

Par. 1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 525-05, Home and Community Based Services. New language is in red and underlined and old language is in ~~red and has been struck through~~.

Par. 2. **Effective Date** – March 15, 2021

IM Updates: IM 5427 Residential Habilitation and Community Supports

## **Residential Habilitation 525-05-30-50**

### Definition

Residential Habilitation is formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Residential Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant.

The participant must be able to benefit from skills training in order to assist individuals to independently complete tasks, restoration or maintenance and could also benefit from one or more of the following care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.

Eligible participants must live alone or with an individual who is not capable or obligated to provide care i.e. able-bodied spouse.

This service may be most beneficial to individuals with cognitive impairments, brain injury, stroke etc.

### Purpose

Residential Habilitation provides all-inclusive service, provided up to 24 hours per day, to individuals who otherwise would be in an institutional setting.

### Service Eligibility

The individual receiving Residential Habilitation will meet the following criteria:

1. Must be eligible for Medicaid Waiver for Home and Community Services.
2. Lives alone or with an individual who is not capable or obligated to provide care i.e. able-bodied spouse.
3. Requires some level of on-going daily support.
4. Requires skills training, restoration or maintenance.
5. Recipient is capable of directing his/her own care or has a legally responsible party to act on the recipient's behalf.
6. Pre-approval from the Department of Human Services is required before this service can be authorized.

### Service Tasks/Activities

Care coordination is the primary responsibility of the Quality Service Provider (QSP) Agency Program coordinator. Authorized task includes:

1. Individual program Plan (IPP) Development, Coordination, Implementation and Evaluation.
  - a. Complete tasks such as individual plan development, monitoring the plan and observing to assure that the agency staff are trained, and the program is implemented, assisting with the development of behavior support techniques, assuring appropriate permission and approval is received from the individual and/or the legal decision maker.
  - b. Professional services are included in the "care coordination" hours and are not to be included in determination of direct support service hours.

Care coordination functions provided by the QSP agency include:

1. Management of client property and resources including household budgeting, money management, communicating with creditors and landlords, etc.,
2. Application for generic services, monitoring status of those services, and maintaining communication with families, guardians, and other involved persons and agencies,
3. Coordinating medical needs,
4. Designing and implementing programs to enhance self-direction, independent living skills, community integration, social, recreational, and leisure skills and opportunities, and behavior management,
5. Facilitating the IPP planning process,
6. Assessing effectiveness of personal independence development strategies and other support services through analysis of information, consultation with the client and/or guardian and family members, and observation of the person's programs and service settings,
7. Asserting and safeguarding the individual's human and civil rights, and
8. Attending to psychosocial needs of the individual.

Hours for direct staff time for personal supports include:

1. General supervision for safety and health monitoring and maintenance,
2. Homemaking which may include home maintenance,
3. Assistance with activities of daily living and instrumental activities of daily living
  - a. bathing
  - b. communication
  - c. dressing/undress
  - d. eyecare
  - e. feeding/eating

- f. haircare/shaving
- g. housework
- h. incontinence
- i. laundry
- j. meal preparation
- k. mobility (inside/outside)
- l. Money Management
- m. nailcare (fingernails)
- n. shopping
- o. skincare
- p. teeth/mouth care
- q. toileting
- r. transferring/turning/positioning

#### 4. Global Endorsements tasks

- a. exercises
- b. hoier lift/mechanized bath chairs
- c. indwelling catheter
- d. medical gases
- e. prothesis, orthotics
- f. suppository, bowel program
- g. TED socks
- h. vitals

#### 5. Client specific endorsements

- a. apnea monitor
- b. JOBST stockings
- c. ostomy care
- d. postural/bronchial drainage
- e. RIK bed care

6. Medication administration

- a. Under this chapter employees of an enrolled residential habilitation QSP agency who have received Department approved training may administer routine medications to recipients even if they are unable to self-direct their care. ~~This does not include narcotics or medications administered through a non-parental route. The QSP agency must employ or contract with a licensed registered nurse who provides supervision to the employees who are administering routine medications. The licensed nurse determines competency in medication administration by the employee's successful completion of the Department approved medication practicum. This does not include medications administered through a parenteral route (e.g. intravenous or intramuscular injections).~~
- b. The QSP agency must have a training protocol established for the administration of PRN medications.
- c. The licensed registered nurse employed by the QSP agency may perform medication set-up.

