Division of Long Term Supports and Services
Bureau of Developmental Services

Systems Work Waiver Work Group
February 2022
Jessica Gorton
Topics for this Work Group

1. Intro
2. DSP Subcommittee Update
   - Update
3. Adding a New Waiver
4. Homework Response
   - Summary and Discussion
5. Residential Services Drafting
6. Next Steps
Goals for this Meeting

Before we get started, BDS would like to address some of the feedback we’ve heard...

<table>
<thead>
<tr>
<th>What We’ve Heard</th>
<th>What We’re Trying to Do</th>
<th>How this Meeting Helps us Get There</th>
</tr>
</thead>
<tbody>
<tr>
<td>This committee...</td>
<td>The Department...</td>
<td>Today, we are going to...</td>
</tr>
<tr>
<td>1. Doesn’t understand the motivation behind developing two DD Waivers</td>
<td>1. Wants to serve people effectively (and thinks that developing a new DD Waiver is a good way to do that)</td>
<td>1. Develop services for the people we serve</td>
</tr>
<tr>
<td>2. Wants to serve people effectively</td>
<td>2. Wants to learn from this committee</td>
<td>2. Revisit the motivation behind introducing a new DD waiver</td>
</tr>
<tr>
<td>3. Is concerned about capacity in the state</td>
<td>3. Hopes to methodically develop a new service array that improves services options</td>
<td>3. Present some feedback from the homework</td>
</tr>
<tr>
<td>4. Feels that the recent homework was challenging and would like more clarification around the point of the exercise</td>
<td>4. Hopes to understand what services need to be in the waivers</td>
<td>4. Begin drafting service definitions</td>
</tr>
<tr>
<td></td>
<td>5. Must avoid disruptions for families</td>
<td>5. Build in time for this work group to go back and add services (or remove them) if gaps or redundancies are identified</td>
</tr>
</tbody>
</table>
DSP Subcommittee Update
DSP Subcommittee Update

- Thank you for submitting nominees or volunteering yourself!
- The Steering Committee and Rate Work Group also submitted volunteers.
- Members should expect a Kick-Off Email soon.
- BDS is available to provide additional support if needed- just reach out via email.
Adding a New Waiver
Waiver Structure – Intent and Background

Before we start drafting definitions, we want to revisit BDS’ decision to add a Supports Waiver. Our intent is to be clear about what decisions are pending. Other areas of exploration are likely to emerge as the work progresses.

What’s Been Decided:
• A new Supports Waiver will be added to the DD service delivery system
• Existing service definitions will be evaluated and updated as needed
• New service definitions will be evaluated and added as needed

What This Group is Exploring:
• What services should be included on the waivers
• Which services will be on which waivers

What the Rates Group is Exploring:
• If caps would be beneficial
• Cost of providing services

What the Steering Committee is Exploring:
• How to best use an assessment tool in budget development
• How to manage two waivers (waiver transitions, wait list considerations, and more)
Waiver Structure – Why are We Making Changes?

Current Challenges Under the DD Waiver
- Limited service options
- Overly broad definitions and leveling system
- Challenges in developing appropriate reimbursement rates
- Challenges defending and projecting future service need and cost

Opportunities of Introducing a Supports Waiver
- Increase service options to support a whole life trajectory
- Promoting independence and family-based support models
- Defined services to promote better rate development and adequacy
- Separating like services with like intent into separate waivers to promote better informed choice and decision-making during ISA development
Support waivers have grown in popularity over the past 20 years

Nearly half of all states have some type of DD supports waiver

In looking at five example states (CT, MD, NE, OH, WA) we found:

• Support waivers are targeted at supporting individuals to have greater control over their services, promote family supports, peer mentoring services and focus on in-home or day-based supports but do not allow 24/7 residential habilitation services

• Some of the sample waivers have capitated amounts, the majority do not but instead have caps on some services

While supports waivers are intended to provide non 24/7 supports, we also found that:

• Between 2015 – 2018 MD, NE and OH increased the percentage of new waiver recipients at a rate greater than NH

• Between 2015 – 2018 MD, OH and WA increased the percentage of total waiver funding at a rate greater than NH

• According to the 2017-2018 NCI survey responses to “People are satisfied with the services and supports they receive” CT, NE, OH identified higher percentage of “Yes” responses than NH.

