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2022 Special Committee on Intellectual and Developmental Disabilities Waiver Modernization November 1, 2022
Results of the Roundtable Member Survey and October 17th and 21st Roundtable Workgroups
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Background: The Community Support Waiver is typically for Intellectual/Developmental Disability (I/DD)/Developmental Disability (DD)/autism populations outside of residential and congregate day settings. A key characteristic of the Community Support Waiver is its ability to target services needed to support families and to keep individuals out of institutions through cost-effective community supports. The charge of this workgroup was to discuss elements of the Community Support Waiver for consideration by the special committee.

The members of the roundtable convened by the 2022 Special Committee on I/DD Waiver Modernization met on October 17 and October 21 to review and discuss Community Support Waiver components. Between workgroup meetings, the roundtable members completed a short survey about services, individual budget authority, assessments and cost caps.

Themes related to the workgroup discussions have been compiled in this testimony, including high-level discussion considerations and recommendations for many components of the Community Support Waiver. Services, including their definitions and limitations, were also discussed, with examples of definitions provided in *Appendix A,* including additional examples of Enabling Support services available in Missouri.

Administration Roles

Questions for discussion: Are there differences in roles from the current comprehensive I/DD waiver? If yes, what?

Workgroup comments:
- Community Developmental Disability Organizations (CDDO) - Continue to provide services according to statute and regulations. Consider new navigator role for community supports.
- Targeted Case Management (TCM) – Role would need to be discussed further and developed.
- Managed Care Organizations (MCOs) - Care coordination does not have the services denial role (conflict of interest protections for the family).

Eligibility Criteria

Questions for discussion: What eligibility criteria should the state consider? Should the Autism Waiver be incorporated into the Community Support Waiver? Should the state consider age limits or housing requirements?

Workgroup comments:
- Have intellectual disability that began before age 18.
- Have a diagnosis of developmental disability that began before age 22.
- Have a diagnosis of autism or autism spectrum disorder or related. Autism is the targeting criteria and level of care criteria would still need to be met.
- Must be determined program eligible by a CDDO.
- Meet the Medicaid long-term care institutional threshold score using the state's functional eligibility instrument.
- Be financially eligible for Medicaid.
- Be a resident of the State of Kansas.

- The housing requirements could be family home, foster care family home, supported apartment, or shared apartment. The Community Support Waiver would not include supported living, which is currently covered on the Comprehensive Waiver. The state should consider a person-centered approach when assessing eligibility and needs for certain waiver services.
- A participant who has previously met the above targeting and functional criteria and needs subsequent waiver services for stabilization and maintenance. The individual continues to need at least one home and community based service (HCBS) for stabilization and maintenance (i.e., at least one I/DD Community Support Waiver service) or monthly monitoring for health, welfare and safety.

Special Income Group/217 group

Questions for discussion: How should the state address parental income? Should parental income be treated the same as if their child was in an institution?

Workgroup comments:
- To address parental income, select the Immediate Care Facility-Intellectual Disability (ICF-ID) and change age criteria to birth. This workaround averts parents giving up custody of their child to get community services and overwhelming the child welfare system – parental income is treated as if their child was in an institution.

Cost Cap

Questions for discussion: Should the state consider a cost cap for the waiver? Should some services be capped at the service level?

Workgroup comments:
- The cost cap should have a process for exceptions and clear delineation of when to move to the Comprehensive Waiver.

Recommendation language:
- If a cost cap is implemented, the state should monitor data to adjust the cap amount over time.

Assessment

Questions for discussion: Which assessment tool should the state consider for the Community Support Waiver: Supports Intensity Scale (SIS), Medicaid Functional Eligibility Instrument (MFEI)/InterRAI/NRI, or Basic Assessment and Services Information System (BASIS)?

Workgroup comments:
- Consensus to not include BASIS as assessment for the Community Support Waiver.
- Discussion represented mixed viewpoints. The SIS matches the University of Kansas (KU) waitlist assessment but is potentially expensive and complicated. The MFEI was developed extensively by a KU-led group, but a financial algorithm may need to be developed.

Service Plan Development

Questions for discussion: Which entity should be responsible (CDDO/TCM/MCO) to ensure person-centered planning? How often should the entity update the plan?

Workgroup comments:
- Person-centered planning gives the opportunity to use LifeCourse or other person-centered tools.
- Person-centered planning also could give an annual touch point with individuals on the waiver for the CDDO.

Self-Direction

Definition: Self-direction allows individuals with I/DD to choose their own services and supports to live independently.

Questions for discussion: Should the state consider providing self-direction for all or only select services?

Workgroup comments:
- Create training and self-direction tool kit so families have the training and support needed to create a budget.
- Discussed capping individual authority budget.

QI Strategy/Metrics

Questions for discussion: Should the state consider QI Strategies/Metrics be the same for the Community Support Waiver as the Comprehensive Waiver? Should the state consider using inter-rater reliability? How do improvements change service level and eligibility?

Workgroup comments:
- Discussed maintaining services deemed as essential to maintaining current level of support to prevent yo-yo effect of crisis.

Services

The following services were discussed for inclusion in the Community Support Waiver. A high-level definition has been provided for each service, and the committee can consider detailed definitions provided by roundtable members in *Appendix A*. Refer to *Appendix A* for sample language for consideration when determining the right services for Kansans on the Community Support Waiver.

Transportation

Definition: Non-medical transportation includes transportation into the community for non-employment related activities. Non-medical transportation for employment is limited to employment.

Workgroup comments:
- Add-on service.
- Transportation is reimbursable when necessary for an individual to access waiver and other community services, employment, activities and resources specified by the Person-Centered Plan (Article 30-63).

Supported Employment

Definition: Supported employment services are ongoing support services that allow participants to engage in competitive work in an integrated setting.

Workgroup comments:
- Add-on service.
- Supported employment services are ongoing support services for I/DD participants to allow them to engage in competitive work in an integrated setting.
- Competitive work is defined as work for which an individual is paid in accordance with the Fair Labor Standards Act.
- An integrated work setting is defined as a job site that is similar to that of the general workforce. Such work is supported by an activity needed to sustain paid employment by persons with I/DD.
- The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Recommendation language:
- Job planning must be thorough and consider complementing it with speech and occupational therapy or other behavioral supports.

Individual Directed Goods and Services

Definition: Individual directed goods and services (IDGS) refers to a service, support or good that enhances the opportunities to achieve outcomes related to full membership in the community.

Workgroup comments:
- Consider the services listed that could be grouped under goods and services. However, be cautious of subgrouping too many services and loss of flexibility.
- Consider a funding cap.

Recommendation language:

Tennessee's brief waiver description for self-directed goods and services includes:

- The Self-Determination Waiver Program serves children and adults with intellectual disabilities and children under age six with developmental delay who qualify for and, absent the provision of services provided under the Self-Determination waiver, would require placement in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

- The Self-Determination Waiver Program affords persons supported the opportunity to directly manage selected services, including the recruitment and management of service providers. Participants and families (as appropriate) electing self-direction are empowered and have the responsibility for managing, in accordance with waiver service definitions and limitations, a self-determination budget affording flexibility in service design and delivery.

- The Self-Determination Waiver Program serves persons who have an established non-institutional place of residence where they live with their family, a non-related caregiver or in their own home and whose needs can be met effectively by the combination of waiver services through this program and natural and other supports available to them. The Self-Determination Waiver does not include residential services such as supported living.

- The Self-Determination Waiver offers a continuum of services that are designed to support each person's independence and integration into the community, including opportunities for employment and work in competitive integrated settings and engage in community life. A person-centered planning process is used to identify services to be included in each waiver participants Individual Service Plan, based on the waiver participant's individually identified goals and need for specific services to advance toward, achieve or sustain those goals.

Personal Care (personal assistant/attendant included)

Definition: Personal care services include support in activities of daily living, health maintenance, supervision for health and safety, assistance with social and recreational activities, and assistance accessing medical care.

Workgroup comments:
- Personal care for those with I/DD needs to emphasize safety and developing social skills.

Respite

Definition: Respite care is short-term assistance provided to individuals because of the absence or need for relief of the individual's caregiver.

Workgroup comments:

- Waiver may cover 14 days or 1,344 15-unit minutes per year.
- Do not include under IDGS to allow flexibility.

Therapy

Workgroup comments:
- Consider providing habilitative speech, occupational and physical therapy, which might not be available under the state plan amendment (SPA).

Assistive Technology

Definition: See definitions below for assistive technology and technology first.

Workgroup comments:
- "Assistive technology" means a device, product system, or engineered solution whether acquired commercially, modified, or customized that addresses an individual's needs and outcomes identified in his or her individual service plan.
- "Technology first" – the use of Assistive Technology will be considered "first" in the discussion of support options available to individuals (Missouri Division of Developmental Disabilities).
- Consider no cap amount due to the range in cost for certain technologies. Planning for assistive technology should consider how needs may change over time.
- Home-enabling services, an array of services such as SMART home and pressure pads, allow individuals to stay in their home. Consider capping at $6,000.

Independent Living Skills/Community Engagement Skills

Definition: Community networking services provide individualized day activities that support the individual's definition of a meaningful day in an integrated community setting.

Workgroup comments:
- Do not include congregate living supports, as this addition would be harder to approve with CMS.
- Consider adding language around "valued activities."

Family/Caregiver Support and Training

Definition: Family/caregiver support and training enhances the individual's ability regardless of disability to function as part of a caregiver/family unit.

Workgroup comments:
- Programs can include START crisis training or training for personal care workers or foster care families or apprentice program; peer-to-peer training.
- Create a tiered system of caregiving services tied to level of education and license. Need to consider adding after-hours care.

Financial Management Services

Definition: An FMS provider works with people who self-direct in-home services. The FMS provider helps people with payroll tasks support and other services

Workgroup comments:
- Services could be tied into employment planning by the support broker.
- Consider background checks.

Recommendation language:
Refer to Missouri's policy on Financial Management Services. Through Missouri's Behavioral Health Employment Services, a number of financial management tools and services are included, such as Ticket to Work Health Assurance Calculator, financial education reference guides, Work Incentive Counseling Strategies and other resources.

Support Broker

Definition: The Support Broker assists the individual in arranging for, directing and managing self-directed services.

Workgroup comments:
- Assist families in understanding how to advertise; how to self-direct (can nest under Finical Management Services); training for families who self-direct (e.g., Kansas Personal Assistance Supports and Services).
- Ensure the support broker is needed and not just an entity there to make money off the waiver. Consider how to advertise this service so this is not a concern.

Benefits Counseling

Definition: Benefits counseling will provide information to individuals regarding available benefits and assist individuals to understand options for making an informed choice about going to work while maintaining essential benefits.

Workgroup comments:
- The prospect of losing benefits due to pursuing supportive or competitive integrated employment needs to be addressed. Advocates indicate this is a common concern.
- This could be a task for the support broker.

Other services to consider:
- Home and vehicle modification.
- Behavioral support.
- Supports and Training for Employing People Successfully (STEPS; community service coordinators).
- Work Opportunities Reward Kansans (WORK) services, includes supported employment and independent living counseling.

Additional Components for Consideration

The following items were not discussed by the working group but should be considered for the application.

- Defining support broker, FMS and TCM so the definitions do not overlap.
- Should any of the slots on the new waiver be reserved? For example, children under age six with autism, crisis, individuals transferring from the Comprehensive Waiver?
- Should there be a waitlist?
- What should criteria be to transition between the Community Support and Comprehensive waivers?
- Should it have tiers?
- Should there be prioritizing criteria?
- What are the participant safeguards?
- What is the financial accountability?
- How is cost neutrality demonstrated?

Appendix A: KHI I/DD Special Committee Testimony

Roundtable Member Submitted Service Definitions

November 1, 2022

The October 21, 2022, roundtable member meeting included discussion on services, and members were encouraged to submit definitions of services for potential language to include in the committee recommendations. Some definitions are taken from the current Comprehensive Waiver. For those examples, roundtable members have included potential changes for the committee to consider. In these examples, potential deletions have a strike through and potential additions are in red. Page numbers refer to the current Comprehensive Waiver. For further information, InterHab has provided slides, remote support systems assessment considerations and remote support summary of services available in Missouri.

Non-Medical Transportation

Non-Medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical Transportation services are available for individuals to access authorized Home and Community Based Service (HCBS) and destinations that are related to a goal included on the child/youth's Plan of Care.

Examples where this service may be requested include transportation to HCBS that an individual was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, community integration activity, etc. This service will be provided to meet the participant's needs as determined by an assessment performed in accordance with department requirements and as outlined in the participant's plan of care.

The care manager must document a need for transportation to support an individual's identified goals. The Health Home Care Manager will include justification for this service within the Person-Centered Plan of Care. For individuals not enrolled in a Health Home, the Managed Care Organization (MCO) Care Coordinator or the Independent Entity will be responsible for completing documentation of which goals in an individual's Plan of Care to which the trips will be tied.

For each participant utilizing Non-Medical Transportation, the Transportation Manager will provide a monthly report of authorized trips to the state.

Generally, the same rules used to determine reimbursement of trips to medical appointments should be followed when considering reimbursement of non-medical trips for eligible participants. Only those services not reimbursable under the Community First Choice Option (CFCO) State Medicaid Plan will be reimbursable under the HCBS Waiver.

The following guidelines apply to Non-Medical Transportation:

- Transportation must be tied to a goal in the Plan of Care.
- Transportation is available for a specified duration and annual cost.
- Individuals receiving residential services are ineligible for Non-Medical Transportation.
- Use transportation available free of charge.

- Use the medically appropriate mode of transportation.
- Travel within the common marketing area.
- When possible, trips should be combined.
- Justify need for travel outside the common marketing area.
- Vouchers submitted for personal vehicle mileage reimbursement must be submitted within 90 days of the date of service. Only when there are extenuating circumstances, will the department allow payment for trips that are submitted after the 90-day time period. These requests will be considered on a case-by-case basis provided valid justification is given.
- Reimbursement for travel can be denied when the destination does not support the participant's integration into the community.
- A participant's Plan of Care outlines the general parameters of his or her Non-Medical Transportation needs. However, these needs can change or be amended based upon the participant's stated goals and/or successful ongoing integration into the community.

