

HABILITATION/SUPPORTS WAIVER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

GENERAL INFORMATION

Persons with developmental disabilities who are enrolled in Michigan's Habilitation/Supports Waiver will continue to be enrolled in that waiver and to receive the supports and services as defined in that waiver. Habilitation/Supports Waiver clients may also receive Medicaid State Plan services or other flexible services/supports (as defined on pages 55-61). The client's services and supports must be specified in his/her person-centered plan.

Habilitation/Supports Waiver clients must be enrolled through the Department of Community Health enrollment process. The enrollment process must include verification that the client:

- Meets ICF/MR level of service requirements; and
- Chooses to participate in the Habilitation/Supports Waiver in lieu of ICF/MR services.

[NOTE: an "ICF/MR" is an Intermediate Care Facility for the Mentally Retarded, which is usually a nursing home.]

The enrollment process also includes confirmation of changes in the client's enrollment including termination from the Waiver, movement between CMHSPs, and deaths. Instructions for client enrollments may be obtained from the Department of Community Health, Mental Health and Substance Abuse Services, Division of Quality Management and Service Innovation.

Reimbursement for services rendered under the Habilitation/Supports Waiver is included in the CMH's capitation rate. [NOTE: "Capitation rate" is about the way a CMH office is funded.]

SUPPORTS AND SERVICES

Chore Services

Services to maintain the home in a clean, sanitary, and safe environment, including:

- heavy household chores such as washing walls, floors and exterior windows.
- tacking down loose rugs and tiles.

- moving heavy furniture in order to provide safe mobility within the home.
- removing snow to provide safe access to, and egress from, the home.

These services should be provided by persons not routinely providing other direct waiver supports and services and only in cases where neither the participant, nor anyone else in the household, is capable of performing or financially providing for them. In the case of rental property, the responsibility of the landlord, pursuant to the rental or lease agreement, must be examined prior to authorization of the service. This service should also not be provided to participants who live in licensed settings, because the activities are the responsibilities of the home's licensee.

Community Living Supports

Supports to facilitate an individual's independence and promote integration into the community. The supports include assistance, support (including reminding and observing, and/or guiding) and/or training in activities such as the following:

- meal preparation
- laundry
- routine household care and maintenance
- activities of daily living such as bathing, eating, dressing, personal hygiene
- shopping
- money management
- reminding, observing, and/or monitoring of medications
- nonmedical care (not requiring nurse or physician intervention)
- socialization and relationship building
- transportation
- leisure choice and participation in regular community activities, and
- attendance at medical appointments.

The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment), and in community settings.

Enhanced Dental

Accepted dental procedures not available under regular Medicaid State Plan dental coverages provided to individuals with dental problems sufficient to lead to more generalized disease due to infection or improper nutrition. Services are intended to reduce the risk of

institutionalization and of having to provide higher cost procedures in the future. Common conditions that would qualify for these procedures include:

- congenital deformities of the midface, palate, maxilla, and mandible
- multiple recurrent cavities due to the person's inability to maintain optimal oral hygiene
- chronic periodontal disease secondary to medications and/or the person's inability to maintain oral hygiene
- chronic pain interfering with the ability to chew and swallow
- chronic abscess formation
- other unique conditions that would lead to infection and/or nutritional deficiency if not otherwise corrected.

Enhanced Medical Equipment and Supplies

Enhanced medical equipment and supplies include devices, supplies, controls, or appliances. All enhanced medical equipment and supplies must be specified in the plan of supports and services, and must enable the individual to increase his/her abilities to perform activities of daily living; or to perceive, control, or communicate with the environment. This coverage includes:

- augmentative communication devices (ACDs) for habilitation
- adaptations to vehicles
- items necessary for life support
- ancillary supplies and equipment necessary for the proper functioning of such items.

Assessments and specialized training needed in conjunction with the use of such equipment, as well as warranted upkeep and repair, shall be considered as part of the cost of the services.

Items that are not of direct medical or habilitative benefit to the individual are not included. Furnishings (e.g., furniture, appliances, bedding) and other noncustom items that are routinely found in a home are not included.

Covered items should meet applicable standards of manufacture, design, and installation.