• According to the 2017-2018 NCI survey responses to “People make choices about their lives and are actively engaged in planning their services and supports.” NE and OH identified higher percentage of “Yes” responses than NH.

Data unavailable for MD, WA for the 2017-2018 state report data set.
Waiver Structure – What’s the Goal?

The goal of a Supports Waiver is to:
- Promote access to additional, family-based supports
- Provide additional ways to support someone’s full-life trajectory
- Develop services and definitions for many of the innovative things already happening – and rates to better support them
- Increase the dependability and projectability of service costs going forward

To do this effectively, we need to ensure:
- Waiver options and services that allow for someone to have changing needs within a waiver instead of always moving waivers
- An agile process that is not administratively burdensome (to families, AAs, providers, BDS) if a waiver change is needed
- An agile ISA and PA process that support this structure
- Rates that promote growth of new, innovative services
Homework Response
Homework Response

Thank you for submitting your homework response. We know it was a challenging exercise! This is what we heard from you all...

1. **Service Consolidation.** Employment-related services (Customized Employment Supports, Individual Supported Employment, and Supported Employment, Job Development, Job Coaching, Prevocational Services) and Community Day Services (Community Based Day Supports, Community Integration, Community Participation Services) were identified as service sets with a large amount of overlap.

2. **Controversial Services.** Moving forward with an Assisted Living, ABA training, and Social Skills Groups is not supported by all members.

3. **Prioritize Diverse Needs.** Many members noted that this assignment was challenging and emphasized the importance of providing services that meet many different needs.

- **I think each of these could be considered very important depending on the individual.**
- **Community Based Day Supports, Community Integration and Community Participation Supports are essentially the same thing.**
- **ABA training should not be included in any waiver. Many ABA strategies are emotionally damaging to the individual.**
- **Job Development and Job Coaching are included as part of Supported Employment so don’t really need to be carved out.**
- **If adequate community supports were available I do not feel that individuals and families would be choosing/pursuing congregate living.**
- **I think we should narrow it down to one or two services in each category to avoid confusion.**
- **Social skills groups or "social skills training" should not be included in any waiver. This type of thinking trying to "normalize" people with disabilities is harmful.**
Thank you for your feedback on Residential Services...

- Almost all services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- While some people did vote to not include services like Assisted Living- this wasn’t the majority choice.
- We’re going to use this suite of services as a starting point for definition drafting.

<table>
<thead>
<tr>
<th>DD Waiver</th>
<th>Individual and Family Supports Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Res Hab – Group Home</td>
<td>Res Hab – Enhanced Family Care</td>
</tr>
<tr>
<td>Res Hab – Enhanced Family Care</td>
<td></td>
</tr>
<tr>
<td>Shared Living</td>
<td></td>
</tr>
<tr>
<td>24 HR Self Directed Home Sharing</td>
<td></td>
</tr>
<tr>
<td>Live in Companion</td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>Transitional Assistance Services</td>
</tr>
<tr>
<td></td>
<td>Stabilization - Residential</td>
</tr>
<tr>
<td></td>
<td>Expanded Habilitation/Education</td>
</tr>
<tr>
<td></td>
<td>Chore Services</td>
</tr>
</tbody>
</table>
Residential Services
**Service Type:** Residential

**Service Definition:**
Group home services provide care, supervision, and skills training in ADL’s, home management and community integration. The services are provided to groups of individuals in group homes, residential care centers, and semi-independent living (SIL) situations (clustered apartment programs) licensed or certified by DMH Licensure, certification and accreditation all meet the requirements of 45 CFR Part 1397 for board and care facilities. A unit of service is one day (24 hours). Group Homes are owned and operated by public or private agencies under contract with the Division of DD. Group Homes are paid a per diem rate for each individual, which covers:
- Staff provided assistance and support in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, money management and household responsibilities. Also included are the salary, benefits, and training costs of direct program staff, supervisory staff, and purchased personnel who provide services in these areas;
- Habilitation supplies and equipment that are not specifically prescribed for one individual;
- Necessary staff supervision up to 24 hours per day; and
- Agency administration for habilitation services.