Provider managed

Transportation Community Support Waiver Service Description

Transportation is reimbursable when necessary for an individual to access waiver and other community services, activities and resources specified by the Person-Centered Plan (Article 30-63). Transportation under the waiver shall not supplant transportation provided to providers of medical services under the state plan as required by 42 CFR 431.53, nor shall it replace emergency medical transportation as defined at 42 CFR 440.170(a) and provided under the state plan. State plan transportation in Kansas is provided to medical services covered under the state plan, but not to waivered services which are not covered under the state plan.

Targeted Case Management (TCM) must provide the transportation provider with information about any special needs of participants authorized for transportation services. A variety of modes of transportation may be provided, depending on the needs of the individual and availability of services. Alternatives to formal paid support will always be used whenever possible. A unit is one per month.

Service Limitations

State plan transportation under this waiver is limited to medical services covered in the state plan. State plan transportation does not cover transporting persons to waiver services, which are not covered under the state plan.

Provider Requirements

A transportation provider must be licensed per KSA 8-262, Drivers and Commercial Licensing, be licensed by KDADS, and have an Affiliate Agreement with each Community Developmental Disability Organization (CDDO) in the area they provide transportation services in.

Billing Information: Transportation

Waiver Service Code(s) Service Unit Maximum Units of Service Transportation A0120 Month one unit per month

Transportation Service Documentation

Transportation providers must maintain service documentation as described in Section C of this manual.

- Individual trip records for each individual transported;
- Mileage or zone records of miles or zones provided; and
- Accurate records of transportation costs.

Waiver Service	Code(s)	1 per/month	Maximum Payment
I/DD, Transportation, Agency	T2001 HQ	1 per/month	$2,334.00
I/DD, Transportation, Staff Vehicle Mileage	T2001	Per Mile	$0.62

Service Title:	Non-Medical Transportation

Service Definition (Scope):

Service offered in order to enable participants to gain access to employment services, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR

§431.53 and transportation services under the state plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the Pathways program are offered in accordance with the participant's service plan. Whenever possible and as determined through the person-centered planning process, family, neighbors, friends, carpools, coworkers, or community agencies which can provide this service without charge must be utilized.

Non-medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the state plan. Non-medical transportation services are necessary, as specified by the service plan to enable individuals to gain access to employment services. In order to be approved, non-medical transportation would need to be directly related to a goal on the individual's treatment plan (e.g., to a supported employment) and not for the general transportation needs of the client (e.g., regular trips to the grocery store). This service will be provided to meet the individual's needs as determined by an assessment performed in accordance with department requirements and as specifically outlined in the individual's POC.

Transportation services will be delivered through a transportation broker who will arrange and/or provide services pursuant to the plan of care. Such transportation may also include public transportation. The utilization of public transportation promotes self-determination and is made available to individuals as a cost-effective means of accessing services and activities. This service provides payment for the individual's use of public transportation to access employment.

The Employment Supports Coordinator will monitor this service quarterly and will provide ongoing assistance to the individual to identify alternative community-based sources of transportation.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act IDEA (20 U.S.C. 1401 et seq.) or any other source.

Additional needs-based criteria for receiving the service, if applicable (specify):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. *(Choose each that applies):*	
X	Categorically needy *(specify limits):*
	The service does not provide for mileage reimbursement for a person to drive himself to work. Individuals may not receive this service at the same time as Supported Employment (individual or group) if those services are providing transportation to and from the employment setting.
☐	Medically needy *(specify limits):*

Supported Employment

Supported Employment services are ongoing support services for I/DD participants to allow them to engage in competitive work in an integrated setting. Competitive work is defined as work for which an individual is paid in accordance with the Fair Labor Standards Act. An integrated work setting is defined as a job site that is similar to that of the general work force. Such work is supported by an activity needed to sustain paid employment by persons with I/DD. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Completion of Vocational Rehabilitation or a letter, from Kansas Department for Children and Families (DCF), stating the participant is not eligible for Vocational Rehabilitation is required prior to authorization of Supported Employment. In the event the participant is on a waiting list for Vocational Rehabilitation services, Supported Employment activities may be authorized until the point in time when Vocational Rehabilitation Services begin. Supported Employment activities shall not be authorized until the individual has applied to the local Vocational Rehabilitation Services office.

The following supported employment activities by Supported Employment agency staff are designed to assist individuals in acquiring and maintaining employment:

1. Individualized assessment. 2. Individualized job development and placement services that create an appropriate job match for the individual and the employer. 3. On-the-job training in skills required to perform the necessary functions of the job. 4. Ongoing monitoring of the participant's performance on the job. 5. Ongoing support services necessary to assure job retention as identified in the Person-Centered Support Plan and Person-Centered Service Plan. When these support services are available to participants during their work schedules, they are billable. 6.Training in related skills essential to secure and retain employment.

Ongoing support services available to participants during their work schedules are billable.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, which includes Vocational Rehabilitation (20 U.S.C., 1401 et seq.). Transportation between the participant's residence and the employment site is included in the rate paid to providers of Supported Employment services.

a. FFP cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1) Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2) Payments that are passed through to users of supported employment programs; or

3) Payments for training that is not directly related to an individual's supported employment program.

b. Supported Employment must be provided in a place of business or a setting that has otherwise been approved by Kansas Department for Aging and Disability Services (KDADS), and is compliant with the HCBS Settings Final Rule, and Employment First State and Federal policy.

c. To avoid overlap of services, Supported Employment is limited to those services not covered through the Medicaid State Plan or other HCBS services and which cannot be procured from other formal or informal resources. Waiver funding shall be the funding source of last resort and requires prior authorization from the MCO via the participant's Person-Centered Service Plan.

•The I/DD waiver-funded Supported Employment activities must not be provided simultaneously with activities directly reimbursed by Kansas Vocational Rehabilitation Services.

d. Supported Employment cannot be provided in a sheltered work setting.

e. Supported Employment must be provided away from the participant's place of residence.

f. Supported Employment cannot be provided to anyone who is an inpatient of a hospital, nursing facility or an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID).

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Supported Employment

Provider Qualifications

All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have been substantiated for a prohibited offense as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding.

Consistent with the Developmental Disabilities Reform Act, providers:

*Must submit policies and procedures for KDADS approval.

*All staff must be trained in medication administration and Abuse, Neglect and Exploitation.

*Must be enrolled KMAP provider.

*Contracted with an MCO or approved out-of-network provider.

All providers must be an affiliate of the CDDO in the area in which the participant accesses services.

Individual Directed Goods and Services

Kansas Community Support Waiver

Appendix C: Participant Services

C-1/C-3: Service Specification

Service Type:

Service Title:

Individual Directed Goods and Services – Code T2028

17 Other Services

17010 goods and services

Individual Directed Goods and Services (IDS) refers to a service, support, or good that enhances the individuals' opportunities to achieve outcomes related to full membership in the community. Each service, support or good selected must meet each of the following eight criteria:

1. The service, support or good is designed to meet the individual's safety needs, community membership and also advances the desired outcomes in his/her Person-Centered Plan (Article 30-63);

2. The service, support or good must increase independence or substitute for human assistance;

3. The service, support or good must reduce the need for another Medicaid waiver service;

4. The service, support or good must have documented outcomes in the Person-Centered Plan (Article 30-63);

5. The service, support or good is not prohibited by Federal and State statutes and regulations;

6. The service, support or good is not available through another source and the person does not have the funds to purchase it;

7. The service, support or good will be acquired based upon anticipated use and most cost-effective method (rental, lease, and/or purchase); and

8. The service, support or good must not be experimental or prohibited.

Costs are limited to $3,000 per annual support plan year, per individual. The annual limit corresponds to annual Person-Centered Plan year.

Provider Requirements

This service can be provided by a Financial Management Services provider. The FMs provider must have a signed and current Affiliation Agreement with each CDDO in the service area and be licensed by the Kansas Department of Aging and Disability Services (KDADS).

Personal Care Services

Kansas Community Support Waiver

Appendix C: Participant Services

C-1/C-3: Service Specification

Personal Care Services

The scope, duration and amount of services authorized by the MCO shall be consistent with the participant's assessed need as documented in the Person-Centered Service Plan and the Person-Centered Support Plan (Article 30-63). Personal Care Services (PCS) includes supports for the participant in the following areas:

1. Activities of Daily Living (ADLs) in accordance with K.A.R. 30-5-300 and the Personal Care Services and Limitations policy.

2. Health maintenance activities (HMA) in accordance with the Personal Care Services and Limitations policy.

3. Instrumental Activities of Daily Living (IADLs) in accordance with K.S.A 65-5115 and K.A.R. 28-51-113K.A.R. 30-5-300 and the Personal Care Services and Limitations policy.

4. Supervision to provide for the health, safety and welfare of the participant

5. Assistance and accompaniment for exercise, socialization and recreation activities

6. Assistance accessing medical care

PCS are ~~individualized (one-to-one) services~~ provided during times when the participant is not typically sleeping. While Personal Care Services are ordinarily provided on a one-to-one basis, personal assistance may be delivered to groups of individuals (up to a 3 to 1 ratio) when: it is determined to meet the individuals' needs, the needs are documented in the Person-Centered Support Plan (Article 30-63), and the needs of each individual in the group can be safely met. The cost associated with the provider traveling to deliver this service is included in the rate paid to the provider. Non-emergency Medical Transportation (NEMT) is a State Plan service and can be accessed through the MCO.

Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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, educationally related services and support that is the responsibility of local education authorities, nor shall it supplant services through EPSDT.

The service ~~must~~ may occur in a home or community location, anywhere the participant lives or socializes. ~~Meeting the setting requirements as defined in the "HCBS Setting Final Rule."~~ Home is where the participant makes his or her residence and must not be defined as institutional in nature. ~~A family is defined as any person immediately related to the participant, such as: parents/legal guardian, spouse, siblings, adult children; or when the participant lives with other persons capable of providing the care as a part of the informal support system.~~

~~Informal/natural supports may include relatives and friends that live with the waiver participant. An informal/natural support, who is capable of providing assistance with IADL tasks, may not be paid to perform these tasks when they can be completed in conjunction with normal household duties. If a capable, informal/natural support refuses or is unable to provide assistance with the IADL tasks, the refusal or inability must be documented in writing, signed by the informal/natural support and included in the Service Plan. In these instances, the MCO may authorize the individual to receive self-directed or agency-directed formal support for the authorized IADL tasks. The individual may choose to self-direct; however, the self-directed worker may not be the capable, informal/natural support who has refused or is incapable of performing assistance with the IADLs as a part of normal household duties. Unless there are extenuating or specific circumstances that are documented in the Service Plan, waiver participants should rely on informal/natural supports who are capable and willing to provide assistance with IADLs when they can be completed in conjunction with normal household duties. The IADL tasks that can be completed in conjunction with normal household duties include lawn care, snow removal, shopping, housekeeping, laundry, and meal preparation. The capable, informal/natural support may be paid for laundry, housekeeping, and meal prep under the following circumstances:~~

Personal Care Services shall not be provided by an individual's spouse; a parent or a step-parent of an individual under age 18; a legal guardian; nor the employer of record/or a designated representative for the individual. Personal Care Services may otherwise be provided to a person by a member(s) of his or her family when the person is not opposed to the family member providing the service and the service to be provided does not primarily benefit the family unit, is not a household task family members expect to share or do for one another when they live in the same household, and otherwise is above and beyond typical activities family members provide for another adult family member without a disability. The services to be provided are solely for the individual and not household tasks expected to be shared with people living in family unit. Family members may be paid for support needs as identified in their Person-Centered Support Plan (Article 30-63), including but not limited to:

Meal Prep:

The waiver participant has a specialized diet that is prescribed by a ~~physician~~ licensed health care provider and either requires specialized preparation or is designed specifically to meet the participant's dietary needs as documented in the Service Plan. PCS shall only be authorized for the time spent planning for meals and preparing the waiver participant's specialized diet and cleanup. A specialized diet does not include simple differences in ingredients or preparing the same meal slightly different to meet the participant's dietary restrictions.

Housekeeping

The waiver participant has documented incontinence issues or other specialized needs that create excessive housekeeping. Homemaker/chore services provided as part of PCS can only be incidental, and

cannot comprise the ~~entirely~~ entirety of the service. PCS performed should be specific to the needs of the waiver recipient as reflected in the person~~al care~~ centered service plan and Person-Centered Support Plan (Article 30-63).

Laundry:

The waiver participant has documented incontinence issues creating excessive laundry. PCS shall only be authorized for the time spent providing assistance with the participant's excessive laundry.

Supervision:

To provide for the health, safety and welfare of the participant.

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Limitations:

The service ~~must~~ may occur in the home or community location, including anywhere the person lives or socializes. ~~Meeting the setting requirements as defined in the "HCBS Setting Final Rule~~." Service provided in a home school setting must not be educational in purpose. Personal Care Services cannot be provided in a school setting and cannot be used for education, as a substitute for educationally related services, or for transition services as outlined in the participant's Individualized Education Program (IEP).

Services furnished to an individual who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with Intellectual Disability (ICF-IID), or institution for mental disease are not covered.

~~PCS will be coordinated by the KanCare MCO Care Manager and arranged for, and purchased under the participant or legally responsible party's written authority, consistent with and not exceeding the participant's authorized service plan. Self-Directed PCS will be paid through an enrolled fiscal management service agency.~~ (Note: Does not need to be in service definition. Consider moving Care Manager language to 'Appendix A: Waiver Administration and Operation')

~~A PCS worker may not perform any duties not delegated by the participant or participant's representative with the authority to direct services or duties as approved by the participant's physician.~~ The PCS worker's task(s) must be identified as an authorized task or tasks as per the participant's authorized Person-Centered Service Plan and approved Person-Centered Support Plan (Article 30-63).

While Federal rules generally prohibit payments to legally responsible relatives for Personal Care Services, Kansas does allow such payments under the circumstances described in Appendix C-2-d. Legally responsible individuals who have a duty under State law to care for another person include: (a) the parent (biological or adoptive) of a minor child; or the guardian of a minor child who must provide care to the child; or (b) a spouse of a waiver participant.

