse of portable accommodations.

- a) Waiver funding shall only be used for renovations that will allow the participant to remain in his/her home (primary residence), and must specifically relate to the functional limitation(s) caused by the participant’s disability. It is not available to participants who visit home periodically but who otherwise reside elsewhere.
- b) The following steps to request approval for funding must be followed.
 - The Service Coordinator must receive for his/her review and recommendation the following information: a proposal detailing the request for funding, and the completed Vehicle/Home Adaptations Funding Request Form. The participant’s Individual Support Plan that clearly defines and explains the need for a home adaptation must be attached to this information.
 - If the DDS Service Coordinator recommends the proposal for funding, the request is then forwarded to the Area and then the Regional Director for review and recommendation of funding.
 - If a home adaptation request is approved, the participant/family must submit, at a minimum, 3 bids that contain costs and a work agreement, to the Department.
- c) All payments for Home Adaptations must be made through the Fiscal Management Service and purchased through a self-directed budget. This service must be an identified need and documented in the service plan. The Home Adaptations must be purchased through a self -directed budget through the Fiscal Intermediary.

Funding for Home Adaptations is not available for use in any state operated or provider residence, or in the home of a home sharing care provider. No permanent adaptations to the structure will be made to property rented or leased by the participant, guardian or legal representative.

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

- Legally Responsible Person
- Legal Guardian
- Relative

Service Delivery Method(check all that apply):

- Participant Directed
- Provider Managed



Vehicle Modification (1/2)

Service Type: Vehicle Modification

Alternative Service Title:

Service Definition: 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 engage more fully in the broader community and to ensure the health, welfare and safety of the participant.

Examples of vehicle adaptations include:

- Van lift
- Tie downs
- Ramp
- Specialized seating equipment
- Seating/safety restraint

The following are specifically excluded vehicle modifications:

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

The participant must be in the family home, vehicle modification is not available to participants who reside in a provider residential setting or in 24 self-directed 24 home sharing supports or in the live-in caregiver model.

Funding for adaptations to a new van or vehicle purchased/leased by family can be made available at the time of purchase/lease to accommodate the special needs of the participant. This service is must be an identified need and documented in the service plan. The Vehicle modifications must be purchased through a participant-directed budget and paid through the Fiscal Intermediary

1. The Service Coordinator must receive in advance for his/her review and recommendation the following information: a proposal detailing the request for funding and the completed Vehicle/Home Adaptations Funding Request Form. The participant's Individual Support Plan that clearly defines and explains the need for a vehicle adaptation must be attached to this information.
2. If the DDS Service Coordinator recommends the proposal for funding, the request is then forwarded to the Area and then the Regional Director for review and recommendation of funding.
3. All payments for Vehicle Adaptations must be made through the Fiscal Management Service and purchased through a self -directed budget



Vehicle Modification (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from MA Community Living (0826.R02.00)

Service Type: Vehicle Modification

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Specialized Medical Equipment & Supply (1/2)

Service Type: Specialized Medical Equipment & Supply

Alternative Service Title:

Service Definition: Specialized medical equipment and supplies include: (a) devices, controls, or appliances, specified in the plan of care, 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. Accessing the state plan benefits must occur before accessing this service. All items shall meet applicable standards of manufacture, design and installation. The medical support devices or equipment must have proven evidenced-based support and conform with acceptable medical practice; no experimental or alternative devices or equipment are permitted to be purchased. Any devices used in the provision of the service must be FDA approved. Specialized Medical Equipment and Supplies must be authorized by the Service Coordinator as part of the Individual Service Plan process. Specialized medical equipment and supplies must be purchased through a self-directed budget through the Fiscal Intermediary.



Specialized Medical Equipment & Supply (2/2)

Service Type: Specialized Medical Equipment & Supply	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Interpreter (1/2)

Service Type: Interpreter

Alternative Service Title:

Service Definition: Service of an interpreter to provide accurate, effective, and impartial communication where the waiver recipient or representative is deaf or hard of hearing or where the individual does not understand spoken English.



