

## Community Pathways – Revised Draft Proposal

Service Type: Statutory Service

Service (Name): Residential Habilitation

Alternative Service Title: **SUPPORTED LIVING**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### Service Definition:

- A. Supported Living services provides participants with a variety of individualized supports support living independently in the community.
1. Supported Living services are individualized to the participant's needs and interests as documented in the participant's Person-Centered Plan and must be delivered in a personalized manner.
  2. Supported Living services assists the participant to: (1) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (2) engage in community-based activities of the participant's choosing within the participant's personal resources.
  3. Supported Living services enables the participant to: (1) live in a home of his or her choice located where he or she wants to live; and (2) live with other participants or individuals of his or her choosing (not including relatives, legal guardians, or legally responsible persons as defined in Appendices C-2-d and C-2-e).
  4. Supported Living services include assistance and facilitation with finding an apartment or home, roommates, and shared supports based on the participant's preferences and choice; overseeing quality management; and monitoring compliance with program requirements once the arrangement is established.
- B. Supported Living services are provided in the participant's own house or apartment.
- C. Service includes provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan).

### SERVICE REQUIREMENTS:

- A. Under Supported Living service the following requirements and restrictions relating to the residence applies:
1. If participants choose to live with housemates, no more than four (4) individuals (including other participants receiving services) may share a residence; Each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".

2. If the participant shared his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, or significant other then they may share a bedroom if they choose
  3. Except as provided in A.2 above, each resident of the setting shall have a private bedroom;
  4. Services may include up to 24 hours of support per day as specified in the Person-Centered Plan;
  5. Each resident who is a participant in the waiver has free choice of service providers and is not required to use the same Supported Living service provider chosen by their housemates;
  6. The residence must be a private dwelling and is not a licensed individual site of a provider. The residence must be owned or leased by at least one of the individuals residing in the home or by someone designated by one of those individuals such as a family member or legal guardian; and
  7. The residents are legally responsible for the residence in accordance with applicable federal, State, and local law and regulation and any applicable lease, mortgage, or other property agreements.
  8. All residents must have a legally enforceable lease that offers them the same tenancy rights that they would have in any public housing option.
- B. A Supported Living Retainer Fee is available for 30 days per year per recipient when the recipient is unable to receive Supported Living services during a hospitalization, behavioral respite, or family visits. Payment is intended to assist participants in retaining qualified employees whom they have trained and are familiar with their needs .
- C. Supported Living services are not available to participants receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Supports.
- D. Transportation costs associated with the provision of Supported Living supports and services outside the participant's home is covered under the standalone transportation waiver services.
- E. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives who live in the residence. However, a relative (who is not a spouse, legally responsible person, or legal guardian or who does not live in the residence) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.
- F. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant's file. The DDA is the payer of last resort.
- G. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Residential Retainer Fee is limited to up to 30 days per year per participant.

**Service Delivery Method (check each that applies)**

- Participant Directed as specified in Appendix E
- Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual – for participants self-directed services
Agency	Supported Living Provider

**Provider Category:** Individual

**Provider Type:** Individual for participants self-directed services

**Provider Qualifications License (specify):**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

1. The following minimum standards are required:
  - a. Current first aid and CPR current certification
  - b. Successfully pass a criminal background investigation and any other required background checks and credential verifications as provided in Appendix C-2-1a.
  - c. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.
2. Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs such as training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- Fiscal Management Service providers for verification of participant specific qualifications

**Frequency of Verification:**

- Fiscal Management Services - prior to service delivery and annually

**Provider Category:** Agency

**Provider Type:** Supported Living Provider

**Provider Qualifications License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

DDA Approved Supported Living Provider as per COMAR Title 10 Chapter 22

1. The following minimum standards are required:
  - a. Current first aid and CPR current certification
  - b. Successfully pass a criminal background investigation and any other required background checks and credential verifications as provided in Appendix C-2-1a.
  - c. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- DDA for verification of Provider's approval to provide service

**Frequency of Verification:**

- DDA - prior to service delivery and annually thereafter