The services under the I/DD waiver are limited to ~~additional~~ services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. ~~PCS is limited to those services which cannot be procured from other formal or informal resources. Waiver funding shall be the funding source of last resort and requires prior authorization from the MCO via the participant's Person-Centered Service Plan. Service plans for which it is determined that the provisions of PCS would be a duplication of services will not be approved.~~ PCS worker cannot perform any duties

for the participant that would otherwise be consistent with the Supported Employment definition. PCS shall not be authorized for the times a participant has Residential or Day supports authorized in the participant's Person-Centered Service Plan. PCS shall not be authorized if the participant has authorization for both Residential and Day supports on the participant's Person-Centered Service Plan. Participants receiving Residential supports cannot also receive PCS as an alternative for the same Residential supports., or any of the other family/individual supports. This does not prevent the conversion of Day Supports to PCS. Participants receiving Day supports cannot also receive PCS as an alternative for the same Day supports. This does not prevent the conversion of Day supports to PCS. PCS being provided as a self-directed alternative to Residential or Day supports cannot be provided by the legal guardian of the participant.

Prevocational, educational services, or supported employment services available to the participant through a local educational agency under the Individuals with Disabilities Act (IDEA) or the Rehabilitation Act of 1973 are not covered.

Participants in Residential Supports can NOT also receive PCS, Enhanced Care Service or Overnight Respite Care. A participant may have several PCS workers providing him or her care on a variety of days at a variety of times, but a participant may not have more than one assistant providing care at any given time. The State will not make payments for multiple claims filed for the same time on the same dates of service.

Minor children under the custody of DCF and living in a licensed foster care setting will not have the option to self-direct PCS services, unless an exception approved by the program manager.

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PCS is limited to a maximum of 12 hours per 24-hour period unless otherwise authorized by the MCO, in accordance with the Personal Care Services and Limitations policy. One unit is equal to 15 minutes. Agency-directed and Self-Directed Personal Care Services can be combined to meet the participant's needs, but the total combination of Personal Care Services hours cannot exceed 12 hours per 24-hour period, in accordance with the Personal Care Services and Limitations policy. The combination of Personal Care Services, Enhanced Care Services, and other HCBS program services shall not exceed a total of 24 hours of service within a 24-hour period, in accordance with the Personal Care Services and Limitations policy.

Per the KanCare contracts the MCOs are responsible for ensuring the individual's needs are met with a combination of waiver, State Plan and community resources. The MCO would ensure via the Person-Centered Service Plan and monitoring of the plan that the needs of the participant are being met

All HCBS providers are required to pass background checks consistent with the KDADS' Background Check Policy and comply with all regulations related to Abuse, Neglect and Exploitation. Any provider found to have been substantiated for a prohibited offense as listed in K.S.A. 39-2009 is not eligible for reimbursement of services under Medicaid funding.

Appendix C: Participant Services

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Individual Personal Assistants

Providers must be at least 16 years of age, or at least 18 years of age if a sibling of the waiver participant, unless an exception to this requirement has been granted in writing by the commission, based upon the needs of the person receiving services, per K.A.R. 30-63-10 (4)(F).

~~Providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect and Exploitation.~~

Any provider found to have a prohibited offense, as listed in K.S.A. 39-2009, is not eligible for reimbursement of services under Medicaid funding. Consistent with K.A.R. 30-63-10, the participant is responsible for documenting that the individual provider has received sufficient training to provide the needed service. That documentation must be provided to the CDDO. All PCS assistants must be enrolled with an enrolled Financial Management Services (FMS) provider who is also an affiliate of the CDDO in the area in which the service will be provided.

Verification of Provider Qualifications

Entity Responsible for Verification:

Managed Care Organizations in accordance with the Provider Qualification policy M2017-171.

Frequency of Verification:

The MCOs, with oversight by KDADS, shall verify provider qualifications annually.

Appendix C: Participant Services

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Home Health Agency

Qualifications:

Home Health Agency License

Employees of a Home Health Agency as specified in K.S.A. 65-5101 through K.S.A. 65-5117

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Providers must be affiliated with the CDDO in the area in which the services will be provided. Providers must enroll in KMAP and must either contract with a KanCare MCO or be an approved outof-network provider with a KanCare MCO.

All HCBS providers are required to pass background checks consistent with the KDADS' Background Check policy and comply with all regulations related to Abuse, Neglect, and Exploitation. Any provider found to have a prohibited offense, as listed in K.S.A. 39-2009, is not eligible for reimbursement of services under Medicaid funding.

PCS provider workers must be at least 18 years of age or have at least a high school diploma or GED. Workers who are siblings to the participant receiving PCS services must be at least 18 years old.

Agency-Directed PCS workers:

1. An attendant who is a certified home health aide or certified nurse aide shall not perform any health maintenance activities without delegation and supervision of a nurse or physician pursuant to K.S.A. 651165.

2. A certified home health aide or certified nurse aid shall not perform acts beyond the scope of their curriculum without delegation by a licensed nurse.

3. An agency shall maintain documentation of delegation by a licensed physician or nurse not employed by the agency. Agencies are responsible for ensuring appropriate supervision of delegated health maintenance activities.

4. Failing to properly supervise, direct, or delegate acts that constitute the healing arts to persons who perform professional services pursuant to such licensee's direction, supervision, order, referral, delegation or practice protocols could result in discipline by the Board of Healing Arts. Agency-directed service provision shall comport with KDADS Personal Care Services and Limitations policy.

Respite

This service focuses on short-term assistance provided to individuals regardless of disability (developmental, physical and/or behavioral) because of the absence of or need for relief of the individual or the individual's family caregiver. Such services can be provided in a planned mode or delivered in a crisis situation. Respite workers supervise the individual and engage the individual in activities that support his/her and/ or primary caregiver/family's constructive interests and abilities.

Respite providers offer services with a level of expertise in understanding and implementing behavioral/developmental interventions required to support optimal functioning for individuals. Respite providers will regularly communicate the details of the individual's intervention plan so that there is a carryover of skill from the respite source to the caregivers and treatment providers.

Medical professionals in planned and crisis respite focus on short-term assistance provided to individuals with complex medical needs because of the absence of or need for relief of the individual or the individual's family caregiver where the individual needs a higher level of supervision and clinical care.

Planned

Planned respite services provide planned short-term relief for the individual or family/primary caregivers that are needed to enhance the family/primary caregiver's ability to support the individual's functional, developmental, behavioral health and/or health care needs. The service is direct care for the individual by individuals trained to support the individual's needs. This may occur in short-term increments of time (usually during the day) or on an overnight or longer-term increment. Planned Respite activities support the plan of care goals and include providing supervision and activities that match the individual's developmental stage and continue to maintain the individual health and safety.

Crisis

Crisis Respite is a short-term care and intervention strategy for individuals and their families that helps to alleviate the risk for an escalation of symptoms, a loss of functioning, and/or a disruption in a stable living environment. It may be used when challenging behavioral or situational crises occur which the

individual and/or family/caregiver is unable to manage without intensive assistance and support. Crisis Respite can also be used as a result of crisis intervention or from visiting the emergency room. Crisis Respite should be included on the POC to the extent that it is an element of the crisis plan or risk mitigation strategy.

Crisis Respite services may be delivered in a home or residence by qualified practitioners, out of home/residence by staff in community-based sites, or in allowable facilities. Services offered may include: site-based crisis residence, monitoring for high risk behavior, health and wellness skill building, wellness activities, family/caregiver support, conflict resolution, and other services as needed.

Ongoing communication between individual or the family/primary caregiver receiving crisis respite for their individual, the crisis respite staff, and the individual's established behavioral health and health care providers is required to assure collaboration and continuity in managing the crisis situations and identifying subsequent support and service needs.

At the conclusion of a Crisis Respite period, crisis respite staff, together with the individual and family/primary caregiver, and his or her established behavioral health or health care providers when needed, will make a determination as to the continuation of necessary care and make recommendations for modifications to the individual's plan of care. Individuals are encouraged to receive Crisis Respite in the most integrated and cost-effective settings appropriate to meet their respite needs. Out of home Crisis Respite is not intended as a substitute for permanent housing arrangements.

Planned Day Respite: This service may be delivered with support of staffing ratios necessary to keep the individual, and other individuals in the environment, safe and as indicated in the individual's POC overseen by the respite provider.

Planned Overnight Respite: This service may be delivered with support of staffing ratios necessary to keep the individual, and other individuals in the environment, safe and as indicated in the individual's POC overseen by the respite provider.

Crisis Day Respite: This service may be delivered with support of staffing ratios necessary to keep the individual, and other individuals in the environment, safe and as indicated in the individual's POC overseen by the respite provider.

Consultation

Specialized Consultation Services provide expertise, training and technical assistance in a specialty area (psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy, nutrition, and other licensed professionals who possess experience with individuals with Intellectual / Developmental Disabilities) to assist family members, support staff and other natural supports in assisting individuals with developmental disabilities. Under this model, family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered professional, or qualified assistive technology professional to carry out therapeutic interventions, consistent with the Individual Support Plan.

Activities covered are:

- Observing the individual to determine needs;
- Assessing any current interventions for effectiveness;
- Developing a written intervention plan, which may include recommendations for assistive technology/equipment, home modifications, and vehicle adaptations or therapeutic exercises / interventions / strategies. Intervention plan will clearly delineate the interventions, activities and expected outcomes to be carried out by family members, direct support professionals and natural supports;
- Developing a written intervention plan, which may include preventative strategies, behavioral interventions and strategies. Intervention plan will clearly delineate the interventions, activities and expected outcomes to be carried out by family members, direct support professionals and natural supports;
- Training and technical assistance of relevant persons to implement the specific interventions/support techniques delineated in the intervention plan;
- Observe, record data and monitor implementation of therapeutic interventions/support strategies;
- Reviewing documentation and evaluating the activities conducted by relevant persons as delineated in the intervention plan;
- Revision of the intervention plan as needed to assure progress toward achievement of outcomes
- Participating in team meetings; and/or
- Tele-consultation through use of two-way, real time-interactive audio and video to provide behavioral and psychological care when distance separates the care from the individual.

This service may be used for evaluations for adults when the State Plan limits have been exceeded.

Specialized Consultative Services may not duplicate services provided through Natural Supports Education and Crisis Supports. Specialized Consultative Service does not cover Applied Behavioral Analysis. Specialized Consultative Services does not cover one-on-one therapy.

Provider managed

Crisis Behavioral Support Services

Crisis Supports provides intervention and stabilization for individuals experiencing a crisis. Crisis Supports are for individuals who experience acute crises and who present a threat to the person's health and safety or the health and safety of others. These behaviors may result in the person losing his or her home, job, or access to activities and community involvement. Crisis Supports promote prevention of crises as well as assistance in stabilizing the individual when a behavioral crisis occurs. Crisis Supports are an immediate intervention available 24 hours per day, 7 days per week, to support the individual. Service authorization can be granted verbally or planned through the ISP to meet the needs of the individual. Following service authorization, any needed modifications to the ISP and individual budget will occur within five (5) working days of the date of verbal service authorization.

The Comprehensive Crisis Plan must be updated as warranted in collaboration with the team within 14 days of a crisis, in an effort to ensure it meets the individual's needs and is reflective of anything learned from the crisis.

Crisis Intervention & Stabilization Supports:

Staff trained in Crisis Services Competencies is available to provide "first response" crisis services to individuals they support, in the event of a crisis. These activities include:

• Assess the nature of the crisis to determine whether the situation can be stabilized in the current location or if a higher-level intervention is needed

• Determine and contact agencies needed to secure higher level intervention or out-of-home services

• Provide direction to staff present at the crisis or provide direct intervention to de-escalate behavior or protect others living with the individual during behavioral or medical episodes.

• Contact the care coordinator following the intervention to arrange for a treatment team meeting for the individual and/or provide direction to service providers who may be supporting the individual in day programming and community settings, including direct intervention to de-escalate behavior or protect others during behavioral episodes. This may include enhanced staffing provided by a QP to provide one additional staff person in settings where the participant may be receiving other services.

Out-of-Home Crisis Supports:

• Out-of-home crisis is a short-term service for an individual experiencing a crisis and requiring a period of structured support and/or programming. The service takes place in a licensed facility. Out of-home crisis may be used when an individual cannot be safely supported in the home, due to his/her behavior, and implementation of formal behavior interventions have failed to stabilize the behaviors, and/or all other approaches to insure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who have heightened behavioral needs.

• Out-of-Home Crisis services will be authorized in increments of up to 30 calendar days

Crisis Consultation:

• Crisis consultation is for individuals that have significant, intensive, or challenging behaviors that have resulted or have the potential to result in a crisis situation. Consultation is provided by staff that meets

the minimum staffing requirements of a Qualified Professional, who have crisis experience. Non-licensed staff must meet the core competency requirements outlined in the Waiver and the activities performed by non-licensed staff must be overseen by licensed staff with experience serving individuals with I/DD and behavioral health needs.

• Crisis consultation may be used to:

1. Facilitate up to monthly treatment team meetings with other members of the treatment team to:

a. Discuss clinical findings / situations and recent crises regarding the individual;

b. Evaluate and refinement of the Comprehensive Crisis Plan after a crisis in collaboration with the person's team to include unplanned and preplanned crisis management approaches to address crises before, during and after the crisis;

c. Communicate any changes that should occur to the Comprehensive Crisis Plan within 48 hours or no later than the next business day to the Care Coordinator

2. Train, educate, and provide ongoing technical assistance to the natural supports and direct support professional on crisis interventions and strategies to mitigate issues that resulted in the crisis, and on implementation of the crisis plan.

3. Develop and implement strategies to aid the person in returning home after an out of home crisis stay or hospitalization.

4. Referral for medication evaluation if appropriate.

Home Enabling Services

Home-enabling Supports allow agencies on behalf of individuals to purchase the goods and services they need to achieve their goals. HOME-ENABLING SUPPORTS are alternative services, equipment, or supplies not otherwise provided through the MCO program or Medicaid State Plan/waiver that address an identified need in an individual's PCSP, which includes improving and maintaining the individual's opportunities for full membership in the community. Home-enabling Supports items and services decrease the need for other Medicaid services, promote inclusion in the community, and/or increase the individual's safety and independence in the home environment. As part of a person-centered plan, alternative services allow an individual to receive services in the most integrated setting possible.

Home-enabling Supports meet the following requirements:

- Address issues of internet connectivity and upgrades of technology service; AND/OR
- Decrease the need for other Medicaid services; AND/OR
- Promote inclusion in the community; AND/OR
- Increase the individual's safety in the home environment; AND,
- The individual does not have the funds to purchase the item or service, or the item or service is not available through another source.
    - Children eligible for the waiver under .217 group (Special income group) are not eligible without documenting hardship.
    - The individual is on Vocational Rehabilitation (VR) and VR is not able to pay.
    - Assistive Technology Block Grant funds available at the State level cannot fund.
    - Community resources have been explored and are not available to fund.
- Are related to a need or goal identified in the PCSP;
- Are for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance;
- Promote opportunities for community living and inclusion;
- Can be accommodated without compromising the individual's health or safety; and
- Are provided to, or directed exclusively toward, the individual.
- Meet the participant's needs in the most inclusive and least restrictive manner appropriate for the participant's needs,
- Build on the participant's strengths to improve social skills and self-management in ways that increase independence and participation in community life, and
- Include documentation in the PCSP that describes the decision-making process and how the services meet this requirement.