Group Home providers are required to provide up to 1.25 hours/month of Registered Nursing services as needed by the individual.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Missouri Comprehensive Waiver.
<table>
<thead>
<tr>
<th>Service Type:</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Service Title:</td>
<td></td>
</tr>
</tbody>
</table>

**Limits on the amount, frequency, or duration:**
Individuals who receive Group Home, ISL, or Shared Living may not receive this service because it is encapsulated within these aforementioned services and would cause duplication. A person who receives these services may receive DH, but may not receive ISD at the DH location. No more than 20 hours a week shall be authorized annually. ISD is not a service provided in a facility setting. When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities.

**Additional ISD Limitations:**
- This service may not be provided by a family member or guardian.
- Group ISD may not have more than 4 individuals in a group.
- A national/state credentialed staff trained in skill development will be required.
- Payment is on a 15 minute, fee for service basis.

<table>
<thead>
<tr>
<th>Individual and Family Supports Waiver Characteristics:</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service may be provided by (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legally Responsible Person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Delivery Method (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Directed</td>
</tr>
</tbody>
</table>
Adult Foster Care— (1/2)

Service Type: Residential

Service Definition:
"Adult Foster Home (AFH)" means any home in which residential care and services are provided in a home-like environment for compensation to five or fewer adults who are not related to the provider by blood, marriage, or adoption. An adult foster home does not include any house, institution, hotel, or other similar living situation that supplies room or board only, if no individual thereof requires any element of care.

The maximum capacity of an AFH-DD is limited to five individuals who require care and services who are unrelated to the provider by blood, marriage, or adoption. The number of individuals permitted to reside in an AFH-DD is determined by the ability of the caregiver to meet the care, service, and support needs of the individuals, fire safety standards, physical structure standards, and the standards of these rules.

"Care" means supportive services that encourage maximum individual independence and enhance the quality of life for an individual including, but not limited to, the following:
(a) Provision of 24-hour supervision, being aware of the whereabouts of the individual, and ensuring the health, safety, and welfare of the individual.
(b) Assistance with activities of daily living and instrumental activities of daily living as defined in OAR 411-317-0000.
(c) Assistance with quality of life activities, such as socialization and recreation.
(d) Monitoring the activities of the individual to ensure the health, safety, and welfare of the individual.

"Caregiver" means any person responsible for delivering care and services to support individuals. A caregiver includes a provider, resident manager, and any temporary, substitute, or supplemental caregiver or other person designated to provide care and service to support individuals in an AFH-DD.
### Adult Foster Care – (2/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title: Enhanced Family Care, Host Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits on the amount, frequency, or duration:</td>
<td></td>
</tr>
<tr>
<td>Individual and Family Supports Waiver Characteristics: NA</td>
<td></td>
</tr>
</tbody>
</table>

**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

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from Oregon Administrative Rules that govern Adult Foster Homes.
Service Type: Residential

Service Definition:
Residential Habilitation includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including but not limited to:
Assistance with activities of daily living and personal care such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, and adaptive skill development to assist the individual to reside in the setting most appropriate to his/her needs. Services and supports may be furnished in the home or outside the home. Services are provided to eligible individuals with the following general assistance needs:

Level I: Intended primarily for individuals who require intermittent supports on a daily basis;
Level II: Intended for individuals who require supports and supervision throughout the day;
Level III: Intended for individuals who require substantial supports and supervision;
Level IV: Intended for individuals who require frequent supports and supervision;
Level V: Intended for individuals who have significant medical and/or behavioral needs and require critical levels of supports and supervision; and
Level VI: Intended for individuals who have extraordinary medical and behavioral needs and require exceptional levels of assistance and specialized care.
Level VII: intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

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.
### Service Type: Residential

### Limits on the amount, frequency, or duration:
This waiver service is not available to individuals who are eligible to receive such service through the Medicaid State Plan (including EPSDT benefits). Payment is not made for the cost of room and board, building maintenance, upkeep, nor improvement. The provision of Residential Habilitation Services in acute care hospitals will be reviewed and approved by the person-centered planning team on a quarterly basis. Please refer to additional assurance language found in Main-Brief Waiver Description under section "Main; B; Optional".