Enhanced Pharmacy

physician-ordered, non-prescription "medicine chest" items as specified in the person's support plan. Allowable items include the following:

- cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies
- vitamins
- first aid supplies (e.g., "band-aids," iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads)
- special oral care products to treat specific oral conditions beyond routine mouth care (e.g., special toothpaste, tooth brushes, anti-plac rinses, antiseptic mouthwashes)
- special tweezers and nail clippers that accommodate the person's disability (e.g., reachers, or longer, wider handles)

Products or prostheses necessary to ameliorate negative visual impact of serious facial disfigurements (e.g., absence of ear, nose, or other feature or massive scarring); and/or skin conditions (including exposed area eczema, psoriasis, and/or acne) are included.

Routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products) are not included.

Environmental Modifications

Physical adaptations to the home and/or work place, required by the individual's support plan, that are necessary to ensure the health, safety, and welfare of the individual, or enable him/her to function with greater independence within the environment(s).

Adaptations may include:

- the installation of ramps and grab-bars
- widening of doorways
- modification of bathroom facilities
- installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the client.

Adaptations or improvements to the home that are not of direct medical or habilitative benefit to the client (e.g., carpeting and roof repair) are not included. Central air conditioning is included only when prescribed by a physician and specified with extensive documentation in the support plan as to how it is essential in the treatment of the participant's illness or condition. This supporting documentation must demonstrate the cost effectiveness of central air compared to the cost of window units in all rooms that the participant must use.

Environmental modifications for licensed settings includes only the remaining balance of previous environmental modification costs that accommodate the specific needs of current Waiver participants, and will be limited to the documented portion being amortized in the

mortgage, or the lease cost per bed. Environmental modifications exclude the cost of modifications required for basic foster care licensure or to meet local building codes.

Adaptations to the work environment are limited to those necessary to accommodate the person's individualized needs, and cannot be used to supplant the requirements of Section 504 of the Rehabilitation Act or the Americans with Disabilities Act.

All services must be provided in accordance with applicable state or local building codes.

Assessments and specialized training needed in conjunction with the use of such environmental modifications are included as a part of the cost or service.

Family Training

Training and counseling services for the families of individuals served on the Waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to the participant in the Habilitation/Supports Waiver, and may include parent, spouse, children, relatives, foster family, or in-laws.

Training includes instructions about treatment regimens and use of equipment specified in the person-centered plan, and includes updates as needed to safely maintain the person at home. Family training goals, and the content, frequency, and duration of the training and/or counseling should be identified in the individual's person-centered plan.

Not included are individuals who are employed to care for the client.

Habilitation Education Services

These services consist of special education and related services and transportation to and from such services, as defined in Sections (16) and (17) of the Education of the Handicapped Act, not available under a program funded by the Act.

This service must not otherwise be available to the individual through the Rehabilitation Act of 1973, or Education of the Handicapped Act (P.L. 94-142). The CMHSP must maintain documentation that the service was not available under the Rehabilitation Act or Education of the Handicapped Act.

Out-of-Home Nonvocational Habilitation

Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the supports services, including transportation to and from, incidental to the provision of that assistance that takes place in a nonresidential setting, separate from the home or facility in which the person resides.

Examples of incidental support include:

- aides helping the participant with his/her mobility, transferring, and personal hygiene functions at the various sites where habilitation is provided in the community
- when necessary, helping the person to engage in the habilitation activities (e.g., interpreting).

Services must be furnished on a regularly scheduled basis (several hours a day, one or more days a week) as determined in the person-centered plan.

These supports focus on enabling the person to attain or maintain his/her maximum functioning level, and should be coordinated with any physical, occupational, or speech therapies listed in the plan of supports and services. Services may serve to reinforce skills or lesson[s] taught in school, therapy, or other settings.

Personal Emergency Response Systems (PERS)

Electronic devices that enable certain high risk individuals to secure help in the event of an emergency. The person served must also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once the button is activated.

PERS coverage should be limited to persons living alone, or who are alone for significant parts of the day; who have no regular support or service provider for those parts of the day; and who would otherwise require extensive routine support and guidance.

Prevocational Services

Services aimed at preparing a person for paid or unpaid employment, but that are not job task-oriented. They include teaching such concepts as compliance, attendance, task completion, problem-solving, and safety. Prevocational services are provided to people not expected to be able to join the general workforce, or to participate in a transitional sheltered workshop within one year (excluding supported employment programs). This service includes transportation to and from prevocational services.

Activities included in these services are primarily directed at reaching habilitative goals, such as improving attention span and motor skills, not at teaching specific job skills. These services must be reflected in the person's person-centered plan and directed to habilitative objectives rather than employment objectives.