Individuals are those seeking to maintain community tenure, stability, satisfaction, and safety in the community:

- Limited access to informal supports;
- Experiencing difficulty recruiting and retaining attendant care;
- Living alone or at higher risk of isolation from information and supports

Experimental or prohibited treatments are excluded. Home-enabling supports that are purchased under this coverage must be clearly linked to an assessed participant need/goal established in the person's PCSP.

Activities under this service include the following:

- Complete an assessment and review the MCO's needs assessment and follow-up with member on identified needs and goals in Person-Centered Service Plan (PCSP) documents.
- Explore community resources.
- Recommend necessary accommodation or alternative service.
- Develop treatment plan which may include:
  o Purchase of services/equipment,
  o Installation of equipment,
  o Coordinate utilization including teaching and coaching, or
  o Referral to community resources.
- Provide outcome follow-up on customer satisfaction and positive impact related to the person's goals for independence.
- Conduct frequent check-ins, reassess, modify interventions as necessary, and sustain community tenure through ongoing interventions designed to meet member needs in the long-term.

Home-enabling Supports will fully utilize naturally occurring local community services and will purchase accessibility equipment, services, and technology in a person-centered manner. The agency will assist the member to arrange for alternative services based on the individual's person-centered goals and the capacity of in-person supports.

Services

Types of home-enabling services that may be needed include:

- Safety services;
- Technology in lieu of in-person support or in addition to in-person supports or in support of the person's goals;
- Assistive technology assessment, recommendation of Home-enabling Supportss, installation, coordination, teaching and follow-up;
- Services that promote independence, inclusion, or community living such as arranging for grocery delivery, arranging for transportation to community events or locations, technology to participate in community events, etc.;
- Remote concierge;
- Coordinating with local or regional housekeeping agency to provide necessary instrumental activities of daily living support;
- Transportation;
- Broadband internet and cellular connectivity;
- Local grocery store delivery service;
- Purchase of "smart home" devices;
- Individual assessment;

- Installation and teaching of new items or services;
- Cleaning service;
- Local laundry service; or
- "Alexa" or other accessibility technology support.[1]

Examples of goods and services that **cannot** be purchased include:

- Services covered by the State Plan, Medicare, or other third parties, including education, home-based schooling, and vocational services;
- Services, goods, or supports provided to or benefiting persons other than the eligible member;
- Personal items and services not related to the eligible member's disability or inclusion in the community;
- Experimental treatments;
- Vehicle maintenance (unless maintenance is modifications related to the disability);

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[1]The state is advised to provide additional information on telecare support services. Is this a remote delivery component of this service and/or other Children's Waiver services? Or, is this a remote monitoring service? If so, remote monitoring should be listed as a separate waiver service. In regards to the above highlighted *remote delivery*, please clarify the following:

a. What is the role of the SMA in ensuring the health and safety of waiver participants in instances when their services are delivered via telehealth/remotely?
b. What is the percentage of time telehealth/remote will be the delivery method for the service? Will any in-person visits be required for training or can it be completed fully remotely?
c. Who will be responsible for the telehealth/remote monitoring activity? Are they on-site or on-call?
d. How will the telehealth/remote monitoring assist the individual to avoid institutional placement or placement in a more restrictive living environment?
e. How will the telehealth/remote monitoring enhance/increase the individual's independence?
f. How does the telehealth/remote monitoring help the individual to fully integrate in the community and participate in community activities?
g. How will the state ensure that the individual's right to privacy is being met, as well as the others in the home and what safeguards will be in place to protect individual rights and privacy?
h. Does the telehealth/remote monitoring meet HIPAA requirements and is the methodology accepted by the state's HIPAA compliance officer?
i. How will the state ensure that the waiver participant, involved family members and/or guardian has agreed to the use of telehealth/remote monitoring and that this is documented in the individual's person-centered service plan prior to use?
j. How will the telehealth/remote monitoring ensure the individual's needs are being met and that health and welfare needs are being addressed?
k. What is the back-up plan in the event of equipment/technology failure (e.g. evaluation of the existence or availability of back-up power sources, alarms, additional person(s) to assist, etc.)?
l. For telehealth/remote monitoring devices/equipment/technology describe in further detail:
   o Where would devices/monitors be placed? Will the state permit placement of video cameras/monitors in bedrooms and bathrooms? If the state will permit these to be placed in bedrooms and bathrooms, how will the state ensure that this is determined to be necessary on an individual basis and justified in the person-centered service plan?
   o What control does the individual have over the equipment? Can the individual waiver participant turn off the remote monitoring device/equipment if they choose to do so? How are they informed of this option and how to do it?

CMS Follow-up: The state is advised to note that due to the ramifications of Section 9817 of the ARP, all services and any components of services that are delivered remotely must be assessed to ensure that there are no violations that will prevent states from acquiring enhanced FMAP for HCBS. Therefore, the state is advised to respond to the above revised questions (**a through l**) accordingly. Please also note that the state's responses to these questions should be summarized and incorporated in the **Brief Waiver Description** field with cross walk language in the particular service definition field stating that the service (or its components) may be delivered remotely and additional information on the remote delivery can be found in the Brief Waiver Description.

- Vacation expenses;
- Gifts for workers, family, or friends;
- Loans to the eligible member's workers;
- Rent or mortgage payments;
- Payments to someone to be the eligible member's representative;
- Clothing;
- Groceries (except for special foods required to maintain nutritional status);
- Lottery tickets;

Assistive Technology

Kansas Community Support Waiver

Assistive Technology - Equipment, Technology, and Modifications

Appendix C: Participant Services

C-1/C-3: Service Specification

Assistive Services

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"Assistive technology" means a device, product system, or engineered solution whether acquired commercially, modified, or customized that addresses an individual's needs and outcomes identified in his or her individual service plan. The service is for the direct benefit of the individual in maintaining or improving independence, functional capabilities, vocational skills, or community involvement. Remote monitoring will assist the individual to fully integrate into the community, participate in community activities, and avoid isolation. The individual's person-centered planning team will ensure that the individual understands the use of technology, the individual/family has information needed in order to make an informed choice/consent about remote monitoring versus an in-person support staff service, and that he/she understands privacy protections as documented in the approved Person-Centered Plan (Article 30-63). The Targeted Case Manager (TCM) and providers will share responsibility for monitoring privacy concerns. The Person-Centered Plan (Article 30-63) documents all back-up support plans based on the individual's needs. The Person-Centered Plan (Article 30-63) will document who is responsible for the monitoring activity and if they are on-site or off-site. Remote supports promotes individuals building self-determination, self-reliance, independence and confidence which decreases their reliance on paid staff for activities in the home and community. All Assistive Technology services providers must have a signed and current Affiliation Agreement with each CDDO in their service area. Assistive technology must include at least one of the following components:

(a) "Assistive technology consultation" means an evaluation of the assistive technology needs of an individual, including a functional evaluation of technologies available to address the individual's assessed needs and support the individual to achieve outcomes identified in his or her individual service plan.

(b) "Assistive technology equipment" means the cost of leasing, purchasing, warranty at purchase or otherwise providing for the acquisition of equipment and may include engineering, designing, fitting, customizing, or otherwise adapting the equipment to meet an individual's specific needs. Assistive technology equipment may include Personal Emergency Response Systems (PERS), Mobile Emergency Response Systems (MERS), Medication Reminder Systems (MRS) and equipment used for remote support such as motion sensing system, radio frequency identification, live video feed, live audio feed, or web-based monitoring. Assistive technology cannot be accessed to purchase video monitors or cameras to be placed in bedrooms and bathrooms. Remote monitoring and placement of cameras in bedrooms and bathrooms is not allowed.

(c) "Assistive technology service delivery" means monthly implementation of service and monitoring of the technology equipment and individual as necessary. Monitoring may include the response center for PERS, MERS, or remote support.

(d) "Assistive technology support" is intended for education and training beyond that included in initial installation/training and routine service delivery questions and implementation that aids an individual in the use of assistive technology equipment as well as training for the individual's family members, guardians, staff, or other persons who provide natural supports or paid services, employ the individual, or who are otherwise substantially involved in activities being supported by the assistive technology equipment. Assistive technology support may include, when necessary, coordination with complementary therapies or interventions and adjustments to existing assistive technology to ensure its ongoing effectiveness.

Assistive technology equipment does not include items otherwise available as environmental accessibility adaptations or specialized medical equipment and supplies.

Assistive technology consultation is limited to one per year. An exception may be extended if the participant is pursuing a new or additional type of technology in the same year.

Assistive technology support is limited to 40 hours per year.

The costs of all components of Assistive Technology equipment shall not exceed $9,000 per year, per individual. The annual limit corresponds to the waiver year, which begins July 1 and ends June 30 each year.

An individual cannot receive the Mobile Emergency Response Systems (MERS) and the Personal Emergency Response Systems (PERS) service at the same time.

The services under the Kansas Community Support Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT.

Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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, educationally related services and support that is the responsibility of local education authorities, nor shall it supplant services through EPSDT.

If a person's need can't be met within a limit, attempts will be made to locate another funding source or an exception may be approved by the director or designee to exceed the limit if exceeding the limit will result in decreased need (units) of one or more other waiver services. The Person-Centered Plan (Article 30-63) must document exceeding the limit for the service that will result in a decreased need of one or more other waiver services. If it is determined the needs of a significant number of individuals cannot be met within the limitation, an amendment will be requested to increase the amount of the limitation.

The consultation component may be provided by a person with a Kansas license in occupational therapy or physical therapy or speech-language pathology or an Assistive technology professional certification issued by the "Rehabilitation Engineering and Assistive Technology Society of North America" or a Bachelors degree and a certificate from a nationally recognized assistive technology assessment curriculum or a Bachelors degree considered a specific technology expert as employed by the technology specific provider for at least one year.

The monitoring agency must be capable of simultaneously responding to multiple signals for help from the individual's PERS equipment. The monitoring agency's equipment must include a primary receiver, a stand-by information retrieval system and a separate telephone service, a stand-by receiver, a stand-by back up power supply, and a telephone line monitor. The primary receiver and back-up receiver must be independent and interchangeable. The clock printer must print out the time and date of the emergency signal, the individual's PERS PIC and the emergency code that indicates whether the signal is active, passive, or a responder test. The telephone line monitor must give visual and audible signals when an incoming telephone line is disconnected for more than 10 seconds. The monitoring agency must maintain detailed technical and operations manuals that describe PERS elements including PERS equipment installation, functioning and testing; emergency response protocols; and record keeping and reporting procedures.

This service includes Personal Emergency Response Systems (PERS), Medication Reminder Systems (MRS) and other electronic technology that protects the health and welfare of a participant. This service may also include electronic support systems using video, web-cameras, or other technology. However, use of such systems may be subject to due process review. Assistive technology shall not include household appliances or items that are intended for purely diversional or recreational purposes. Assistive technology should be evidenced based, and shall not be experimental.

Electronic support systems using video, web-cameras, or other technology is only available on an individual, case by-case basis when an individual requests the service and the planning team agrees it is appropriate and meets the health and safety needs of the individual.   Remote support technology may only be used with full consent of the individual and his/her guardian and with a completed review by a DMH approved due process committee to ensure the individual's rights are being protected.

Remote support will enable a person to be more independent and less reliant on staff to be physically present with them at all times, in particular for night time supports.

The type of equipment and where placed will depend upon the needs and wishes of the individual and their guardian (if applicable), and will also depend upon the particular company selected by the individual or guardian to provide the equipment. The installation of video equipment in the home will be done at the direction of the individual. If the home is shared with others the equipment will be installed in such a manner that it does not invade others privacy. The remote device is controlled by the waiver participant and can be turned on or off as needed.

The provider must have safeguards and/or backup system such as battery and generator for the electronic devices in place at the base and the participants residential living site(s) in the event of electrical outages. The provider must have backup procedures for system failure (e.g., prolonged power outage), fire or weather emergency, participant medical issue or personal emergency in place and detailed in writing for each site utilizing the system as well as in each participants Person-Centered Plan

(Article 30-63). The Person-Centered Plan (Article 30-63) must specify the individuals to be contacted by monitoring base staff who will be responsible for responding to these situations and traveling to the participants living site(s).   In situations requiring a person to respond to the participants residence, the response time should not exceed 20 minutes.   In emergency situations staff should call 911.

Waiver participants interested in electronic support technology must be assessed for risk following the divisions risk assessment (see policy documents attached to this definition, and refer to DMH website for further guidance) guidelines posted at http://dmh.mo.gov/docs/dd/riskguide.pdf and must be provided information to ensure an informed choice about the use of equipment versus in-home support staff.

PERS is an electronic device that enables an individual at high risk of institutionalization to secure help in an emergency that is connected to a device and programmed to signal a response center once the help button is activated. The response center is staffed with trained professionals. The service is limited to those who live alone, live with others who are unable to summon help, or who are alone for significant portions of the day, have no regular caregiver for extended periods of time and would otherwise require extensive routine supervision.

A MRS is an electronic device programmed to provide a reminder to a participant when Medications are to be taken. The reminder may be a phone ring, automated recording or other alarm. This device is for individuals who have been evaluated as able to self administer medications with a reminder. The electronic device may dispense controlled dosages of medication and may include a message back to the center if a medication has not been removed from the dispenser. Medications must be set-up by an RN or professional qualified to set-up medications in the State of Kansas.

All electronic device vendors must provide equipment approved by the Federal Communications Commission and the equipment must meet the Underwriters Laboratories, Inc., (UL) standard for home health care signaling equipment. The UL listing mark on the equipment will be accepted as evidence of the equipment's compliance with such standard.

The emergency response activator must be able to be activated by breath, by touch, or some other means and must be usable by persons who are visually or hearing impaired or physically disabled.

Any assistive technology device must not interfere with normal telephone use.

The PERS and MRS must be capable of operating without external power during a power failure at the recipients home in accordance with UL requirements for home health care signaling equipment with stand-by capability and must be portable.