7. Transportation to support medical, social, and essential community services.

8. Accompanying individual to medical appointments.

Hours for direct staff time for personal independence development:

1. Development of natural supports,
2. Activities and strategies to promote community inclusion/integration, leisure skill development, including activities to facilitate socialization and recreation that are tied to a therapeutic goal,

3. Support and adaptive strategies to enhance the person's control and independence over environment, resources, activities, and self-care, and
4. Training of skills development and/or maintenance.

#### Authorization for Services

1. The service tasks/activities within the scope of this service chapter must be identified in the assessment and on the Authorization to Provide Service, SFN 410.
2. An IPP as outlined in the Residential Habilitations provider standards, must be developed by the authorized QSP agency and maintained in the client's file.
  - a. Service task and activities must be tied to a client goal as determined through the person-centered planning process.
  - b. The IPP must correlate with the Person Center Plan SFN 404 that is completed by the HCBS Case Manager.
  - c. The IPP must be developed by the QSP Agency Program Coordinator within the first 30 days of service provision and forwarded to the case manager and every 6 months thereafter.
  - d. The IPP must also be reviewed and approved by the state program administrator.

#### Allowable Service Combinations

Chore, ERS, Environmental Modification, Adult Day Care, Supported Employment, Extended Personal Care includes Nurse Education, Home Delivered Meals, Transition Coordination, Specialized Equipment,

#### Limits

Residential Habilitation may not be authorized with Respite Care, Homemaker, Adult Foster Care, Family Home Care, Personal Care, Family Personal Care, Adult Residential, Transitional Living, Attendant Care, Supervision, Companionship, Community Support Services and Non-Medical Transportation.

1. This service shall not be used solely for the purpose of supervision or emergency assistance on a 24-hour basis.

2. Supervision may not be authorized in excess of what is necessary for health and safety.
  - a. For example, the family is requesting that someone stay with their relative 24 hours per day when there is not a safety or health risk other than the possibility that something might happen.
3. Twenty-four hour supervision in a shared living environment- Continuous supervision by paid staff on a one to one basis is not available unless shared staffing arrangements would create a safety threat to the client or others. This level of service may only be provided as a last resort. All possible strategies for shared or reduced levels of supervision must be ruled out first.
  - a. A safety threat means the individual is so aggressive, self-destructive, or requires such close supervision that any attempt to share one-on-one staff at any time will place the individual at immediate risk.
4. This service does not include payment for non-medical transportation costs.
5. Payment for Residential Habilitation does not include room and board, or the cost of facility maintenance and upkeep.
6. Rate for this service and any additional waiver services cannot exceed the current highest daily rate for skilled nursing facility care.
7. Access of services or goods outside of the local area if the same service and goods are available in their local community.
  - a. For example, a grocery store is available in the local community, but the consumer wants to drive to a larger community because they prefer that location, even though the product and cost is the same at both locations.
9. Travel and direct support outside of the client's community of residence for vacations, family events and socialization unless approval from an HCBS Program Administrator is received.
10. Direct support time is not available for any time which coincides with the recipients using adult day or other authorized services.

### Standards for Providers

Service must be provided by an enrolled Medicaid Agency. Individual QSPs are not eligible to provide this service.

Res Habilitation providers must be:

Agency QSPs enrolled under NDAC 75-03-23 may include Licensed residential habilitation DD Providers- Licensed according to NDAC 75-04-01 who meet additional enrolment requirements and meet the following:

1. Provider must ensure that staff are adequately trained and qualified as evidenced by:
  - a. Written job descriptions for employees that include plans for participation in training and include requirements for education, experience, and skills,
  - b. Documentation of competency or employed by a Licensed DD provider according to NDAC 75-04-01,
  - c. Department approved training on Traumatic Brain Injury (TBI) and dementia,
    - i. In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
  - d. Completion of Minot State University medication modules, testing and practicum. Written test is proctored and completed in person. Practicum is administered by a licensed registered nurse employed or contracted through the Agency Provider.
  - e. Agency must name a Program coordinator. Program coordinator requirements:
    1. Must have at least one year of experience working directly with persons with physical disability; and
    2. Is one of the following:
      - a. A doctor of medicine osteopathy,
      - b. a registered nurse, or