This service must not otherwise be available to the individual through the Rehabilitation Act of 1973, or Education of the Handicapped Act (P.L. 94-142). Documentation must be maintained by the CMHSP that the participant is not currently eligible for work activity or supported employment services provided by Michigan Rehabilitation Services

(MRS). Information must be updated when MRS eligibility conditions changes.

Private Duty Nursing

Private duty nursing services consist of nursing procedures that meet the person's health needs. Licensed nurses provide the nursing treatments, observation, and/or teaching as ordered by a physician, and that is consistent with the individual plan of supports and services. These services should be provided to a person at home. A physician's prescription is required.

Respite Care

Services provided on short-term basis because of the absence or need for relief of those persons normally providing the care of a Waiver participant. Respite care may be provided in the following settings:

- waiver participant's home or place of residence
- licensed foster care home
- facility approved by the State that is not a private residence, such as a group home or a licensed respite care facility
- home of a friend or relative (not a parent of a minor child or the spouse of the person served) chosen by the person and members of the planning team (including staff providing supports coordination).

Cost of room and board must not be included as part of the respite care unless provided as part of the respite care in a facility that is not a private residence. Respite provided in an institution (i.e., ICF/MR, SNF, or hospital) is not covered by the Habilitation/Supports Waiver. Respite is intended for participants whose primary care givers typically are the same persons day after day (e.g., family members and/or adult family foster care providers), and is provided during those portions of the day when the care givers typically provide care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care.

Supports Coordination

Supports coordination involves working with the Waiver participant, and others that are identified by the participant such as family member(s), in developing a person-centered plan. Using person-centered processes (including planning), support coordination assists in identifying and implementing support strategies. Supports strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports. Support

coordinators will work closely with the participant to assure his/her ongoing satisfactions with the process and outcomes of the supports, services, and available resources.

Supports coordination means face-to-face and related contacts including activities that assure:

- the desires and needs of the participant are determined
- the supports and services desired and needed by the participant are identified and implemented
- housing and employment issues are addressed
- social networks are developed
- appointments and meetings are scheduled
- person-centered planning is provided
- natural and community supports are used
- the quality of the supports and services, as well as the health and safety of the participant, are monitored.
- income/benefits are maximized
- activities are documented and
- plans of supports/services are reviewed at such intervals as are indicated during planning.

Additionally, the supports coordinator coordinates with the QMRP on the process of certification and re-certification (e.g., supply status and updated information, summarize input from supports providers, planning committee members).

Support coordination does not include any activities defined as Out-of-Home Nonvocational Habilitation, Habilitation Education Services, Prevocational Services, Supported Employment, or Community Living Supports. While supports coordination as part of the overall plan implementation and/or facilitation may include initiation of other coverages, and/or short term provision of supports, it may not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid State Plan services.

The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the individual's plan.

Supported Employment

Supported employment is the combinations of ongoing support services and paid employment, that enables the participant to work in the community. For purposes of this Waiver, the definition of "supported employment" is:

- paid work consisting of 10 or more hours a week, paid at 50% of minimum wage or higher
- community-based, taking place in integrated work settings where workers with handicaps work along side persons who are not handicapped
- for persons with severe handicaps who require ongoing supports such as job coach, employment specialist, or personal assistant, and
- for persons who require these supports for LESS than 50% of their employment hours.

Transportation provided between the client's place of residence and the site of the supported employment service, or between habilitation sites (in cases where the participant receives habilitation services in more than one place), is included as part of the supported employment and/or habilitation service.

This service must not otherwise be available to the individual through the Rehabilitation Act of 1973, as amended or under the Individuals with Disabilities Education Act (IDEA).

SUPPORTS AND SERVICE PROVIDER QUALIFICATIONS

Providers of Habilitation/Supports Waiver supports and services are chosen by the person and others assisting him/her during the person-centered planning process, and must meet the staffing qualifications contained in Michigan's 1915(b) Waiver for Specialty Community Mental Health Services and Supports.

In addition, minimum qualifications are noted below for aide level work (chore, respite, community living supports, and out-of-home habilitation). The planning team should also identify other competencies that will assure the best possible outcomes for the participant. Aide level staff that provides services and supports must be:

- at least 18 years of age
- able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports
- able to communicate expressively and receptively in order to follow individual plan requirements and participant-specific emergency procedures, and report on activities performed
- in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien), and

- able to perform basic first aid procedures.