An initial installation fee is covered as well as ongoing monthly rental charges and upkeep and maintenance of the devices.

Any assistive technology devices authorized under this service shall not duplicate services otherwise available through state plan.

MRS and PERS are just two of many different types of assistive technology.   More examples of assistive technology that can enable people to be less dependent upon direct human assistance include but are not limited to electronic motion sensor devices, door alarms, web-cams, telephones with modifications such as large buttons, telephones with flashing lights, phones equipped with picture buttons

programmed with that persons phone number, devices that may be affixed to a wheelchair or walker to send an alert when someone falls (these may be slightly different than a PERS) text-to-speech software, devices that enhance images for people with low vision, intercom systems.

Costs are limited to $9,000 per year, per individual.   The annual limit corresponds to the waiver year, which begins July 1 and ends June 30 each year.

Provider Category:

Agency

Provider Type:

Electronic Communication Equipment and Monitoring Company

The monitoring agency must be capable of simultaneously responding to multiple signals for help from individual's PERS equipment. The monitoring agency's equipment must include a primary receiver, a stand-by information retrieval system and a separate telephone service, a stand-by receiver, a stand-by back up power supply, and a telephone line monitor. The primary receiver and back-up receiver must be independent and interchangeable. The clock printer must print out the time and date of the emergency signal, the PERS clients Medical identification code (PIC) and the emergency code that indicates whether the signal is active, passive, or a responder test. The telephone line monitor must give visual and audible signals when an incoming telephone line is disconnected for more than 10 seconds. The monitoring agency must maintain detailed technical and operations manuals that describe PERS elements including PERS equipment installation, functioning and testing; emergency response protocols; and record keeping and reporting procedures.

KDADS License and CDDO Affiliate Agreement.

Licensed and in good standing with the Kansas Department on Aging and Disability Services (KDADS).

Entity Responsible for Verification:

KDADS via contract per KDADS HCBS Provider Qualifications Review Policy.

Frequency of Verification:

Prior to license approval; as needed based on service monitoring concerns

Community Networking

Community Networking services provide individualized day activities that support the individual's definition of a meaningful day in an integrated community setting, with persons who are not disabled. If the person requires paid supports to participate / engage in the activity once connected, Community Networking can be used to refer and link the individual. This service is provided separate and apart from the individual's private residence, other residential living arrangement, and/or the home of a service provider. These services do not take place in licensed facilities and are intended to offer the individual the opportunity to develop meaningful community relationships with non- disabled individuals. Services are designed to promote maximum participation in community life while developing natural supports within integrated settings. Community Networking services enable the individual to increase or maintain their capacity for independence and develop social roles valued by non-disabled members of the community. As individuals gain skills and increase community connections, service hours may fade.

Community Networking services consist of:

1. Participation in adult education (College, Vocational Studies, and other educational opportunities);

2. Development of community-based time management skills;

3. Community based classes for the development of hobbies or leisure/cultural interests;

4. Volunteer work;

5. Participation in formal/informal associations and/or community groups;

6. Training and education in self-determination and self-advocacy;

7. Using public transportation;

8. Inclusion in a broad range of community settings that allow the beneficiary to make community connections;

9. For children, this service includes staffing supports to assist children to participate in day care/after school summer programs/camps that serve typically developing children and are not funded by Day Supports.

10. Payment for attendance at classes and conferences is also included.

11. Payment for memberships can be covered when the individual will be participating in an integrated class.

12. Transportation when the activity does not include staffing support and the destination of the transportation is an integrated community setting or a self-advocacy activity. Payments for transportation are an established per trip charge or mileage.

Community Networking integrated, community-based employment-focused skill development consists of:

1. Career Exploration

2. Discovery and Career Planning

3. Participation in Workshops and Classes on Topics Related to integrated employment

4. Skill and Education-Focused Activities

5. Volunteering Opportunities (Career Focus)

6. Social Networking and Skills for Social Capital to Obtain/Maintain community based integrated employment

This service includes a combination of training, personal assistance and supports as needed by the beneficiary during activities. Transportation to/from the beneficiary's residence and the training site(s) is included.

Exclusions:

This does not include the cost of hotels, meals, materials or transportation while attending conferences.

This service does not include activities that would normally be a component of a beneficiary's home/residential life or services.

This service does not pay day care fees or fees for other childcare related activities.

The waiver beneficiary may not volunteer for the Community Networking service provider.

Volunteering may not be done at locations that would not typically have volunteers (i.e. hair salon, florist, etc.) or in positions that would be paid positions if performed by an individual that was not on the waiver.

This service may not duplicate or be furnished/claimed at the same time of day as Day Supports, Community Living and Support, Residential Supports, Respite, Supported Employment or one of the state plan Medicaid services that works directly with the beneficiary.

For beneficiaries who are eligible for educational services under the Individuals with Disability Educational Act, Community Networking does not include transportation to/from school settings. This service includes transportation to/from beneficiary's home or any community location where the beneficiary may be receiving services before/after school.

This service does not pay for overnight programs of any kind.

Classes that offer one-to-one instruction are not covered. Classes that and are in a nonintegrated community setting are not covered.

Family/Caregiver Support and Training

Caregiver/Family Advocacy and Support Services enhance the individual's ability regardless of disability (developmental, physical and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family's ability to care for the individual in the home and/or community. Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Note: this service is not State Plan service which is required to be delivered by a certified/credentialed Family Peer with lived experience. This service provides individuals, family, caregiver(s), and collateral contacts with techniques and information not generally available so that they can better respond to the needs of the participant. Family, caregiver(s) and collateral contacts include family members as include others such as babysitters, day care providers, neighbors, educators in pre-school, technical, and post-secondary schools (K-12 educators are not permitted because HCBS cannot be provided in K-12 settings due to an IDEA exclusion) and other paid and non-paid individuals who may supervise or provide care to the member. It is intended to assist the individual, family/caregiver, and collateral contacts in understanding and addressing the participant's needs related to their disability(ies). The use of this service may appropriately be provided to prevent problems in community settings as well as when the individual is experiencing difficulty. The Plan of Care objectives must clearly state how the service can prevent as well as ameliorate existing problems and to what degree. This service cannot be used to develop an Individualized Education Program (IEP), the plan for students with disabilities who meet the federal and state requirements for special education, or to provide special education services to the individual. Participating in community events and integrated interests/occupations are important activities for all individuals, including those with disabilities (developmental, physical and/or behavioral health in origin). Success in these activities is dependent not only on the individual, but on the people who interact with and support the individual in these endeavors. This service improves the individual's ability to gain from the community experience, and enables the individual's environment to respond appropriately to the individual's disability and/or health care issues.

Based upon the Caregiver/Family Advocacy and Support Services plan developed by the individual and caregiver/family team, this service provides opportunities to:

• Interact and engage with family/caregivers and individuals to offer educational, advocacy, and support resources to develop family/caregivers' ability to independently access community services and activities;

• Maintain and encourage the caregivers'/families' self-sufficiency in caring for the individual in the home and community;

• Address needs and issues of relevance to the caregiver/family unit as the individual is supported in the home and community; and

• Educate and train the caregiver/family unit on resource availability so that they might better support and advocate for the needs of the child and appropriately access needed services. This includes training (one-on-one or group) for the individual and/or the family/caregiver regarding methods and behaviors to enable success in the community.

• Train self-directed workers

• Provide behavior supports training to families

• Direct instruction and guidance in the principles of individuals' chronic condition or life-threatening illness. This service may be provided individually or in a group face-to-face intervention (no more than three HCBS eligible individuals/families). This also includes direct self-advocacy training in the community with collateral contacts regarding the individual's disability(ies) and needs related to his or her health care issues). Self-advocacy training for the individual and/or family/caregiver, including during community transitions. This service is provided individually or in a group face-to-face intervention.

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix F) will exhibit characteristics and qualities most often articulated by the individual and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

• This service cannot be delivered nor billed while an enrolled child is in an in-eligible setting, including hospitalization.

• This service cannot include Special education and related services that is otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA).

• This service may be provided in group settings but no more than three eligible individuals/youth or 12 participants (individuals and collaterals) may attend a group activity at the same time.

• Caregiver Family Advocacy and Support Services are limited to 6 hours per day.

Provider managed

Benefits Counseling

Benefits Counseling provides work incentive counseling services to Pathways to Employment participants seeking to work while maintaining access to necessary healthcare and other benefits. Benefits counseling will provide information to individuals regarding available benefits and assist individuals to understand options for making an informed choice about going to work while maintaining essential benefits.

This service will assist individuals to understand the work incentives and support programs available and the impact of work activity on those benefits. This service will assist individuals to understand their benefits supports and how to utilize work incentives and other tools to assist them to achieve self-sufficiency through work.

This service will also include the development and maintenance of proper documentation of services, including creating Benefits Summaries and Analyses and Work Incentive Plans.

Services must be delivered in a setting that complies with HCB standards and in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation/interpretation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

This service is in addition to information provided by the Aging and Disability Resource Centers (ADRC), SHIP or other entities providing information regarding long-term services and supports.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Delaware will ensure that individuals do not otherwise have access to this service through any other source, including SSA and WIPA.

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

20 hours per year maximum with exceptions possible with explicit written Departmental approval.

Financial Coaching Plus

Financial Coaching Plus uses a financial coaching model to assist individuals in establishing financial goals, creating a plan to achieve them, and providing information, support, and resources needed to implement stated goals in the financial plan. The financial coach will assist the client seeking to improve his/her financial well-being in order to improve economic self-sufficiency. Financial Coaching Plus includes the development of a personal budget and identifies reliable and trusted savings, credit, and debt programs that promote financial stability. The content and direction of the coaching is customized to respond to the individual financial goals set by the participant. Financial coaching is provided to the client one-on-one in a setting convenient for the client over a time-limited series of sessions and follow-up to increase the opportunity for self-directed behavior skills learning.

The Financial Coaching will:
- Assist the client in developing financial strategies to reach participant's goals with care to ensure that personal strategies reflect considerations related to benefits, as identified through benefits counseling;
- Ensure that individuals understand the availability of various tax credits such as the Earned Income Tax Credit, Child Care Tax Credit, and others;
- Refer individuals as needed to benefit counselors;
- Provide information to complement information provided through benefits counseling regarding appropriate asset building;
- Use an integrated dashboard of available community-based asset building opportunities and financial tools/services to ensure participants are leveraging all resources to increase economic self-sufficiency;
- Provide information about how to protect personal identify and avoid predatory lending schemes;
- Provide assistance with filing yearly taxes either through the IRS VITA program or its virtual program that involves self-filing.

The Financial Coaching Plus service will include the collection and maintenance of proper documentation of services provided as required by the Department that will track goals, actions, and outcomes of individual participants.

The Financial Coaching Plus service may complement information provided on the use of public benefits and/or work incentives through Benefits Counseling or other services.

Services must be delivered in a setting that complies with HCB standards.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) or other services.

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. Financial Coaching Plus service limited to five hours per participant per year.

Support Broker

Community Support Waiver – CDDO Support Broker role

Service Type:

Supports for Participant Direction

Information and Assistance in Support of Participant Direction

Support Broker

12 Services Supporting Self-Direction

12020 information and assistance in support of self-direction

Definition:

A Support Broker provides information and assistance to the individual or designated representative for the purpose of directing and managing supports. This includes practical skills training and providing information on recruiting and hiring personal assistant workers, managing workers and providing information on effective communication and problem-solving. The extent of the assistance furnished to the individual or designated representative is specified in the support plan. A Support Broker provides the individual or their designated representative with information & assistance (I&A) to secure the supports and services identified in the Support Plan. A Support Broker provides the individual or designated representative with information and assistance to:

• establish work schedules for the individual's employees based upon their Support Plan

• help manage the individual's budget when requested or needed

• seek other supports or resources outlined by the Support Plan

• define goals, needs and preferences, identifying and accessing services, supports and resources as part of the person-centered planning process which is then gathered by the support coordinator for the Support Plan

• assist in Individual Directed Goods and Services

• implement practical skills training (recruiting, hiring, managing, terminating workers, managing and approving timesheets, problem solving, conflict resolution)

• develop an emergency back-up plan

• implement employee training

• promote independent advocacy, to assist in filing grievances and complaints when necessary

• include other areas related to providing information and assistance to individuals/designated representative to managing services and supports

Support Broker services do not duplicate Support Coordination. Support Brokerage is a direct service.

A Support Broker may not be a parent, guardian or other family member. A support broker cannot serve as a self-directed personal assistant for that individual. This service can be authorized for up to 32 units per day (8 hours).

Support brokers must have a background screening per the Division of DD, be at least 18 years of age and possess a high school diploma or GED.

The support broker must have experience or Division DD approved training in the following areas:

• ability, experience and/or education to assist the individual/designated representative in the specific areas of support as described in the Person-Centered Plan (Article 30-63).

• competence in knowledge of KDADS policies and procedures: abuse/neglect; incident reporting; human rights and confidentiality; handling emergencies; prevention of sexual abuse;

• knowledge of approved and prohibited physical management techniques;

• understanding of support broker responsibilities, of advocacy, person-centered planning, and community services; and

• understanding of individual budgets and KDADS' fiscal management policies.

The person-centered planning team may specify any additional qualifications and training the support broker will need in order to carry out their duties as specified in the Person-Centered Plan (Article 30-63).

Support Broker

Responsibilities of the Support Broker
The Support Broker assists the individual in arranging for, directing and managing self-directed services. The Support Broker may assist a participant during the development of a person-centered plan to ensure that the participant's needs and preferences are clearly understood even though a TCM is responsible for the development of the service plan. The Support Broker may provide practical skills training is offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving. The Support Broker service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the service plan. The Support Broker works with the individual to collaboratively develop a personal "Action Plan". The action plan is person-centered and is designed by the participants with assistance from their chosen broker, and other supporters such as family members, friends, and/ or peers to assist the individual in arranging for, directing and managing services. Participants may include allowable HCBS and individual goods and services into their action plan.

The Support Broker will work with each individual Participant and his/her TCM to create an Action Plan supporting the individual's Service Plan, with an estimated caseload of twenty Participants. The Responsibilities of the Support Broker include at a minimum:
- Support the individual and his/her TCM to create the individual's Service Plan, a person-centered, goal-oriented plan reflecting the Participant's current physical and mental health needs, level of activity and work, and psychosocial preferences and goals;
- Work with the TCM and individual on the proposed budget that articulates a list of services and supports that will be purchased and their estimated cost, subject to final approval;
- Work with the individual to develop an Action Plan to implement the Service Plan.