Interpreter (2/2)

Service Type: Interpreter	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Wellness Coaching (1/2)

Service Type: Wellness Coaching

Alternative Service Title:

Service Definition: Plan, direct, coach and mentor individuals with disabilities in community based, inclusive exercise activities based on a licensed recreational therapist or certified personal trainer's recommendation. Develop specific goals for the individual's service agreement, including activities that are carried over into the individual's home and community; demonstrate exercise techniques and form, observe participants, explain to them corrective measures necessary to improve their skills, and transportation if applicable. Collaborate with the individual, his or her guardian (if applicable) and other caregivers and with other health and wellness professionals as needed. The Services must not otherwise be covered by NH State Plan. This service may be provided remotely through telehealth as determined necessary by the state to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4). Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.



Wellness Coaching (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from NH Developmental Disabilities Waiver (0053. R07.00)

Service Type: Wellness Coaching	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Social Skills Group (1/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)

Service Type: Social Skills Group

Alternative Service Title:

Service Definition: Services assist individuals with the acquisition, improvement and /or retention of social skills necessary to achieve personal outcomes that increase an individual's independence, enhance an individual's ability to live and work in their community, and assist individuals in becoming responsible for their own actions as specified in the Individual Plan of care. The service is intended for specific instruction and training in social skills.

This service may be used in combination with life skills coach, community mentoring or clinical behavioral supports services. This should be documented in the Individual Plan. The services under the Social Skills Group Service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.



Social Skills Group (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)

Service Type: Social Skills Group	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Family Peer Support (1/2)

Service Type: Family Peer Support

Alternative Service Title:

Service Definition: The Family Peer Support service is an array of formal and informal services and supports provided by a Family Support Partner (FSP) to families who have a family member with an intellectual/ developmental disability (I/DD). Family is defined as the primary care giving unit and is inclusive of the wide diversity of caregivers in our culture. For the purpose of the Family Peer Support service, family is further defined as the persons who live with or provide care to a person with I/DD receiving services through a waiver and may include a parent, spouse, sibling, children, relatives, grandparents, foster parents, or others with significant attachment to the individual.

A FSP provides nonclinical family peer support by sharing valuable personal knowledge based experience in supporting and providing care to a family member with an I/DD. This service may also include identifying and developing formal and informal supports, instilling confidence, assisting in the development of individual and family goals, serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health and well-being of the individual and their family unit and to help reduce caregiver stress and isolation. The FSP service builds on a family's strengths, buffers risk while building protective factors, and promotes optimal outcomes. The FSP service supports the parent/family and enhances their skills so they can effectively understand and contribute to planning processes and access services that will better promote positive functioning, which results in their family member's ability to live successfully in their home and community. The FSP assists families by providing information and training as needed to support the family to increase their ability to provide a safe and supportive environment in the home and community for their family member.

Developing positive family rapport is critical to the effectiveness of this service and, therefore, personal face-to-face visits in a variety of settings may be necessary. Face-to-face support may be supplemented by phone or electronic correspondence.

FSP services may be provided individually or in a group setting.

FSP services provided must include communication and coordination with the family and/or legal guardian and may be provided concurrent with the development of the family member's ISP. Coordination with other systems should occur as needed to achieve the family's goals.



Family Peer Support (2/2)

Service Type: Family Peer Support	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Family Training (1/2)

Service Type: Day Service

Alternative Service Title:

Service Definition:

Family Training is designed to provide training and instruction about the treatment regimes, behavior plans, and the use of specialized equipment that supports the waiver participant to participate in the community. Family Training may also include training in family leadership, support of self-advocacy, and independence for their family member. The service enhances the skill of the family to assist the waiver participant to function in the community and at home when the waiver participant visits the family home. Documentation in the participant's record demonstrates the benefit to the participant. For the purposes of this service "family" is defined as the persons who live with or provide care to a waiver participant and may include a parent or other relative. Family Training may be provided in small group format or the Family Trainer may provide individual instruction to a specific family based on the needs of the family to understand the specialized needs of their family member. The one to one family training is instructional; it is not counseling. Family does not include individuals who are employed to care for the participant. This service may be self-directed.



Family Training (2/2)

<p>Service Type: Day Service</p>	<p>Alternative Service Title:</p>
<p>Limits on the amount, frequency, or duration:</p>	
<p>Individual and Family Supports Waiver Characteristics:</p>	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Goods & Services (1/2)

Service Type: Goods & Services

Alternative Service Title:

Service Definition: Individual Goods and Services are services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the individual service agreement (ISA) (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: The item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; and the participant and their family does not have the funds to purchase the item or service is not available through other sources. Must not be an otherwise covered state plan service. Goods and Services are purchased based on needs identified in the individual service agreement. Experimental or prohibited treatments are excluded. Individual Goods and Services must be documented in the ISA. The coverage of these services permits a state to authorize the purchase of goods and services that are not otherwise offered in the waiver or the state plan. The goods and services purchased under this coverage may not circumvent other restrictions on the claiming for the costs of room and board. This service may be provided remotely through telehealth as determined necessary by the state to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4). Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual's functional abilities.