### Individual and Family Supports Waiver Characteristics:

### Service may be provided by (check all that apply):
- [ ] Legally Responsible Person
- [x] Legal Guardian
- [x] Relative

### Service Delivery Method (check all that apply):
- [x] Participant Directed
- [x] Provider Managed

---

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the New Hampshire Developmental Disabilities Waiver.
**Service Type:** Residential

**Alternative Service Title:**

**Service Definition:**
Shared Living – A residential option that matches a participant with a Shared Living caregiver/provider. Shared Living is an individually tailored supportive service developed based on the individual support needs can be less than 24 hour support. Shared Living is available to participants who need daily structure and supervision. Shared Living includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community.

This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), connect to local resources such as adult educational opportunities, social and leisure skill development, protective oversight and supervision. Shared Living integrates the participant into the usual activities of family and community life. In addition, there will be opportunities for learning, developing and maintaining skills including in such areas as ADL’s, IADL’s, social and recreational activities, and personal enrichment.

The Qualified Provider provides regular and ongoing oversight and supervision to the caregiver. The caregiver/provider lives with the participant at the residence of the participant’s choice. Participant should have the opportunity to hold the lease and the same protection rights as all renters in CT. Shared Living qualified provider recruit caregivers, assess their abilities, coordinate placement of participant or caregiver, train and provide guidance, supervision and oversight for caregivers and provider oversight of participants’ living situations, coordinate respite and additional support as needed.

The caregiver may not be a legally responsible family member. Settings: The service should be provided in the Participants own home or the caregiver/provider residence. Any Participant who chooses to reside in the caregiver/provider residence must receive prior approval based upon review of the lease to ensure adequate protections for the participant. Participants should have the opportunity to hold the lease and the same protection rights as all renters in CT.
**Shared Living (2/2)**

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
</table>

**Limits on the amount, frequency, or duration:**
Shared Living residential support model and cannot be used in combination with CLA, CRS, CCH. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

**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**

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Connecticut Comprehensive Supports Waiver.
24 HR Self Directed Home Sharing - (1/2)

Service Type: Residential

Service Definition:
24-Hour Self-Directed Home Sharing Support consists of ongoing services and supports by paid care giver(s) that is designed to assist individuals to acquire, maintain, or improve the skills necessary to live in a noninstitutional setting. The service is available to individuals who need daily staff intervention with care, supervision and skills training in activities of daily living, home management and community integration and live in a home of their own or live in the home of a care provider identified by the waiver participant or the legally responsible individual. The care provider is identified and supervised directly by the waiver participant or the legally responsible individual. Unlike Placement Services in Residential Habilitation, there is no support agency involved in the 24-Hour Self-Directed Home Sharing Support. Like placement services there is an assessment to determine the intensity of the need of the individual in relation to the daily payment rate for the care provider. There are three levels of intensity in the model. 24-Hour Self-Directed Home Sharing Support means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, recognition and money management, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. 24-Hour Self-Directed Home Sharing Support also includes personal care and protective oversight and supervision 24 hours a day. This service may also include the provision of medical and health care services that are integral to meeting the daily needs of the participants or arranging and assisting individuals to access the health care system. Transportation between the participant’s place of residence and other service sites or places in the community may be provided as a component of 24-Hour Self-Directed Home Sharing Support and is included in the individual's participant budget. 24-Hour Self-Directed Home Sharing Support must be purchased through a self-directed budget. This service may not be provided at the same time as Respite, Individualized Home Supports, or Adult Companion or when other services that include care and supervision are provided. 24-Hour Self-Directed Home Sharing Support services are not available to individuals who live with their parent or spouse unless that individual is also eligible for the Department’s supports. Family members who are either the legal guardian or legal representative or spouse can not provide 24-Hour Self-Directed Home Sharing Support. Other family members such as siblings or cousins, aunts, uncles may provide these services. These services may be arranged and organized by a family member or legally responsible individual. Payment is not made for the cost of room and board including the cost of building maintenance, upkeep and improvements. The method by which room and board are excluded from payment for residential habilitation is specified in Appendix I. Payment is not made directly or indirectly to members of the individual’s immediate family except as provided in Appendix C-2. 24-Hour Self-Directed Home Sharing Support can not be provided in a provider licensed Group Residence or staffed by a provider agency. The physical site is either owned or leased directly by the waiver participant or the direct care provider and not by the provider agency. 24-Hour Self-Directed Home Sharing Support services can only be self-directed through an individual budget and paid through a fiscal management service. 24-Hour Self-Directed Home Sharing Support is limited to one individual in the same site. Licensed providers may not act as the employer of the care provider and may not provide services in one of their licensed settings.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Massachusetts Intensive Supports Waiver.
**Service Type:** Residential