While a lived experience with the HCBS system is preferred, both peer and non-peer Support Brokers might be utilized. Support Broker staff members will be trained in providing benefit advisement to individuals with at least two hours of instruction covering information about the benefits and potential liabilities associated with participant direction and about the potential use of benefits by individuals and good practices and common pitfalls.

Palliative care

Palliative care is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or illness. The goal is to improve quality of life for both the child and the family.

Palliative care is provided by a specially-trained team of doctors, nurses, social workers and other specialists who work together with a child's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic condition or illness and can be provided along with curative treatment.

Individuals must meet LOC functional criteria and suffer from the symptoms and stress of chronic medical conditions OR illnesses that put individuals at risk for death before age 21.

• Expressive Therapy (art, music and play) – Help individuals better understand and express their reactions through creative and kinesthetic treatment

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) will exhibit characteristics and qualities most often articulated by the individual and family/caregiver as key determinants of independence and community

integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants.

Expressive Therapy (art, music and play) – Help children better understand and express their reactions through creative and kinesthetic treatment. Limited to the lesser of four appointments per month or 48 hours per calendar year. This limit can be exceeded when medically necessary.

Palliative care – Counseling and Support Service is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or illness. The goal is to improve quality of life for both the child and the family. Palliative care is provided by a specially-trained team of doctors, nurses, social workers and other specialists who work together with a child's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic condition or illness and can be provided along with curative treatment. Individuals must meet LOC functional criteria and suffer from the symptoms and stress of chronic medical conditions OR illnesses that put individuals at risk for death before age 21. Counseling and Support Service – Help for participants and their families to cope with grief related to the participant's chronic condition or illness. Bereavement counseling services are inclusive for those participants in receipt of hospice care through a hospice provider.

This service includes palliative care counseling plan of care development consistent with CMS guidelines and ensures that certain administrative duties are performed when a child on the waiver passes away.

Counseling is initiated and billed while the child is on the waiver but may continue after the death of the child for a period of up to 6 months.

Palliative care: Counseling and Support Service, is a historic waiver service requiring the development of a care plan based on a licensed mental health practitioner ascertaining that family members are grieving. The Counseling care plan has historically been utilized in the Waiver, State Plan and Medicare to ensure beneficiaries receive needed family counseling after a waiver child's death consistent with the HCBS technical guide and State Plan hospice guidance. Because the language was not clear, the reimbursement does not clearly outline, and the procedure was not stated explicitly, waiver members were not utilizing this service. The addition of the per-episode units linked to the counseling care plan is intended to increase utilization of this service and explain to providers, care managers and beneficiaries how to utilize and be reimbursed for this service more fully in the future.

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) will exhibit characteristics and qualities most often articulated by the individual and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit

Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants.

Counseling and Support Service – Help for participants and their families to cope with grief related to the participant's chronic condition and illness and certain duties performed when a child on the waiver passes away. Counseling services are inclusive for those participants in receipt of hospice care through a hospice provider. All others are limited to the lesser of 5 appointments per month or 60 hours per calendar year.

Technology Enable Supports Overview

Missouri is a Technology First
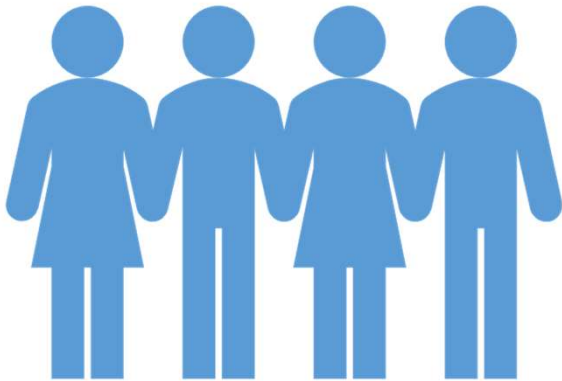
- The Division of Developmental Disabilities has developed an initiative to promote the use of Assistive Technology to increase the opportunities for individuals to achieve greater independence in their daily lives.

- The use of Assistive Technology will be considered "first" in the discussion of support options available to individuals.

Benefits of Technology First

- Opportunity to improves the quality of life for individuals who receive services

- Supports individuals to have more independence in their lives and provides more privacy in their own home

- Promotes individuals accessing staff when they need them versus always having a staff person with them

- Provides tools that can increase safety and health for individuals and for staff
  - May be used to track adherence to medication schedules, sleep patterns, and the occurrence of health events

Benefits of Technology First
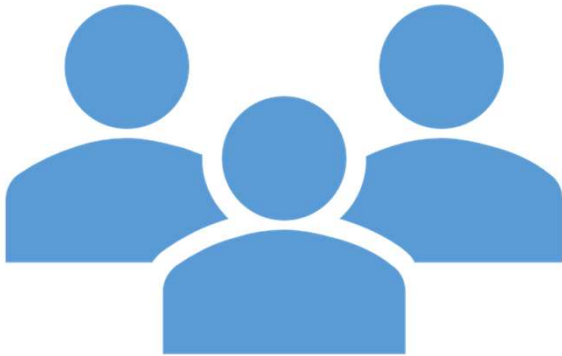
- Can be a part of the solution to the DSP shortage
  - substitution for overnight staff
  - decreases double staffing for outings/medical appointment
- Medical/health systems minimize DSP error in judgement related to health parameters
- DSP transition to more desirable shifts
- Can create DSP career path
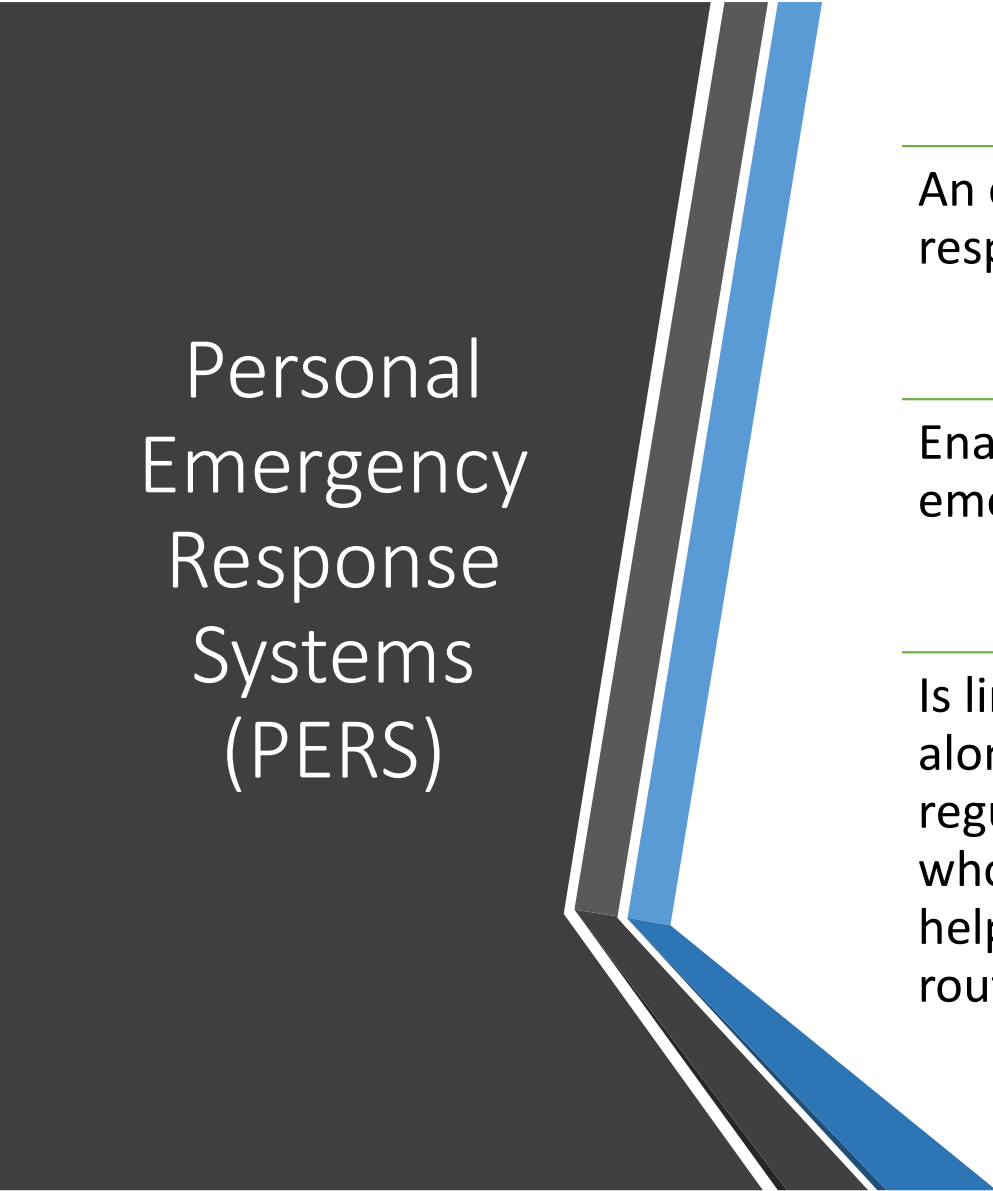
Benefits of Technology First

- On a per person basis, it can be less expensive option to providing direct staff professional support 24/7
- Division of DD works with providers to reallocate funding freed up from remote supports to other service rates
  - Providers can use funds to increase pay and benefits to DSP to impact retention and satisfaction
- Community service providers may work with a call center provided by a another entity or choose to develop their own call center
- Community service provider call centers provide opportunity for growth/career path for DSPs and/or drawn new individuals into the field
- Community service provider call centers can expand to provide call center services to people using a different community service provider

Funded Services via DD Waivers for Assistive Technology

1. Personal Emergency Response Systems

2. Medication Reminder Systems

3. Remote support systems utilizing discreet movement or weight sensors, video, web cameras or other technology

4. Other technology that protects the health and safety of an individual

5. Assessments to determine appropriateness of assistive technology devices for individuals and to justify the need for the device

6. Training in the use of the assistive technology device

Personal Emergency Response Systems (PERS)

An electronic device that programmed to signal a response center once the help button is activated

Enables an individual to secure help in an emergency

Is limited to individuals who live alone or are alone for significant portions of the day, have no regular caregiver for extended periods of time, or who live with others who are unable to summon help, and would otherwise require extensive routine supervision

Medication Reminder Systems

Electronic device programmed to provide a reminder to an individual when medications are to be taken

May be a phone ring, automated recording, or other alarm

Some electronic devices dispense controlled dosages of medication and message the center if a medication has not been removed from the dispenser

For individuals who are able to self-administer medications

Medications must be set up by an RN or qualified professional

Remote Support Systems

May include sensors in the home that alert remote support staff

May include use of a health suite to assist with management of health issues and parameters

Type of equipment and placement of monitors depends on needs and wishes of the individual

When video equipment is used, installation in the home is at direction of the individual and in such a manner as to not invade the privacy of others who live in the home

The device is controlled by the individual and can be turned off as needed

Requires internet and/or cell phone coverage, depending on which system is used

Waiver funding for Assistive Technology services

- Available in all four waivers operated by Division of Developmental Disabilities

- Cap of $9000 per waiver year, per individual

- Exceptions to exceed the $9,000 per year cap, per individual must be approved by Regional Office Director

- Authorized as Assistive Technology service A9999 whether a one-time purchase or ongoing service

Current Utilization of Remote Supports in Missouri

- Ages range from under 10 years old to over 60 years of age
- Includes individuals experiencing mild to moderate intellectual disabilities, Autism, Cerebral Palsy, Alzheimer's Disease, Down Syndrome, Schizophrenia, Major Depression, Epilepsy, Intermittent Explosive Disorder, and other diagnoses
- Rate Allocation Scores range from 1-7
- A person lived in a habilitation center then ISL before accessing remote support
- People who eloped, had police intervention, couldn't find another service provider – found success in remote support!

Remote Supports CAN be used

In conjunction with Individualized Supported Living (ISL supports) or other waiver services such as Personal Assistance, Self-Directed Services, or Individual Skills Development
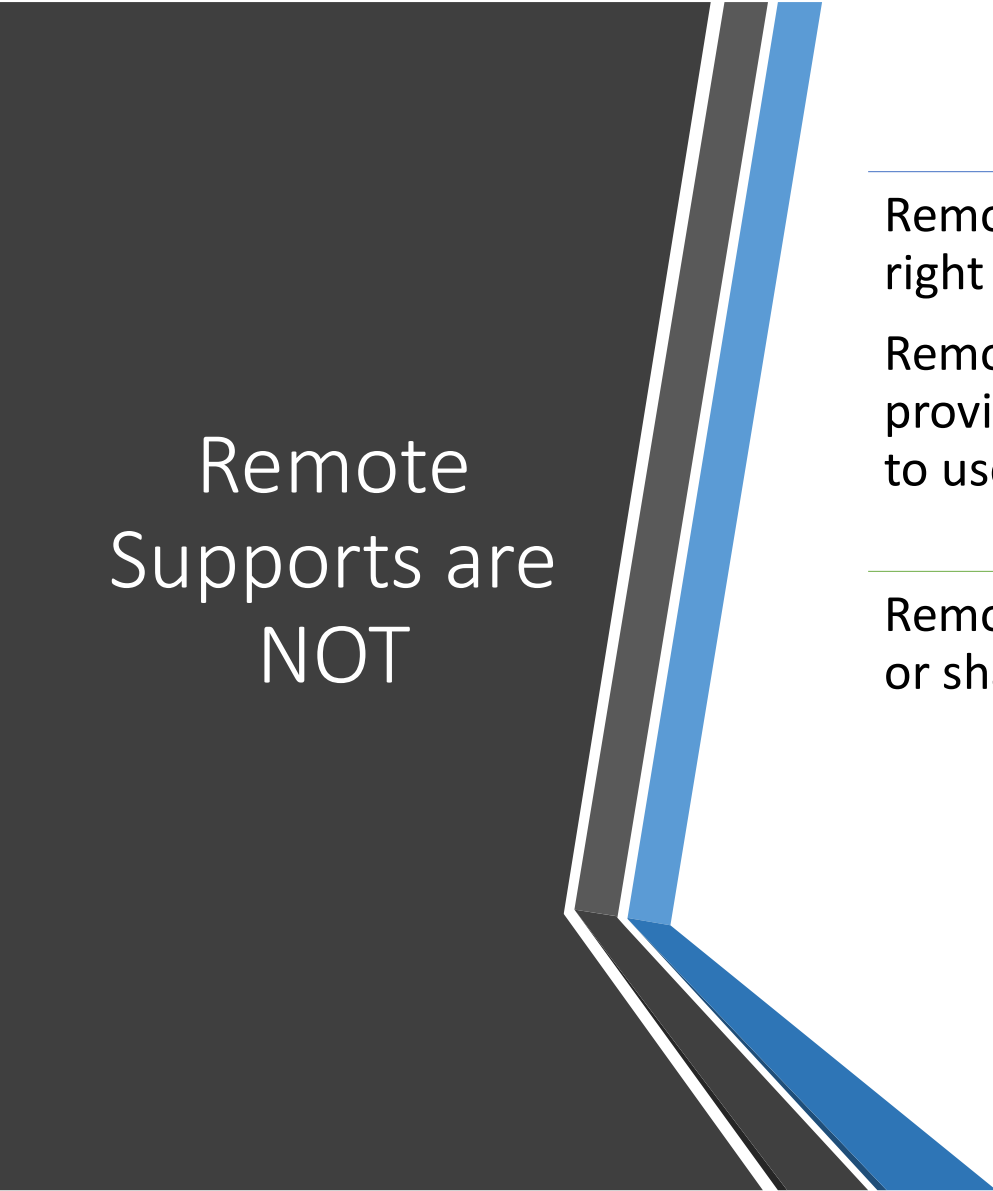
To decrease the need to have staff physically present

In natural home settings where individuals reside with families or in their own homes

To help individuals increase their independence and control over their own homes

To decrease the need for individuals to share their living environments with others

In urban or rural areas where cell phone and/or internet capability is available

Remote Supports are NOT

Remote support services respect an individual's right to privacy and promote their independence.