Goods & Services (2/2)

Service Type: Goods & Services	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Specialized Driving Assess. (1/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)

Service Type: Day Service

Alternative Service Title:

Service Definition: Services provide a pre-driving evaluation to determine if an individual can safely operate a motor vehicle. The evaluation will include a medical review, which includes verification of potential contraindications for driving, an in-house clinical evaluation which includes comprehensive visual, cognitive and physical screenings, simulation and on-the-road testing using a dual-equipped vehicle. This service does not include driver's education. This service is limited to individuals 18 years of age or older. Services will be provided by a team including a licensed Occupational Therapist and a Certified Driver Rehabilitation Specialist.

The services under the Specialized Driving Assessment Service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.



Specialized Driving Assess. (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)

Service Type: Day Service	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Service Coordination (1/2)

Service Type: Service Coordination

Alternative Service Title:

Service Definition: Service Coordination: Services which will assist eligible individuals in gaining access to needed waiver and or State Plan services, as well as needed medical, social, educational and other services, regardless of the funding source. Monitoring shall be completed in accordance with He-M 503.10 (m) as follows: When an expanded service agreement has been approved by the individual, guardian, or representative and area agency director, the services shall be implemented and monitored as follows: (1) A person responsible for implementing any part of an expanded service agreement, including goals and support services, shall collect and record information about services provided and summarize progress as required by the service agreement or, at a minimum, monthly; (2) On at least a monthly basis, the service coordinator shall visit or have verbal contact with the individual or persons responsible for implementing an expanded service agreement and document these contacts; (3) The service coordinator shall visit the individual and contact the guardian, if any, at least quarterly, or more frequently if so specified in the individual's expanded service agreement, to determine and document: a. Whether services match the interests and needs of the individual; b. Individual and guardian satisfaction with services; and c. Progress on the goals in the expanded service agreement; and (4) If the individual receives services under He-M 1001, He-M 521 or He-M 524, at least 2 of the service coordinator's quarterly visits with the individual shall be in the home where the individual resides. Service Coordination may be provided remotely through telehealth as determined necessary to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. Required home visits may not be completed via telehealth service provision. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4). Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. Service coordination activities completed as required in He-M 503.10 (m) (2) may be completed via remote service delivery through telephone contact or video-call platforms. Service coordination activities completed as required in He-M 503.10 (m) (3) may be completed via remote service delivery through a video-call platform in order to ensure face to face contact. Service Coordination activities completed as required in He-M 503.10 (m) (4) must be completed in-person. Participant Directed and Managed Services home visits must be completed in-person. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual's functional abilities.



Service Coordination (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from NH Developmental Disabilities Waiver (0053. R07.00)

Service Type: Service Coordination	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Support Broker (1/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Individual and Family Support (0426.R03.00)

Service Type: Day Service

Alternative Service Title:

Service Definition:

Support and Consultation provided to individuals and/or their families to assist them in directing their own plan of individual support. This service is limited to those who direct their own supports. The services included are:

Assistance with developing a natural community support network

Assistance with managing the Individual Budget

Support with and training on how to hire and train staff

Training on how to manage staff

Accessing community activities and services, including helping the individual and family with the coordination of needed services.

Assistance with negotiating rates and reimbursements.

Developing an emergency backup plan

Self advocacy training and support



Support Broker (2/2)

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Individual and Family Support (0426.R03.00)

Service Type: Day Service

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Remote Support Services (1/2)

Service Type: Day Service

Alternative Service Title:

Service Definition:

“Remote supports” means the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Equipment used to meet this requirement must include one or more of the following systems: motion sensing system, radio frequency identification, live video feed, live audio feed, GPS tracking, web-based monitoring system, or a device that otherwise meets the requirement for two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system. Remote supports will include a service component and a technology component. May not be provided at the same time as Group Day, Individualized Home Supports, Individualized Day, Supported Employment, Respite, Personal Support, Adult Companion, Individualized Goods and Services, and/or Assistive Technology. Policy and Procedures that address Intrusive devices or Use of Video and Audio Technology apply to Remote Supports Services. Policy No. I.F.PO.006 Human Right Committee Attachment B Request for Human Rights Committee Review Form Procedure No. I.F.PR.006 Regional Human Rights Committee Procedure No. I.D.PR.011 Use of Video and Audio Technology All policies and procedures described above are in place for any restrictive or intrusive intervention. The use of an intrusive device that signals the whereabouts or movements of an individual to ensure the safety of the individual or safety of the community, or a restriction that prevents an individual from having access to specific experiences, must always be reviewed and approved by the DDS Human Rights Committee. The Human Rights Committee is comprised of individuals who are not employees of DDS and provide oversight and advice regarding the rights of DDS service participants. Following the HRC review the Regional Director must also approve the restrictive procedure. The HRC determines the frequency of its review of the procedure and supporting behavior plans. As there is an electronic monitoring component to this service, please specify that the equipment/monitoring will comport with 42 CFR section 441.301(c)(4)(iii).



Remote Support Services (2/2)

Service Type: Day Service

Alternative Service Title:

Limits on the amount, frequency, or duration:

Individual and Family Supports Waiver Characteristics:

Service may be provided by(check all that apply):

Legally Responsible Person

Legal Guardian

Relative

Service Delivery Method(check all that apply):

Participant Directed

Provider Managed



Crisis Response Services (1/2)

Service Type: Crisis Response Services

Alternative Service Title:

Service Definition: Include direct consultation, clinical evaluation, staffing supports and transportation to individuals who are experiencing a behavioral, emotional or medical crisis or challenge. These services are intended to address the individual's specific problems, thereby reducing the likelihood of harm to the individual or others, and assisting the individual to return to his/her pre-crisis status. This service may be provided remotely through telehealth as determined necessary by the state to ensure services are delivered while considering individual choice, cost effectiveness and compliance with CMS requirements and identified in the individual's person-centered plan. BDS will create and implement a Telehealth Checklist. The Telehealth Checklist will be completed by 2/1/2022. The checklist will act as a safeguard to ensure that a review of community integration is conducted throughout the person centered planning process and that the individual is not isolated. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a telehealth method of service delivery. If the individual requires hands-on assistance, telehealth service delivery shall not be an option. The Telehealth Checklist will include consideration of the percentage of time that telehealth service provision will be utilized. The amount of time chosen shall be determined during the person centered planning process and outlined in the individual service agreement. The Service Coordinator will complete the checklist during the person centered planning process in order to aid in the development of the annual individual service agreement, as well as during the quarterly monitoring activities required by He-M 503.10(m) (3) – (4). Telehealth service provision is currently available through allowances from the Appendix K. Implementation of the checklist will commence when the appendix K expires. This service may be provided in an acute care hospital under the following conditions: (A) Identified in an individual's person-centered service plan; (B) Provided to meet needs of the individual that are not met through the provision of acute care hospital services; (C) Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and (D) Designed to ensure smooth transitions between acute care hospitals and home and community-based settings, and to preserve the individual's functional abilities.



Crisis Response Services (2/2)

Service Type: Crisis Response Services	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	<p>Service may be provided by(check all that apply):</p> <p> <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative </p> <p>Service Delivery Method(check all that apply):</p> <p> <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed </p>



Counseling and Support for Caregiver (1/

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Comprehensive Supports (0437.R03.00)

Service Type: Day Service

Alternative Service Title:

Service Definition: Training Counseling and Support services for individuals who provide unpaid support, training, companionship or supervision to waiver participants. Service can be provided in participants own home, family home, employment/jobsite or community. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided in order to train paid caregivers. Training includes instruction about treatment regimens and other services included in the service plan, use of equipment specified in the service plan, and includes updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. Waiver participant does not need to be present for caregiver to receive this service. All training for care giver who provide unpaid support to the participant must be included in the participant's individual plan.



Counseling and Support for Caregiver (2/

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from CT Comprehensive Supports (0437.R03.00)

Service Type: Day Service	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed



Blank Templates



(1/2)

Service Type: Day Service

Alternative Service Title:

Service Definition:



Service Type: Day Service	Alternative Service Title:
Limits on the amount, frequency, or duration:	
Individual and Family Supports Waiver Characteristics:	Service may be provided by(check all that apply): <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relative Service Delivery Method(check all that apply): <input type="checkbox"/> Participant Directed <input type="checkbox"/> Provider Managed