**Alternative Service Title:**

**Limits on the amount, frequency, or duration:**
None

**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
### Service Type: Residential

### Service Definition:
Service is intended to be used by participants who are capable of being alone for significant periods of time but who may be afraid to be alone at night or who may need assistance with accessing help in an emergency situation at night. The Live-in Companion agrees to provide regular companionship and support should an emergency arise. Other informal supports such as occasional transportation, assistance with meal preparation or participating in an activity such as going to the movies or bowling, may be provided by the Live-in Companion without any payment for support.

The residence must be leased or owned by consumer, his/her family or legal representative. The Live-in Companion can not be related to the consumer. The services under the Live in Cargiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Connecticut Individual and Family Supports Waiver.
**Live-in Companion (2/2)**

Service Type: Residential

<table>
<thead>
<tr>
<th>Limits on the amount, frequency, or duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

Individual and Family Supports Waiver Characteristics:

<table>
<thead>
<tr>
<th>Service may be provided by (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legally Responsible Person</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Delivery Method (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Participant Directed</td>
</tr>
</tbody>
</table>
Assisted Living – (1/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
</table>

**Service Definition:**
Assisted Living Facilities approved by DSS the State Medicaid Agency. Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, provided to residents of the facility. This service includes 24 hour on site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it. Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individuals ability to assume responsibility for that risk. Care must be furnished in a way that fosters independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect. Assisted Living services may also include home health care, medication administration, intermittent skilled nursing services, and transportation specified in the Individual Plan. This is an all inclusive support model and cannot be used in combination with Personal Support or Adult Companion services. These settings are homelike as they are chosen by the participant and furnished and decorated with the persons own belongings. Each person has their own private area for sleeping, bathing, and eating if they choose. The participant has the option to participate in community activities based on their likes and preferences. The participant is not limited to the activities available onsite, but any activities available in the greater community. This should be delineated in the Individual Plan.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Connecticut Comprehensive Supports Waiver.
## Assisted Living (2/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limits on the amount, frequency, or duration:</strong> None</td>
<td></td>
</tr>
</tbody>
</table>

**Individual and Family Supports Waiver Characteristics:** NA

**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

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Connecticut Comprehensive Supports Waiver.
### Service Type: Residential

### Service Definition:
Transitional Assistance Services are non-recurring set-up expenses for participants who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence whether or not the participant is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a participant to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the participant’s health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) activities to assess need, arrange for and procure needed resources and; (f) assistance with housing search and housing application processes. Transitional 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 participant is unable to meet such expense or when the services cannot be obtained from other sources. Transitional assistance services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. This service may be self-directed paid through the Fiscal Intermediary.
### Service Type: Residential

### Alternative Service Title:

### Limits on the amount, frequency, or duration:
Room and board costs are excluded. This may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.