Remote support services are NOT a system to provide surveillance. They are a system designed to use technology in place of on-site staff.

Remote supports are not for use in group homes or shared living situations.

Planning remote supports with an ISL service provider for the first time

ISL provider must submit to Provider Relations:

- Outline of plan to use remote supports including hours of the day, etc.
- Outline of the implementation procedures including length of time to transition of each step to decrease staffing.
- Back-up system outline:
  - Back-up service authorized through Community Specialist or Direct Care Professional Hourly rate.
  - Policies regarding use of 911 for remote support provider and ISL provider.
  - Practice providing response when needed, at least two-person deep.
  - Plan for retention of available funds.

Process for retention of available funds

- Available funds are first distributed to the individual(s) authorized for remote supports.

- Funds may be distributed to other individuals within the agency to prevent the impacted individual(s) rate from exceeding the lower bound rate associated with their Rate Allocation Score (RAS).

- Distribution of funds may not exceed any individual's RAS end goal rate.

Process for retention of available funds

- Addition of remote supports which decreases direct care hours must be cost neutral.

- After remote support provider is chosen, the cost for the remote supports is calculated.

- Total of current ISL budget less remote supports (which includes call center costs) leaves funds available to redirect into ISL direct care professional hourly rate.

- If remote supports are unsuccessful, the direct care hourly rate returns to the original rate (adjusted by applicable COLAs or rate decreases.)

- Process is outlined in Division Directive 4.400:

https://dmh.mo.gov/dd/directives/docs/directive4400remotesupports.pdf

Example of cost savings

		Agency A	Agency B
Annual cost of ISL night shift		$70,080.00	$70,080.00
Annual cost for Remote Supports	Technology provider	$5,400.00	$10,080.00
	Call center provider	$46,603.00	$46,603.00
Amount remaining to reallocate		$18,077.00	$13,397.00

Remote Supports

Why Remote Supports?

    a. Increases independence and skills

    b. Increases control over daily lives

    c. When used in conjunction with ISL services, in addition to the above, promotes a healthier provider system.

History

    d. Remote supports was being used in Veteran's Homes and in the homes of the elderly before it was introduced to the Missouri Division of DD

    e. Entered into the Medicaid Waiver in 2012

    f. Contracted with two national organizations outside of Missouri as there were no Missouri based entities: Rest Assured and Night Owl. In 2015, added 2GetherTech.

    g. Originated with natural home supports and migrated into the option to co-support an individual receiving ISL services

    h. Division agreed to allow cost savings of the decrease to the ISL budget to be maintained in the ISL hourly rate.

          i. Agreement began with AO and as a result, we approached the providers who had already been incorporating the combination of services and re-allocated the saved funding to those providers

    i. Service cap was originally $3,000 per year and is now $9,000

Service Providers

Provider Name	Technology	Hours of Service	Rates
Rest Assured	**Video & Audio** communication, motion sensors, door/window sensors, environmental sensors	24 hours per day • Includes a call center billed to PA Group	• 1x installation of $350 • System rental $125-250 per month A9999 • PA Group for $1.33 per unit 1:16 ratio for each hour of RS
Night Owl*	**Audio** communication, motion sensors, door/window sensors, environmental sensors	24 hours per day • Includes call center	• 1x installation of $200 • Live support from 9p-7a at the $500. • Sites needing to request time outside of 9p-7a would be authorized at $750 • Costs are split between # of users at same site •
2GetherTech	**Audio** communication, motion sensors, door/window sensors, environmental sensors, still cameras	11p-7a with possibility of expansion • Includes call center • Call center hours beyond 11p-7a are billed to PA Group	• 30 day free trial • See 2GetherTech table below for rate information
Smart Care	**Alert Systems** motion sensors, door/window sensors, environmental sensors, smart home tech, focuses on daily	24 hours per day • No call center • *Community service provider may develop a call*	• $750 per month after initial equipment and installation

Provider Name	Technology	Hours of Service	Rates
	living reports and activity trending patterns	*center billed to PA group or bill only when responding to alerts.*	

Gray Matters Alliance	**Alert Systems** Wellness devices (blue tooth medical devices), motion/door/window/ environmental sensors, goal setting and task guidance, reminder system, scheduling assistant	24 hours per day
		• No call center
		• *Community service provider may develop a call center billed to PA group or bill only when responding to alerts.*
			• First month includes equipment fee plus $2000 for installation and ongoing TA
			Tier 1- $80/mo Socialization
			Tier 2- $100/mo Home Safety/ Activity/ Environmental
			   Includes
			   Socialization
			Tier 3-$150/mo Wellness/Health Management
			   Includes Home Safety/Activity/ Environmental

Hearo Technologies
 	
https://hearo.ai/
	Video and Audio Communication, motion sensors, door/window sensors, environmental sensors. Reminder System for Meds and more.
	
	Realtime dashboard monitoring via web and mobile app for Provider Agencies and Remote Support Specialists.
	
	Includes Data Connection.
	———————————
	Hearo Complete:
	Complete is the initial system developed for locations where 2 or more people may reside. Due to heavier use, it includes the following:
	• Touchscreen
	  o The industrial-grade touchscreen is built to be stationary, located in a common space within the residence. A battery backup is included.
	• Data and Data connection
	  o The enterprise-grade modem/router has the capability to use two different data providers as well as local internet if available.
	  o The Complete data plan is unlimited in both speed and volume of data making it especially
		24 hours per day
		• No Call Center
		• *Community service provider may develop a call center billed to PA group or bill only when responding to alerts.*
			Hearo Complete
			• Install, Maintenance & Lease under A9999 GT: Cost is divided equally among roommates with the total authorized the 1st month of service.
			  o Year 1: $3,000 per home
			    OR
			  o Year 2+: $2,100 per home
			• Monthly Subscription under A9999 GT: Cost is per individual.
			  o 1 resident: Not available (see Essential below)
			  o 2 residents: $397.50
			  o 3 residents: $280.00
			  o 4 residents: $221.25
			Example 1st year cost/authorization for 1 individual who will receive remote supports along with 1 roommate (2 residents): Hearo's total annual cost under A9999 GT is $6,270.00 ($1,500 for equipment + $4,770.00 in monthly fees).
			
			Hearo Essential
			• Install, Maintenance & Lease under A9999 GT: The total is authorized the 1st month of service.
			  o Year 1: $1,400
			    OR
			  o Year 2+: $1,000
			• Monthly Subscription under A9999 GT:
			  o 1 resident: $625.00
			  o 2 or more residents: Not available (see Complete above)
			Example 1st year cost/authorization:

Provider Name	Technology	Hours of Service	Rates

	suitable for more residents or locations with high data demand from additional cameras etc.
	
	Hearo Essential:
	Essential is managed via Hearo support and includes all of the capability of Hearo Complete except for the following:
	• Touchscreen
	  o The industrial-grade touchscreen is replaced with a tablet form factor device that can be moved around within the residence or mounted on a wall. This touchscreen includes its own battery for backup.
	• Data and Data connection
	  o The same robust modem/router combination is used.
	  o The data plan includes unlimited data but the speed is capped after 10 gigabits. A higher than average number of support calls will still be supported as well as all sensor activity.
	
	Who Hearo Essential is not designed for:
	• An individual who does not have any other form of communication (cell phone, etc.) and may have significant data use of Hearo for support calls as well as calls to friends and family.
	• An individual that may require a hardened touchscreen.
			Total annual cost under A9999 GT for 1st year is $8,900.00 ($1,400 for equipment + $7,500 in monthly fees).

*as of 1/1/18 Night Owl no longer charges an equipment fee

2GetherTech	1st month authorization to A9999 after 30 day free trial	Ongoing authorization to A9999 for up to 8 hours per day	Additional authorization for RS exceeding 8 hours/day	Example
Service Sites with AT authorization **before 2/1/2020**	$1000 installation fee plus monthly fee divided by number of users	$750/mo divided by number of users = each users authorization amount/mo	PA group at $1.33 per 15 minute unit added to each user	John requests 10 hours of RS daily. • $9000.00 annual A9999 • 2920 units/yr PA Grp

Service sites with AT authorization **on/or after 2/2020**	$1000 installation fee divided by number of users + individuals monthly fee	1 person = $750/mo ($9000/year)
		
		2 people = $600 ea./mo ($7200 ea/yr)
		
		3 people = $550 ea./mo ($6600 ea/yr)
		
		4 people = $525 ea./mo ($6300 ea/yr)
			PA group at $1.33 per 15 minute unit added to each user	Assuming a full year: John and Sally live together and request 8 hours per day RS. John needs an additional 20 hours per month for appointments and Sally needs 30
				
				• John
				   o $7700 first year to A9999
				   o $7200 subsequent years
				   o 960 units/yr PA Grp
				
				• Sally
				   o $7700 first year to A9999
				   o $7200 subsequent years
				   o 1440 units/yr PA Grp

Question:	Do we need to refigure/lower the ISL hourly rate for individuals when PA-Group is requested?	It will depend on why the additional hours are being requested and how it actually impacts the ISL budget. • If PA-Group is requested to cover when ISL staff are arriving late, the ISL budget would not be adjusted as the ISL provider would report through variance (if the time is not made up). • If PA-Group is requested to be added on top of the 1:3 ratio, so ISL staff can take an individual into the community while roommates stay home with Remote Supports, the ISL budget would not be reduced. • If Remote Supports is requested to decrease the 1:1 ISL DSP hours, the ISL budget would be reduced.

Remote Support Systems Addressing Assessment Considerations

This document provides information regarding technology services available through DD contracted remote support providers. The information identifies possible solutions that might meet individual support needs identified on the Remote Support assessment. No single technology will work for every person or be a solution for each individual support need. Only through evaluation and implementation can success be measured. Initial technologies implemented may have to be changed or up dated after trial to address individual situations.

Safety and Home Skills

Support Consideration	2Gether Tech	GrayMatters Alliance	Hearo
1. Does the individual need assistance to call for help in an emergency?	Individuals use the system to obtain help during an emergency. Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	One touch button on device linking to Emergency services.	One press on either the touchscreen or emergency buttons in the home links to provider denoting an emergency.
	Night Owl	**Rest Assured**	**SmartCare**
	Any sensor in the home can be activated to open hands-free two-way communication with the central monitoring station and a remote caregiver.	Click or tap here to enter text.	Click or tap here to enter text.
2. Does the individual need assistance to respond to fire alarms, smoke detectors, weather alerts, etc. and take appropriate	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Remote support staff provide necessary communication to the appropriate individuals during these events. Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Smart home products to alert the person and alert family/ caregivers to the problem monitor to give instructions on what to do in a weather warning.	Integrated smart devices notify individuals within the home, support providers, family members or guardians as selected
	Night Owl	**Rest Assured**	**SmartCare**

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action in emergencies, including safely evacuating if needed?	This is assessed on an individual basis. Emergency sensors within the home will make an audible alert. The central monitoring station will be alerted of emergency events and guide the individual and dispatch responders and/or emergency services to the home.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
3. Is the individual easily taken advantage of by others in their home?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Closed system so others can't use it. Remote monitoring use and track ID of user. Caller-id functionality, call logs to track who's called.	Hearo calling system is closed which means that any individuals that they can make and receive calls from are determined approved and setup by the provider.
	Night Owl	**Rest Assured**	**SmartCare**
	Click or tap here to Night Owl is a live remote monitoring system that includes interior and exterior sensors that are monitored in real time to ensure the safety of individuals in their home by the central station remote caregiver. enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
4. Does the individual need assistance to safely navigate his or her environment?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Motion sensors, track movement, smart home technology integration.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Interior sensors are determined to best support the individual in their home and provide the highest level of safety. This can be done with motion sensors, bed sensors, bedroom door alarms, etc. and guidance from the central station remote caregiver.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**

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5. Does the individual need assistance to safely use household appliances?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	How to videos: Step by step directions Contact sensors can be put on certain appliances, rules set to alert if touched or not touched.	Instructions can be provided via voice and video calls. Certain electric appliances can be turned off remotely manually or via the rules engine.
	Night Owl	**Rest Assured**	**SmartCare**
	Sensors can be strategically placed in order for the central station remote caregiver to open two-way and guide the individual and send a remote staff if needed.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
6. Does the individual need assistance in preparing for bed?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	ADL check list with directions and remote check in at bedtime. Motion/pressure mat can be used to detect that someone got into bed. Optional one button on device that says "I'm Ok" they push that lets caregivers/ family know they are OK for the night.	Check list can be viewed and acknowledged on main or remote touchscreens included bed sensor confirms someone has gotten into bed.
	Night Owl	**Rest Assured**	**SmartCare**
	Real time reminders can be given via phone or text by the central station remote caregiver.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
7. Does the individual need assistance to use the bathroom?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Scheduling reminder for toileting, motion alert in bathroom, floor sensor in bathroom. Tutorials on oral hygiene. Contact sensors on toothbrush to know it was accessed.	Reminder system can be used for bathroom reminders. Motion sensors and optional toilet flush sensor can passively confirm activity.
	Night Owl	**Rest Assured**	**SmartCare**
	Bed sensor, motions, etc. can be used to determine if an individual is up to use the bathroom and has returned to bed. If immediate assistance is typically required by remote staff, the central monitoring station will dispatch.	Click or tap here to enter text.	Click or tap here to enter text.

