

## PROVIDER BULLETIN

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# Comprehensive and Community Support Waivers: Day Habilitation, Community Integration, and Individualized Skill Development

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### Waiver Renewal

The Comprehensive and Community Support Waivers renewals were submitted to the Centers for Medicare and Medicaid Services (CMS) and approved by CMS effective July 1, 2016. Independent Living Skills Development (ILSD) has been changed to Day Habilitation with more specific criteria in the service definition to highlight fundamental skills necessary to reside in the community. Criteria for Day Habilitation one-on-one services have been included as a medical or behavior exception. Community Integration has been moved from the umbrella of ILSD to a separate stand-alone service, and provides clarification on the activities and skills allowed in order to support community integration and independence. Home Skills Development has been replaced with Individualized Skill Development (ISD) as a stand-alone service, and provides clarification on the activities and skills allowed in order to support community integration and independence.

Staff must have required credentials prior to delivering the service, i.e., Certified Nurse Assistant (CNA) must have their certification prior to providing the day habilitation medical exception service. The waiver does not allow a grace or transition period for staff to obtain the required license or credential such as CNA, Licensed Practical Nurse (LPN) or Registered Nurse (RN). Plans can be transitioned during the annual planning meeting or amended when the new services are added to the provider's contract. If contracts have not been amended to include the new service at the time of plan renewal, providers should continue providing and billing the old service.

### **MO HealthNet DD Waiver Provider Manual**

The MO HealthNet DD Waiver Provider Manual has not been updated with the information in this bulletin. The provider manuals will be updated when the remaining Department of Mental Health (DMH) Waivers (MO Children with Developmental Disabilities, Partnership for Hope, and Autism Waivers) have been amended or renewed to reflect the changes noted in this bulletin. The information contained in this bulletin is applicable to the Comprehensive and Community Support Waivers effective July 1, 2016.

### **Day Habilitation (DH) Service Description**

DH services focus on fundamental skill acquisition/development, retention/maintenance to assist the individual in achieving maximum self-sufficiency. DH services assist the individual to acquire, improve and retain the self-help, socialization and adaptive skills necessary to reside successfully in the community. Fundamental skills are a foundation for further learning, such as etiquette in a public setting, recognition of money, proper clothing attire for the time and setting, answering phone, etc. Examples of DH services include, but are not limited to, utilizing etiquette skills at a restaurant, checking out a book at a library, mailing a letter, exchanging money for purchases, etc. This should not only occur in the facility, but on a regular basis in the community to use in a real life situations. DH services differ from the Personal Assistant (PA) services in that a PA may directly perform activities or may support the individual to learn how to perform Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) as part of the service. DH services include all personal assistance needed by the individual. Individuals who receive Group Home, Individualized Supported Living (ISL) or Shared Living may receive this service; their group home or ISL budget will clearly document no duplication in service.

DH services do not provide basic child care (a.k.a. "babysitting"). When services are provided to children, the Individual Support Plan (ISP) must clearly document that services are medically necessary to support and promote the development of independent living skills of the child or youth, and are over and above those provided to a child without disabilities. The ISP must document how the service will be used to reinforce skills or lessons taught in school, therapy, or other settings, and neither duplicates or supplants services provided in school, therapy or other setting. The ISP must also clearly document the service is not supplanting the responsibilities of the parent or primary caregiver. ISPs must include outcomes and action steps customized to what the individual wishes to accomplish, learn and/or change. The Utilization Review Committee, authorized under 9 CSR 45-2.017, has the responsibility to ensure all services authorized are necessary based on the needs of the individual and ensures that DH services cannot be used in lieu of basic child care that would be provided to children without disabilities. DH programs serving children should not co-mingle with programs serving adults at the same time in the same space. If an individual has a child of their own, supporting them to learn parenting skills may be appropriate but not as a DH service. These skills should

be provided in the natural environment under a stand-alone service such as ISD or as a part of a residential service.

Costs for transportation of individuals from their place of residence to the day program site are not included in the DH rate, and waiver transportation may be provided and separately billed. Transportation costs related to the provision of DH services in the community are included in the service rate and may not be billed separately.

Group size (staffing ratio) can be no larger than six (6) and applies to activities at a facility or in the community. The group size should be appropriate for the individual and activity. [Example: Based on the activity, an individual may do well in a group of six (6), but for another activity where a higher level of support or supervision is required or when going out in the community, a smaller group size may be more appropriate.] Individualized support must be provided within a group setting. [Example: A group of people could be participating in an activity and a staff person may go from person to person in the group and provide personal support while maintaining supervision, guidance, and reinforcement to the entire group.]