- c. an individual who holds at least a bachelor's degree and who is licensed, certified, or registered as applicable, to provide professional services by the State in which he or she practices (e.g. social worker, occupational therapist, psychologist, physical therapist, etc.). An individual with a "bachelor's degree in a human service field" means an individual who has received: at least a bachelor's degree from a college or university (master and doctorate degree are also acceptable) and has received academic credit for a major or minor coursework concentration in a human service field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).
- d. Other:
  - i. Individuals who have a bachelor's degree; and
  - ii. Completes the department approved TBI and Dementia training modules; and
  - iii. Has one year experience working with individuals with a physical disability.
  - ~~iv. — If the agency does not employ a licensed registered nurse who is on staff, the coordinator will be required to take the department approved training on administration of routine medications.~~

3. Ensures quality programs/services for the people supported in the employing agency.

4. Responsible for development of the IPP.

## 2. Council on Quality & Leadership (CQL) Accreditation

- a. Provider must become CQL accredited. Refer to Council on Quality and Leadership (CQL) Accreditation Policy, see 525-05-47.

Settings where service can be provided:

This service may be provided in a private family dwelling or in an agency model licensed adult foster care home that is approved to provide this service. The HCBS settings rule applies to all adult foster care facilities and the setting must be fully compliant before services can begin.

#### Maximum Room and Board Rate effective 5-1-2019

The current maximum monthly room and board rate that providers may charge residential habilitation recipients is \$758.00. The maximum room and board rate is equal to the current Medicaid medically needy income level for a one person household less a \$125 personal needs allowance. The rate is reviewed annually.

Providers are not required to charge a room and board rate and may choose to charge less than the maximum rate.

## **Community Support Services 525-05-30-21**

### Definition

Community supports is formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant.

The participant must be able to benefit from one or more of the following care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.

Eligible participants must live alone or with an individual who is not capable or obligated to provide care i.e. able-bodied spouse.

This service may be most beneficial to individuals with physical disability or complex medical needs who require ongoing custodial and/or maintenance care.

### Purpose

Community Support Services provides all-inclusive service provided up to 24 hours a day to individuals who otherwise would be in an institutional setting.

### Service Eligibility

The individual receiving Community Support Services will meet the following criteria:

1. Must be eligible for Medicaid Waiver for Home and Community Services.
2. Lives alone or with an individual who is not capable or obligated to provide care i.e. able-bodied spouse.
3. Requires some level of on-going daily support.
4. Recipient is capable of directing their own care or has a legally responsible party to act on the recipient's behalf.
5. Pre-approval from the Department of Human Services is required before this service can be authorized.

### Service Tasks/Activities

Care coordination is the primary responsibility of the QSP Agency Program coordinator. Authorized task includes:

1. Individual program Plan (IPP) Development, Coordination, Implementation and Evaluation.
  - a. Complete tasks such as individual plan development, monitoring the plan and observing to assure that the agency staff are trained, and the program is implemented, assisting with the development of behavior support techniques, assuring appropriate permission and approval is received from the individual and/or the legal decision maker.

- b. Professional services are included in the "care coordination" hours and are not to be included in determination of direct support service hours.

Care coordination functions provided by the QSP agency include:

1. Management of client property and resources including household budgeting, money management, communicating with creditors and landlords, etc.,
2. Application for generic services, monitoring status of those services, and maintaining communication with families, guardians, and other involved persons and agencies,
3. Coordinating medical needs,
4. Designing and implementing programs to enhance self-direction, independent living skills, community integration, social, recreational, and leisure skills and opportunities, and behavior management,
5. Facilitating the IPP planning process,
6. Assessing effectiveness of personal independence development strategies and other support services through analysis of information, consultation with the client and/or guardian and family members, and observation of the person's programs and service settings,
7. Asserting and safeguarding the individual's human and civil rights, and
8. Attending to psychosocial needs of the individual.