### 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

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Massachusetts Intensive Supports Waiver.
Stabilization- Residential (1/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
</table>

**Service Definition:**
This service is designed to provide stabilization and support for waiver participants who due to either behavioral or environmental circumstances cannot remain in their current residence or family home. The service is provided in either a licensed respite facility or in the home of an individual family provider to waiver participants who are unable to care for themselves. The home of an individual family provider is overseen by a qualified stabilization agency. The participant’s need for stabilization and support is assessed and is documented in the Individual Plan of Care. The service includes over-night supervision and support. Stabilization services may be available to participants who receive other waiver services on the same day, such as community based day supports, center based day supports, group or individual supported employment or individualized day supports or day habilitation supplement. Stabilization services cannot be provided when other services that provide care and supervision are being provided. The length of stay is based on the assessed needs of the waiver participant and is regularly reviewed by the Regional Management Team. This service cannot be self-directed.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Massachusetts Adult Supports Waiver.
### Stabilization - Residential (2/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limits on the amount, frequency, or duration:</strong></td>
<td></td>
</tr>
<tr>
<td>Stabilization may be provided up to 90 days per year and is reflected in the Individual Service Plan based on assessed need.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Delivery Method (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Directed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual and Family Supports Waiver Characteristics:</th>
</tr>
</thead>
</table>

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Massachusetts Adult Supports Waiver.
Expanded Habilitation/ Education (1/2)

**Service Type:** Residential

**Alternative Service Title:**

**Service Definition:**
Expanded Habilitation, Education is designed to help participants who demonstrate significant deficits in the areas of behavioral, social, and communication skills, and activities of daily living and independent living skills, become more effective in functioning and participating in their home and community. Expanded Habilitation, Education consists of one-to-one interventions that are described within the Autism Support Planning Document developed by professionals with clinical expertise in autism spectrum disorders. These interventions are often used in combination across settings and are designed to improve skills across settings; however, Expanded Habilitation, Education is delivered primarily in the family home where the participant resides. Goals that are consistent with building basic adaptive skills, building elementary verbal skills, establishing appropriate play or interactive skills with other children, establishing appropriate expression of emotions and behaviors, developing self-regulatory and self management skills are appropriate uses of this waiver service. Expanded Habilitation, Education must be coordinated with services provided by Medicaid State Plan Services, other supports and services, Early Intervention and Special Education. Waiver funding may not be used for special education and related services that are included in the IEP as defined in Sections (22) and (25) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.) or services that are included in the Individual Family Support Plan for participants in Early Intervention. Documentation is maintained in the file of each individual receiving this service that the service is not otherwise available under section 110 of the Rehabilitation Act of 1973 or the IDEA. Participants may receive Expanded Habilitation, Education during non-school hours, evenings and weekends and services may occur in the home or in other natural environments of the participant. In order to receive this service, health and safety must be maintained in the home and the participant must be living in a home setting with a caregiver who is legally responsible for the participant. While the participant is receiving Expanded Habilitation, Education, the Senior Therapist is responsible for working with the family around the participant’s Positive Behavior Support (PBS) Plan a minimum of at least two hours per month. Services provided by therapists, direct support workers, or Autism Specialty Providers are designed to be provided at least six hours per week in the home or in the other natural environments of the participant. Expanded Habilitation, Education uses behaviorally oriented models, developmental and social pragmatic models, and communication models. All expanded habilitation services use Positive Behavior Supports and Interventions as the framework for service delivery. PBS is an evidenced-based, person centered approach that is holistic in nature; providers of services are expected to use PBS as the organizing principle for service delivery. This approach aligns with the framework many schools in the state are using and is the construct embedded in Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.). Positive Behavior Supports integrates behavioral techniques, psychosocial and biomedical interventions to design the specific interventions to be delivered to the participant; it focuses heavily on antecedent management, naturalistic teaching, visual supports, rituals, and schedules to support young children with autism as well as cognitive behavioral interventions. PBS addresses the needs of the waiver participant within the context of his/her family and community. Prior to the development of a positive behavior support plan, a functional assessment is conducted. PBS focuses on teaching new skills, and preventing the development of problem behaviors. Because PBS adopts a holistic approach to services it may include developmental and relations models of intervention as best suited to a specific participant’s assessed needs as well as a thorough grounding in understanding that all behavior has communicative value. The goal of the interventions is to ensure that the professionals understand the meaning of the behavior and provide the participant with more socially appropriate means of communication for the purpose of enhancing the quality of life for the participant. This may include the use of technology, assistive and augmentative communication devices as well as specific treatment models of communication....
Expanded Habilitation/ Education (2/2)