### **Medical Exception**

Exceptional medical supports funding shall be utilized to provide enhanced services as prescribed to meet medical needs which require the following: services from a CNA, LPN, or RN within their scope of practice as prescribed by the state, or, for mobility, appropriately trained staff. A separate rate and code modifier is available for this service. This is to promote individuals' ability to access community-based services and integration to the fullest extent of their capabilities. Support may need to be provided individually for the designated task and may be provided in a group during the remaining service time. [Example: Performing a medical task (see criteria for medical exceptions for more information)]. The size of the group may not exceed six (6), must be identified and documented in their ISP. The medical exception covers two distinct areas of need: 1) prescribed medical services; and, 2) mobility support as specifically stated in the ISP. The inherent need for increased support for people in this service to access the community, to shelter in place, or for evacuation, requires the level of support be carefully considered when determining group size to ensure the health and safety of the individual. This service may not be provided until qualified staff is in place. Requests for Medical Exceptions must be submitted to the Utilization Review Committee and include the following documentation:

- Written support plan which includes clinical outcome data with criteria for reduction of supports as relevant to the identified medical condition(s). Examples: blood sugar chart, time and results of suctioning, and log notes.
- Written documentation noting the individual's assessed need for medical services or mobility services by the individual's medical practitioner.

When individual service is provided, the staff cannot be counted in ratio for any other group.

### **Medical Services**

Medical services are defined as tasks that require nursing level care, oversight, or delegation. Medical services are to be provided by a RN or a LPN under RN supervision, or delegated by an RN to a CNA under RN supervision. In accordance with the Missouri Nurse Practice Act, (Chapter 335 RsMO and 20 CSR 2200-5.010) RN's are responsible to determine what tasks

are appropriate to delegate taking into consideration the nature of the task, complexity of the individual's medical condition, the individual's general health, as well as the skill level and capacity of the staff providing direct support. All professionals bear the responsibility to operate within the scope of practice defined by their profession, license, and/or certification. This level of medical support requires a physician's order and must state the frequency or conditions under which the task should be performed, acceptable parameters, and instruction on what should be done when conditions fall outside the established parameters (i.e., blood sugar levels, oxygen saturation levels, etc.). When accessing the community, individuals authorized for the medical exception due to the need for medical service (not mobility support) must be accompanied by an RN, LPN, or CNA.

### **Mobility Support**

Mobility support is defined as support needed for people who cannot propel their own wheelchair, require standby or hands-on assistance for ambulation, or require assistance to transfer to and from their wheelchair. Requests for medical exceptions due to mobility support needs must be submitted to Utilization Review Committee with written documentation noting the individual's assessed need for medical services or mobility services by the individual's medical practitioner. The staff must be trained and demonstrate competency on proper use of gait belt, lifting, transfer techniques and the specific support needs of the individual as outlined in the ISP before providing this service.

### **Behavioral Exception**

Exceptional behavioral supports funding may be utilized when an individual is accessing the Applied Behavior Analysis (ABA) services for the purpose of implementing the behavioral strategies and additional supervision supports the person requires to learn necessary skills and develop behaviors that will improve their functioning in the community and DH setting.

This is to promote individuals ability to access community based services and integration to the fullest extent of their capabilities. Requests for exceptional behavior supports shall be submitted to the Utilization Review Committee and include the following documentation:

- Documentation that behavioral services have been authorized and secured or that services are in process in the DH setting.
- Documentation noting the individual's assessed need for behavioral services by the individual's Board Certified Behavior Analyst (BCBA) and/or Qualified Health Care Professional (QHCP). If this is not an initial request, documentation must also include a review of the progress made under the plan in the current setting.
- Written support plan including clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s).

A request for a behavioral exception must be sent to the Utilization Review Committee documenting that a QHCP has been engaged and an interim plan is in place. Providers will work with the team to develop an interim plan and train staff on its implementation while a support plan is being developed. With the Regional Office Director's approval, this service may be billed for a period not to exceed three (3) months while the development and approval of the Behavior Support Plan (BSP) is in process. If a BSP is not in place at the end of three (3) months, a status update and request for extension may be made to the Assistant Division Director for the region. Extensions will only be approved for one (1) month at a time. When individual service is provided, the staff cannot be counted in ratio for any other group.