Hours for direct staff time for personal supports include:

1. General supervision for safety and health monitoring and maintenance,
2. Homemaking which may include home maintenance,
3. Assistance with activities of daily living and instrumental activities of daily living
  - a. bathing
  - b. communication
  - c. dressing/undress

- d. eyecare
- e. feeding/eating
- f. haircare/shaving
- g. housework
- h. incontinence
- i. laundry
- j. meal preparation
- k. mobility (inside/outside)
- l. Money Management
- m. nailcare (fingernails)
- n. shopping
- o. skincare
- p. teeth/mouth care
- q. toileting
- r. transferring/turning/positioning

4. Global Endorsements tasks

- a. exercises
- b. hoier lift/mechanized bath chairs
- c. indwelling catheter
- d. medical gases
- e. prothesis, orthotics
- f. suppository, bowel program
- g. TED socks

- h. vitals
5. Client specific endorsements
- a. apnea monitor
  - b. JOBST stockings
  - c. ostomy care
  - d. postural/bronchial drainage
  - e. RIK bed care
6. Medication administration
- a. Under this chapter employees of an enrolled community support services QSP agency who have received Department approved training may administer routine medications to recipients even if they are unable to self-direct their care. ~~This does not include narcotics or medications administered through a non-parental route. The QSP agency must employ or contract with a licensed registered nurse who provides supervision to the employees who are administering routine medications. The licensed nurse determines competency in medication administration by the employee's successful completion of the Department approved medication practicum. This does not include medications administered through a parenteral route (e.g. intravenous or intramuscular injections).~~
  - b. The QSP agency must have a training protocol established for the administration of PRN medications.
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7. Transportation to support medical, social, and essential community services.
8. Accompanying individual to medical appointments.

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2. Activities and strategies to promote community inclusion/integration, leisure skill development, including activities to facilitate socialization and recreation that are tied to a therapeutic goal, and
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### Allowable Service Combinations

Chore, ERS, Environmental Modification, Adult Day Care, Supported Employment, Extended Personal Care includes Nurse Education, Home Delivered Meals, Transition Coordination, and/or Specialized Equipment.

### Limits

Community Support Services may not be authorized with Respite Care, Homemaker, Adult Foster Care, Family Home Care, Personal Care, Family

Personal Care, Adult Residential, Transitional Living, Attendant Care, Supervision, Companionship, Community Support Services and Non-Medical Transportation.

- This service shall not be used solely for the purpose of supervision or emergency assistance on a 24-hour basis.
- Supervision may not be authorized in excess of what is necessary for health and safety.
  - For example, the family is requesting that someone stay with their relative 24 hours a day when there is not a safety or health risk other than the possibility that something might happen.
- Twenty-four hour supervision in a shared living environment- Continuous supervision by paid staff on a one to one basis is not available unless shared staffing arrangements would create a safety threat to the client or others. This level of service may only be provided as a last resort. All possible strategies for shared or reduced levels of supervision must be ruled out first.
  - A 'safety threat' means the individual is so aggressive, self-destructive, or requires such close supervision that any attempt to share one on one staff at any time will place the individual at immediate risk.
- This service does not include payment for non-medical transportation costs.
- Payment for Community Support Services does not include room and board, or the cost of facility maintenance and upkeep.
- Rate for this service and any additional waiver services cannot exceed the current highest daily rate for skilled nursing facility care.
- Access of services or goods outside of the local area if the same service and goods are available in their local community.
  - For example, a grocery store is available in the local community, but the consumer wants to drive to a larger community because they prefer that location, even though the product and cost is the same at both locations.



- Travel and direct support outside of the client's community of residence for vacations, family events and socialization unless approval from an HCBS Program Administrator is received.
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  - f. Agency must name a Program coordinator. Program coordinator requirements:

1. Must have at least one year of experience working directly with persons with physical disability; and
2. Is one of the following:
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  - b. a registered nurse, or
  - c. an individual who holds at least a bachelor's degree and who is licensed, certified, or registered as applicable, to provide professional services by the State in which he or she practices (e.g. social worker, occupational therapist, psychologist, physical therapist, etc.).

An individual with a "bachelor's degree in a human service field" means an individual who has received: at least a bachelor's degree from a college or university (master and doctorate degree are also acceptable) and has received academic credit for a major or minor coursework concentration in a human service field (including, but not limited to: sociology, special education, rehabilitation counseling and psychology)

- d. Other:
  - i. An individual who has a bachelor's degree; and
  - ii. completes the department approved TBI and Dementia training modules; and
  - iii. has one year of experience working with individuals with a physical disability.
  - iv. If the agency does not employ a licensed registered nurse who is on staff, the coordinator will be required to take the department approved training on administration of routine medications.

3. Ensures quality programs/services for the people supported in the employing agency.
  4. Responsible for development of the IPP.
2. Council on Quality & Leadership (CQL) Accredited
    - a. Provider must become CQL accredited. Refer to Council on Quality and Leadership (CQL) Accreditation Policy, see 525-05-47.

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