

## 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, delivered in a personalized manner, to individuals who live in homes of their choice, with whom and where they want to live, and the type of community activities in which they wish to be involved based on their personal resources 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. Service assists individuals in living independently and provides opportunities to help the individual help shape the direction of their lives. Individuals can choose to live on their own or with a roommate and learn how to make everyday decisions, such as what to cook for dinner, how to manage money, and engage and participate in their community.~~

~~C.B. Supported Living services may be provided in the individual's participant's own house or apartment.~~

~~D.C. Service may include provision of -coordination, training, supports, and/or supervision (as indicated in the person-Person-Centered planPlan)-related to:~~

~~1. self advocacy;~~

~~2. adaptive skills;~~

3. ~~community engagement;~~
4. ~~daily living;~~
5. ~~health-related matters;~~
6. ~~personal care;~~
7. ~~protection and oversight;~~
8. ~~social and leisure skills; and~~
9. ~~transportation and travel training.~~

E. ~~Services may include assistance to:~~

1. ~~Maintain or increase individual independence and reduce level of service need;~~
2. ~~Be integrated in and support full access to the greater community including but not limited to:~~
  - a) ~~Provide coordination between life skills and employment services;~~
  - b) ~~Provide opportunities to control personal resources;~~
  - c) ~~Provide opportunities to develop relationships; and~~
  - d) ~~Provide opportunities to participate in communities of the individual's choice;~~
3. ~~Ensure the individual's right of privacy, dignity and respect, and freedom from coercion and restraint;~~
4. ~~Optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, choice of roommate, decorating bedroom, and with whom to interact;~~
5. ~~Facilitate individual choice regarding services and supports and who provides them;~~
6. ~~Support the health and safety of the individual; and~~
7. ~~Support individual's rights as tenants.~~

SERVICE REQUIREMENTS:

- A. Under ~~the~~ Supported Living service ~~model~~ the following requirements and restrictions relating to the residence applies:
  1. If ~~participants~~individuals 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 ~~Couples sharing a home where one or both individuals receive services~~ may share a bedroom if they choose;
  3. Except as provided in A.2 above, each resident of the setting ~~Other housemates~~ shall have a private bedroom;
  4. Services may include up to 24 hours of support per day including a combination of habilitation and/or personal supports as specified in the ~~person~~ Person-Centered plan~~Plan~~;
  5. Each resident who is a participant in the waiver in the home 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 ~~(house or apartment)~~must be ~~is~~ a private dwelling and is; not a licensed individual site of a provider. The residence~~and~~ must be owned or leased by at least one

of the individuals residing in the home and/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.

~~7.8.~~ All residents receiving Supported Living must have a legally enforceable lease or service agreement 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 ~~individuals~~ participants in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.

~~C. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes, but not limited to Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).~~

~~D.C.~~ Supported Living services are not available to individuals ~~participants~~ receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Support ~~services~~ services.

D. Transportation costs associated with the provision of Supported Living supports and services outside the individual's ~~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.  
E.

~~F. The program does not make payment to spouses, legally responsible individuals, or family members living in the home, including legally responsible adults of children and representative payee, for supports or similar services.~~

~~G. The individual may use a relative to provide services under the following conditions when documented in the person centered plan:~~

~~1. Choice of provider truly reflects the individual's wishes and desires;~~

~~2. The provision of services by the relative are in the best interests of the individual;~~

- ~~3. The provision of service by the relative is appropriate and based on the individual's individual support needs;~~
- ~~4. The services provided by the relative will increase the individual's independence and community integration;~~
- ~~5. There are documented steps in the person centered plan that will be taken to expand the individual's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the relative acting in the capacity of an employee can no longer be available; and~~
- ~~6. a Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the individual in making her/his own decisions.~~

~~H. Supported Living may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.~~

~~I. Supported Living services shall be provided for at least 6 hours a day to an individual or when the individual spends the night in the residential home.~~

~~A. The Medicaid payment for Supported Living service may not include either of the following items which the provider is expected to collect from the individual:~~

- ~~1. Room and board; or~~
- ~~2. Any assessed amount of contribution by the individual for the cost of care.~~

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

Residential Retainer Fees is limited to up to 30 days per year per recipient/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
<u>Individual</u>	<u>Individual – for participants self-directed services</u>
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):**

~~Licensed Supported Living Provider as per COMAR 10.22.XX (tbd)~~

**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~~ Provider's license approval to provide service

**Frequency of Verification:**

- DDA - prior to service delivery and annually thereafter

Renewal Proposal