### **Day Habilitation Service Limitations**

Individuals who receive Group Home, ISL, or Shared Living services may receive this service; the contract/budget will clearly document no duplication in services. Community Integration (CI) and ISD may be used in the community and in conjunction with (but not duplicative of) DH services if the need meets the service definition.

### **Day Habilitation Provider Requirements**

A DH agency is licensed according to 9 CSR 40-1,2,9, certified according to 9 CSR 45-5.010, or Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Quality and Leadership (CQL) or Joint Commission accredited to provide DH service and must have a Department of Mental Health (DMH) contract.

### **Staff Requirements**

All direct care staff must be 18 years of age and have a high school diploma or its equivalent.\*

\*Exemptions to High School diploma/General Educational Development (GED) requirement:

- Staff without high school diplomas or GEDs employed by the same provider prior to July 1, 1996 will be “grandfathered.” Staff without diplomas or GEDs may be employed for up to one (1) year while the person works to attain the requirement. The provider must document the staff’s enrollment in school or GED courses. After July 1, 1996, staff without diplomas or GEDs who already have five (5) or more years of direct working experience may be employed with the approval of the regional office. The provider is responsible for maintaining documentation of the five (5) years of experience and of regional office agreement in the employee’s file.

All direct-care staff shall have training that covers at a minimum:

- Training, procedures and expectations related to this service in regards to following and implementing the individual’s support plan. Training in implementation of each individual’s current support plan/addendums shall be completed within one (1) month of the implementation date of the current plan, or within one (1) month of employment for new staff.
- Training in preventing, detecting and reporting of abuse/neglect prior to providing direct support.
- Have current certification in competency-based cardiopulmonary resuscitation (CPR) and First Aid courses.
- Staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070 to administer medications. Medication administration training must be updated every two (2) years with successful completion.
- Training in positive behavior support curriculum approved by the Division of Developmental Disabilities (DD) (within three (3) months of employment).
- One (1) year experience working with people with developmental disabilities, or in lieu of experience, must successfully complete training in the Missouri Quality Outcomes approved by the Division of DD regional office.
- Staff providing medical exception supports for physician ordered medical tasks must be an RN, LPN under RN supervision, or a CNA under RN supervision.
- Staff providing medical exception supports for ambulation or transfer support needs must demonstrate competency on proper technique.
- Staff providing behavioral exception supports must demonstrate competency on the implementation of the BSP.

**Day Habilitation Billing Information**

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Day Habilitation	T2021 HQ	15 minutes	32 units per day (8 hours)
Day Habilitation: Medical Exception	T2021 SC	15 minutes	32 units per day (8 hours)
Day Habilitation: Behavioral Exception	T2021 TG	15 minutes	32 units per day (8 hours)

**Day Habilitation Service Documentation**

A waiver individual's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2)(A)6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code. ISP's will include outcomes/goals, with criteria, and supported by data to demonstrate progress and on which to base changes in strategy.

DH providers must maintain service documentation described in Section C of the DD Waivers Manual, including detailed progress notes per date of service and monthly progress notes associated with objectives.

Documentation specific to medical exceptions includes:

- Written support plan which includes clinical outcome data with criteria for reduction of supports, as relevant for the identified medical condition. Examples: a blood sugar chart, time and results of suctioning, and log notes.
- Written documentation noting the individual's assessed need for medical services or mobility services by the individual's medical practitioner.

Documentation specific to the behavioral exception service includes:

- Documentation that behavioral services have been authorized and secured or that services are in process in the day habilitation setting.
- Documentation noting the individual's assessed need for behavioral services by the individual's Board Certified Behavior Analyst and/or QHCP. If this is not an initial request, documentation must also include a review of the progress made under the plan in the current setting.
- Written support plan including clinical outcome data with criteria for reduction of supports as relevant to the identified target behavior(s).

**Community Integration (CI) Service Description**

CI assists and/or teaches participation in community activities. CI does not include assistance with ADL's, unless it is combined with a CI activity. These activities and/or skills are needed to be a participating member of a community, which may include, but not limited to, becoming a member of social events/clubs, recreational activities, volunteering, participating in organized worship or spiritual activities. The following are examples of ADL's that are not included in CI: grocery/clothing shopping, haircut, etc. CI expectations are for individuals to interact with the broader community on a regular basis, including community activities that enable individuals to engage directly, throughout the day, with people who are not paid to provide them with services. In addition, community activities should be organized for the benefit of the individuals to foster relationships with the broader community.