**Service Type:** Residential

**Alternative Service Title:**

**Limits on the amount, frequency, or duration:**
Expanded Habilitation, Education services are limited to three years of service as outlined in the Autism Plan of Care. After three years of Expanded Habilitation, Education services, continuity of programming is maintained through both the ongoing participation and consultation of the Senior Therapist as well as the ongoing presence of direct support workers to implement the program. The Autism Clinical Manager (ACM) as well as the Autism Support Broker continue to support the families in the step-down portion of the program. If the family’s or participant’s needs change, the ACM and the Broker, in concert with the Senior Therapist and the family, brainstorm potential solutions. These may include additional supports, support around the child’s educational benefits, and access to other DDS state services. Finally, all participants at age 9 are transitioned from the waiver to the DDS state agency services including another program for older children which can continue to support skill development in the community.

**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
## Chore Services (1/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
</table>

**Service Definition:**
Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes minor home repairs, general housekeeping and heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, moving heavy furniture in order to provide safe egress and access. These services are only provided when neither the participant nor anyone else in the household is capable of performing or financially providing for them and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of the service. Service is not available in a provider operated setting. This service is not available to participants receiving 24-hour Self Directed Home Sharing Support. Chore service must be paid through a self-directed budget through the Fiscal Intermediary.

This preliminary waiver definition is provided as a starting point for the Waiver Work Group. The language is adapted from the Massachusetts Intensive Supports Waiver.
Chore Services (2/2)

<table>
<thead>
<tr>
<th>Service Type: Residential</th>
<th>Alternative Service Title:</th>
</tr>
</thead>
</table>

Limits on the amount, frequency, or duration: None

<table>
<thead>
<tr>
<th>Individual and Family Supports Waiver Characteristics:</th>
<th>Service may be provided by (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Legally Responsible Person Legal Guardian</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Delivery Method (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Participant Directed Provider Managed</td>
</tr>
</tbody>
</table>
Next Steps
Next Steps

1. Let’s appropriately plan for next time... How did the pacing feel? Do you think we covered too much or too little? If needed, could you join us for longer workshops in the upcoming months?

2. Before we leave, we are going to quickly review the upcoming service categories. If you would like to revise your homework based on the upcoming conversations, please resend your file to the work group email.

3. BDS will share the presentation materials from this meeting.

4. BDS will update the group about any scheduling changes.
Questions/ Comments
Appendix
Thank you for your feedback on Day Services...

- All services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- The group identified a lot of overlap between Employment-Supports style services. Based on that feedback, BDS has listed Individual Supported Employment as the starting place for drafting. (The listing here does not include Supported Employment, Job Development, Job Coaching, Group Supported Employment, Customized Employment Supports, or Prevocational Services. )
  - Does the group feel strongly that they would like to try drafting a service for one of the services that has not been included?
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.

<table>
<thead>
<tr>
<th>DD Waiver</th>
<th>Individual and Family Supports Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Support Serv.</td>
<td></td>
</tr>
<tr>
<td>Specialty Services</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Crisis Response Services</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Service Coordination</td>
<td></td>
</tr>
<tr>
<td>Respite</td>
<td></td>
</tr>
<tr>
<td>Personal Support</td>
<td></td>
</tr>
<tr>
<td>Assistive Tech.</td>
<td></td>
</tr>
<tr>
<td>Home Mods and Adaps.</td>
<td></td>
</tr>
<tr>
<td>Vehicle Mod</td>
<td></td>
</tr>
<tr>
<td>Consultations</td>
<td></td>
</tr>
<tr>
<td>Goods and Services</td>
<td></td>
</tr>
<tr>
<td>Prof. Assess and Monitoring</td>
<td></td>
</tr>
<tr>
<td>Family Peer Support</td>
<td></td>
</tr>
</tbody>
</table>
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.
Thank you for your feedback on Therapy Services...

- Almost all services were identified as appropriate for both waivers.
- The services are presented here according to their average DD Waiver listing.
- Other therapies were identified as being potentially helpful (like art therapy or massage therapy). Would the group like to consider drafting a service definition for these other therapies?
1.