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	2Gether Tech	GrayMatters Alliance	Hearo
8. Does the individual need assistance to lock and secure their home?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Remote door locks with key pad scheduled reminder to check doors. Alerts to caregivers/families that something is open such as a window.	Reminder system and optional integrated
	Night Owl	**Rest Assured**	**SmartCare**
	All exterior doors are monitored by the central station remote caregivers. The system will not arm if door and window sensors are not closed and in position. Remote staff will be contacted to assist if needed	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
9. Does the individual need assistance to safely answer their door?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Door sensor, Door monitor, remote alert when door opens. Camera outside of home.	A variety of options are available that can be tailored to the individual needs. Cameras, sensors, etc. The Hearo rules engine means you change how the support team, family, etc may be notified by entrance activity.
	Night Owl	**Rest Assured**	**SmartCare**
	Door sensors are supervised by central station remote caregivers. We can integrate exterior cameras, such as RingDoorbell.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
10. Do they need assistance/monitoring using the Internet/phone safely?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Click or tap here to enter text.	Hearo includes a self-contained internet connection for the systems specific use. Call time and person contacted to or from the device are tracked
	Night Owl	**Rest Assured**	**SmartCare**
	Live central station remote caregivers who can provide a safe and appropriate place to call in lieu of an individual calling emergency services/other people for important, but non-emergency situations. A sensor can be placed	Click or tap here to enter text.	Click or tap here to enter text.

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	on a laptop to determine movement of the device.		

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
11. If a smoker, does the individual need assistance with safety skills regarding smoking materials?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Smart home smoke alarm. Safety check list on monitor to go off several times daily. Smoking cessation tutorials.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Smoke/heat alarms are standard for our live supports. A cigarette smoke detector can be installed if individuals are not to be smoking in their homes. Door alarms monitored for safe return after smoking in a designated area.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
12. Does the individual need assistance to be safe in the home?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Check off safety list to be acknowledged during task. Scheduled reminders. Tutorials made on topic.	Reminders can be added remotely to help maintain good safety routines.
	Night Owl	**Rest Assured**	**SmartCare**
	A support plan is developed according to the individual's ISP. The central station remote caregiver will follow the support plan as determined by the care team.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
13. Does the individual need prompts to initiate and/or complete basic personal care	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Educational how to videos, interactive check list for tasks with video	Reminders can be added remotely to help maintain good household and personal care routines.
	Night Owl	**Rest Assured**	**SmartCare**

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and household tasks?	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
14. Does the individual engage in pica, gorging, or eating unsafe foods?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Sensor on locked cabinets, refrigerator, pantry with unsafe foods, remote lock warning, alerts sent if accessed	Smart home sensors can be used to monitor specific eating concerns, all tailored to the individuals needs
	Night Owl	**Rest Assured**	**SmartCare**
	A support plan is developed according to the individual's ISP. The central station remote caregiver will follow the support plan as determined by the care team.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
15. Does the individual need assistance in safely using household chemicals?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Remote locks and sensors to alert if opened.	Voice and Video communication can be used to ask questions or to retrain for specific safety concerns. Sensors can be used to notify when something is accessed.
	Night Owl	**Rest Assured**	**SmartCare**
	Sensors can be placed on locked cabinets, closets, etc. and these alerts are monitored by live remote caregivers.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
16. Does the individual typically need assistance from staff over night?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Remote monitoring, alerts, pressure mats, motion detection. Staff can monitor many at once	One touch voice and video calling is available as it suits individual needs. Sensors can be used to passively monitor activity any time of day..
	Night Owl	**Rest Assured**	**SmartCare**

	Live remote monitoring can be provided 24 hours/day to ensure safety. Sensors can be strategically placed throughout the home depending on a person's unique needs. Remote staff can be dispatched to the home to provide necessary cares as needed.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
17. Does the individual need prompting to initiate tasks or follow basic routines?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Schedule reminders to do tasks, interactive check off list to break down tasks, reminders and alerts if tasks were not completed. Device can be mirrored on smaller device for routines outside of the home such as school or work	The reminder system can be used to prompt tasks and routines.
	Night Owl	**Rest Assured**	**SmartCare**
	Individual prompting can be set up on a case by case basis. Reminder calls, texts, or a combination can be used to guide individuals supported.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
18. Are there other safety concerns or daily tasks requiring support or intervention?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	The system can be routinely changed to add tasks or change task as needed	Hearo can be tailored remotely to suit whatever concerns may arise. The reminder system and the rules engine provide a lot of ways to individualize the system.
	Night Owl	**Rest Assured**	**SmartCare**
	We can dispatch remote staff when a physical assistance is needed. Often times, situations can be de-escalated by the central station remote caregiver before a physical response is necessary.	Click or tap here to enter text.	Click or tap here to enter text.

Medical

Support Consideration	2Gether Tech	GrayMatters Alliance	Hearo
1. Does the individual have a medical condition that requires on-going monitoring?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Telehealth virtual vitals, Medical data monitoring. Alerts to medical complications. Medication reminders, customized assessments for day to day assessments of a condition. Should be able to produce reports, logs, and compliancy.	The Hearo reminder system has specific features for med reminders to minimize med errors. Health monitoring is available for blood pressure, weight, sleep and a growing list of issues.
	Night Owl	**Rest Assured**	**SmartCare**
	Reminders, guidance, and oversight can be offered by the central station. Movement sensors can be used to provide monitoring for sustained movement in bed (seizure activity).	Click or tap here to enter text.	Click or tap here to enter text.

Support Consideration	2Gether Tech	GrayMatters Alliance	Hearo
2. Does the individual have a medical condition that could potentially require immediate medical intervention?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	One touch call from device or pendant to EMS paramedics can assess while in route. Emergency checklist for paramedics and family. Special treatment/care instructions ready for when EMS arrive. Medical perimeters can be set so alert goes off if it perimeters fall below or above a certain point.	Remote staff can view trends to identify issues and support intervention. Individuals in the home can request through the touch screen or emergency buttons within the home.
	Night Owl	**Rest Assured**	**SmartCare**
	One-touch personal pager and variety of other sensing devices available on request, open two-way to a live remote caregiver that has the individual's care plan. The central station can also dispatch a remote staff and/or emergency services to assist the individual.	Click or tap here to enter text.	Click or tap here to enter text.

3. Does the individual take medications that require monitoring for potential side effects?	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Medication prescription of side effects to watch for when med scheduler alerts to take meds. Picture of pill, why and when to take it (avoiding certain side effects). Educational videos on hand to caregivers.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	If it is part of an individual's support plan, then we can monitor abnormalities in daily routine.	Click or tap here to enter text.	Click or tap here to enter text.

4. Does the individual need regular monitoring of vitals or other health indicators?	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Telehealth provided that can also travel with the person ie respite. Alerts if any medical parameter is above or below set parameters. Visual assessment if alerted. Exportable/printable health data that can go to heath provider. Tutorials on behavioral changes ie exercise, eating correctly. Tutorials on how to use certain med devices ie inhaler, insulin.	Some devices are available for monitoring trends and acute issues that may arrive. Passive trend data may surface other concerns to the support team.
	Night Owl	**Rest Assured**	**SmartCare**
	We often work with teams where safety checks are needed. We can ensure these safety checks are completed in a timely manner. Sensors on refrigerators/food cabinets can be used for daily tracking. Automated reports can be send to the care team.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
5. Does the individual need prompts or assistance with taking medications?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Medication reminder. Schedule med times in scheduler. Acknowledgment required. Several layers can be put in place.	Hearo uses voice, text, and notification lamp in our medication reminder system. Once taken, the medication can be confirmed. As a medication window is closing, support staff is notified to engage.
	Night Owl	**Rest Assured**	**SmartCare**
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
6. Does the individual have seizures?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Click or tap here to enter text.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
7. Does the individual have any visual, hearing, language or other impairments?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Can use both audio and visual alerts, symbols, pictures.	Hearo provides a variety notification options to assist with a variety of impairments. Notification lamp or sounds to attract attention. Spoken or written text. We are also preparing to release our real-time voice to text transcription for voice and video calls
	Night Owl	**Rest Assured**	**SmartCare**
	We work with a variety of different sensing devices that enhance the supports for those with vision or hearing impairments. A combination of sensing devices allows us to successfully support individuals who are non-verbal.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
8. Does the individual need assistance in expressing medical needs or concerns?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Touch screen monitor to communicate. Medical needs securely accessible using the monitor. Educational training videos on medical needs.	Support staff is always available through the touchscreen or emergency button.
	Night Owl	**Rest Assured**	**SmartCare**
	One touch pager will open hands-free two-way support from a central monitoring remote caregiver. Other devices can be modified to assist those who are unable to communicate. Remote staff can be dispatched immediately based on the care plan.	Click or tap here to enter text.	Click or tap here to enter text.

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	2Gether Tech	GrayMatters Alliance	Hearo
9. Does the individual have any other medical or health issues requiring monitoring or intervention?	Our services are developed to meet the person's needs and comply with the person's individual plan and all Federal/State regulations.	Can provide monitoring and assist with intervention based on personal need.	There are a lot of options to tailor the system for almost any individual need
	Night Owl	**Rest Assured**	**SmartCare**
	To be determined by care team	Click or tap here to enter text.	

Behavioral Supports

Support Consideration	2Gether Tech	GrayMatters Alliance	Hearo
1. Does the individual's ISP include or need a behavioral support plan?	Click or tap here to enter text.	ISPs can be securely input to our monitor and accessed by secure pin# and is HIPPA compliant	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	ISP can be part of the individual's protocol and followed by the central station caregiver	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
2. Does the individual display aggressive behavior toward others?	Click or tap here to enter text.	Educational information and videos can be placed on the system to help caregivers deal with individualized behavior	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
3. Does the individual destroy property or tamper with other people's belongings?	Click or tap here to enter text.	Is insured and has optional protective equipment	Hearo maintains the equipment which can be secured when necessary.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

4. Does the individual engage in fire-setting behaviors?	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

5. Does the individual engage in self-harm or behaviors that are detrimental to self or housemates?	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Click or tap here to enter text.	Educational information and videos can be placed on the system to help caregivers deal with individualized behaviors	Sharps can be isolated behind a remotely lockable cabinet with sensors to indicate if they've been accessed.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

6. Does the individual require supervision due to inappropriate sexual behaviors?	**2Gether Tech**	**GrayMatters Alliance**	**Hearo**
	Click or tap here to enter text.	Security cameras (usually not advised but maybe in this circumstance). Motion sensors "Check in" button if client needs help.	Our smart home technology can be tailored for most individual concerns. Integrated Cameras are available if required along with other options.SmartCare
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
7. Does the individual leave home or wander away without notifying caregivers?	Click or tap here to enter text.	Door/ Window sensors, Motion detection, GPS	Smart home technology and sensors can identify when someone arrives or leaves. Our rules engine means you can elevate awareness of those activities when they may be more critical. Eg during night time hours.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
8. Does the individual have conflicts with housemates?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.
	2Gether Tech	**GrayMatters Alliance**	**Hearo**
9. Does the individual have a mental health condition requiring support or intervention?	Click or tap here to enter text.	That information can be placed on our system along with training and videos on how to provide support and intervention when a situation arises. Caregivers can also access real time assistance when needed using remote monitoring	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**

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	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
10. Does the individual have a court-ordered level of supervision?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
11. Does the individual display other behaviors that require support or intervention?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Safety assessment is conducted by the care team to determine if remote supports are appropriate for the individual. If it is deemed appropriate, an individualized protocol is developed.	Click or tap here to enter text.	Click or tap here to enter text.

Community Skills

Support Consideration	2Gether Tech	GrayMatters Alliance	Hearo
1. Does the individual need assistance to understand and follow pedestrian safety rules?	Click or tap here to enter text.	Training videos. Task list for when walking	Click or tap here to enter text.
	Night Owl	**Rest Assured**	**SmartCare**
	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
2. Does the individual need assistance to safely navigate in the community?	Click or tap here to enter text.	Remote monitoring in real time when person is traveling with a mirrored system	The Hearo mobile app or other dedicated device means the Hearo system can go with the individual. The same reminders and support communication using voice and video available anywhere.
	Night Owl	**Rest Assured**	**SmartCare**
	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	GrayMatters Alliance	Hearo
3. Does the individual need assistance to communicate his or her address and a	Click or tap here to enter text.	Navigation app on phone. GPS Remote monitoring in real time when person is traveling with a mirrored system	Real-time voice and video Support can be reached at any time via dedicated tablet or any smart mobile device to assist with communicating information to others.
	Night Owl	**Rest Assured**	**SmartCare**

	contact phone number?	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
4. Does the individual need assistance to interact appropriately with others in a public setting?	Click or tap here to enter text.	Remote practicing, Download videos, Remote monitor visually to be there in VR	Real-time voice and video Support can be reached at any time to assist with communicating information to others.
	Night Owl	**Rest Assured**	**SmartCare**
	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
5. Is the individual easily taken advantage of by others in the community?	Click or tap here to enter text.	Remote monitor in specific situations. Alert for money exchanges monitor website use	Real-time voice and video Support can be reached at any time to assist with communicating information to others.
	Night Owl	**Rest Assured**	**SmartCare**
	Not applicable.	Click or tap here to enter text.	Click or tap here to enter text.

	2Gether Tech	**GrayMatters Alliance**	**Hearo**
6. Are there other safety concerns in a community setting that require	Click or tap here to enter text.	Click or tap here to enter text.	Real-time voice and video Support can be reached at any time to assist with communicating information to others
	Night Owl	**Rest Assured**	**SmartCare**

| support or intervention? | Not applicable. | Click or tap here to enter text. | Click or tap here to enter text. |

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