Transportation costs related to the provision of this service in the community are included in the service rate. This service supports naturalized involvement in order to become a fully participating member of the community. PA may be a component of CI services, but may not comprise the entirety of the service.

Individuals and support coordinators will revise the ISP during the annual plan development meeting to be reflective of the new service definitions. The ISP will fully implement the revised service definitions within 18 months of waiver approval.

**Community Integration Service Limitations**

This service is limited to 25 hours a week. Group CI may not have more than four (4) individuals in the group.

**Community Integration Provider Requirements**

This service can be provided by a CI agency or DH agency. A CI agency is certified according to 9 CSR 45-5.010, or CARF, CQL or Joint Commission accredited to provide CI services and must have a DMH contract.

A DH agency is licensed according to 9 CSR 40-1,2,9, certified according to 9 CSR 45-5.010, or CARF, CQL or Joint Commission accredited to provide CI services and must have a DMH contract. Direct contact staff must have a high school diploma or its equivalent; training in CPR and First Aid; and one (1) year experience working with people with intellectual/developmental disabilities, or in lieu of experience, must successfully complete a Quality Outcome training program approved by the Division of DD regional office. Program staff administering medication must have successfully completed a course on medication administration approved by the Division of DD regional office. Medication administration training must be updated every two (2) years with successful completion.

**Community Integration Billing Information**

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Community Integration, Individual	T2021 SE	15 minutes	20 units per day, 25 hours per week
Community Integration, Group	T2021 SE HQ	15 minutes	20 units per day, 25 hours per week

**Individualized Skill Development (ISD) Service Description**

ISD focuses on complex skill acquisition/development, to assist the individual in achieving maximum independence in home and community-based settings. This includes, but is not limited to, cooking, laundry, shopping, budgeting, paying bills, and accessing public transportation. The service assists the individual to acquire life skills necessary for independent living. When applicable, this should be completed in the community. Transportation costs related to the provision of this service in the community are included in the service rate. ISD differs from the PA service in that a personal assistant may directly perform activities or may support the individual to perform ADLS and IADLS as part of the service. This service is an outcome based service. The outcome will be clearly identified in the ISP and progress will be updated at each plan meeting and/or revision. The service is utilized for the development of a clearly identified skill or skill set.

ISPs must include outcomes and action steps individualized to what the individual wishes to accomplish, learn and/or change, which includes a task analysis of the identified learning objective.

The Utilization Review Committee, authorized under 9 CSR 45-2.017 has the responsibility to ensure all services authorized are necessary based on the needs of the individual.

**Individualized Skill Development Service Limitations**

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.

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.

- This service may not be provided by a family member or guardian.
- Group ISD may not have more than four (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.

**Individualized Skill Development Provider Requirements**

This service can be provided by an ISD agency or DH agency. An ISD agency is certified according to 9 CSR 45-5.010, or CARF, CQL or Joint Commission accredited to provide ISD services. The agency must have a DMH contract and staff that have successfully completed either the national or state credentialed process.

A DH agency is licensed according to 9 CSR 40-1,2,9, certified according to 9 CSR 45-5.010, or CARF, CQL or Joint Commission accredited to provide ISD service and must have a DMH contract. Direct contact staff must have a high school diploma or its equivalent; training in CPR and First Aid; and one (1) year experience working with people with intellectual/developmental disabilities, or in lieu of experience, must successfully complete a Quality Outcome training program approved by the DD regional office. Program staff administering medication must have successfully completed a course on medication administration approved by the DD regional office. Medication administration training must be updated every two (2) years with successful completion.

**Individualized Skill Development Billing Information**

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Individualized Skill Development, Individual	S5108	15 minutes	16 units per day, 20 hours per week
Individualized Skill Development, Group	S5108 HQ	15 minutes	16 units per day, 20 hours per week

**Community Integration and Individualized Skill Development Service Documentation**

The provider must maintain all documentation as per the requirements set forth in Section C of the DD Waivers Manual, including detailed progress notes per date of service and monthly progress notes associated with objectives listed in the ISP. Written data shall be submitted to DMH authorizing staff as required.

A waiver individual's ISP may include any combination of services, but service documentation according to 13 CSR 70-3.030(2) (A) 6. requiring a begin and end time for services reimbursed according to time spent in service delivery will clearly show no duplication or overlap in the time of the day the service is provided, and the place of service must match the billing code.

Individuals and support coordinators will revise the ISP during the annual plan development meeting to be reflective of the new service definitions. ISP will fully implement the revised service definitions within 18 months of waiver approval.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**