

## Community Living – Enhanced Supports

### Service Definition

- A. Community Living - Enhanced Supports provides the participant, who exhibits challenging behaviors or has court ordered **conditions for release or probation restrictions**, with development, acquisition, and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting.
- B. Skills to be developed, acquired, or maintained under this service will be determined based on the participant's individualized goals and outcomes as documented in their **file PCP**.
- C. Formal teaching methods are used such as systematic instruction.
- D. This service provides additional observation and direction to address the participant's documented challenging behaviors or court ordered **conditions for release or probation**.
- E. This service includes Nursing Support Services and Behavioral Support Services as noted in the stand-alone services. The scope of the Nursing Support Services and Behavioral Support Services are defined under the stand-alone service in Appendix C.
- F. This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, including:
1. Learning socially acceptable behavior;
  2. Learning effective communication;
  3. Learning self-direction and problem solving;
  4. Engaging in safety practices;
  5. Performing household chores in a safe and effective manner;
  6. Performing self-care; and

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7. Learning skills for employment.

G. Community Living - Enhanced Supports services include coordination, training, mentoring, supports, or supervision (as indicated in the participant's ~~file PCP~~) related to development or maintenance of the participant's skills, particularly pertaining to remediating the participant's challenging behaviors.

H. This ~~Medicaid w~~Waiver program service includes provision of:

1. Direct support services, for provision of services as provided in Sections A-G above; and
2. The following services provided in combination with, and incidental to, the provision of this ~~Medicaid w~~Waiver program service:
  - a. Transportation to and from and within this ~~Medicaid w~~Waiver program service;
  - b. Delegated nursing tasks or other Nursing Support Services covered by this ~~Medicaid w~~Waiver program, based on the participant's assessed need;
  - c. Behavioral Support Services, based on the participant's assessed needs;
  - d. Personal care assistance, based on the participant's assessed need.

### SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older ~~unless otherwise authorized by the DDA~~.
- B. Participants must be preauthorized by the DDA based on documented level of supports needed.
- C. If the participant ~~s~~ needs dedicated support hours due to medical or behavioral support needs, daytime support needs, or increased community integration needs, then a request for dedicated staff hours may be submitted as per guidance and policy.

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D. The level of staffing and meaningful activities provided to the participant under this ~~Medicaid w~~Waiver program service must be based on the participant's assessed level of service need.

1. Based on the participant's assessed needs, the DDA may authorize dedicated hours for 1:1 and 2:1 staff-to-participant supports.

2. The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:

a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or

b. The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA~~.

c. The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral ~~or health and safety~~ need for up to 6 months while a Behavior Support Plan ~~and Nursing Care Plan~~ gets authorized and developed.

d. The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development Nursing Care Plan and subsequent request for dedicated support.

E. The following criteria will be used to determine if the participant has an assessed need for Community Living – Enhanced Supports Services:

1. The participant has critical support needs that cannot be met by other residential or in-home services and supports; and

2. The participant meets the following criteria:

a. The participant has (i) court ordered restrictions to community living; (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff that are documented in a Behavioral Support Plan; or (iii) extensive needs that are documented in a Nursing Care Plan; and

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b. Community Living – Enhanced Support Services are provided in the most integrated environment to meet the participant's needs.

F. Under this ~~Medicaid w~~Waiver program service, the participant's primary residence must meet the following requirements:

1. This ~~Medicaid w~~Waiver program service must be provided in a group home setting, owned, or operated by the provider.
2. No more than four participants may receive this ~~Medicaid w~~Waiver program service in a single residence, unless ~~previously otherwise~~ approved by the DDA.
3. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation, including, but not limited to, 42 Code of Federal Regulations § 441.301(c)(4), as amended.
4. Each participant receiving this ~~Medicaid w~~Waiver program service must be provided with a private, single occupancy bedroom.

G. If transportation is provided as part of this ~~Medicaid w~~Waiver program service, then:

1. The participant cannot receive Transportation services separately at the same time as provision of this ~~Medicaid w~~Waiver program service;
2. The Provider must:
  - a. Provide, or arrange for provision of transportation to meet the needs of the participant identified in the participant's ~~file PCP~~; and
  - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation. ~~;~~and
3. Transportation services may not compromise the entirety of this ~~Medicaid w~~Waiver program service.

H. If direct support staff perform delegated nursing tasks as part of this ~~Medicaid w~~Waiver program service, then:

1. The participant must receive Nursing Support Services under this ~~Medicaid w~~Waiver program service; and

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### 2. The delegated nursing tasks:

a. Must be provided by direct support staff who are ~~currently~~ certified as a Medication Technician by the Maryland Board of Nursing; and

b. May not compromise the entirety of this ~~Medicaid w~~Waiver program service.

I. If direct support staff provide behavioral supports as part of this ~~Medicaid w~~Waiver program service, then:

1. The participant must receive Behavioral Support Services under this ~~Medicaid w~~Waiver program service; and

### 2. The behavioral supports:

a. Must be provided by direct support who have received training in the participant's Behavior Support Plan; and

b. May not compromise the entirety of this ~~Medicaid w~~Waiver program service.

J. If personal care assistance services are provided as part of this ~~Medicaid w~~Waiver program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this ~~Medicaid w~~Waiver program service, personal care assistance means the provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living.

K. The provider must have an organizational structure that ensures services are available at each licensed site on a 24-hour, 7-day a week basis, including back-up and emergency support, in accordance with staffing requirements set forth in each participant's ~~file~~ ~~PCP~~.

L. Community Living – Enhanced Support trial experience is for people transitioning from an institutional or non-residential site on a temporary, trial basis, and meets the following criteria:

1. Service must be preauthorized by the DDA.

2. Services may be provided for a maximum of 7 days or overnight stays within the 180-day period in advance of their move.

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3. When services are furnished to participants returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver.

4. The individual must be reasonably expected to be eligible for and to enroll in the waiver. Services are billed to Medicaid as an administrative cost.

M. The Medicaid payment for Community Living - Enhanced Supports may not include either of the following items which the provider is expected to collect from the participant:

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

N. Residential Retainer Fee is available for up to 18 days per calendar year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family/friend visits.

O. Community Living-Enhanced Supports services shall be provided for at least 6 hours a day to a participant or overnight when the participant spends the night in the residential home.

~~P. Overnight supports must be provided by staff that are awake and alert.~~

**PQ.** In the event that additional Nursing Support Services Delegation training supports are needed as indicated in the Health Risk Screening Tool because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by the DDA's Regional Office and additional standalone Nursing Support Services hours can be authorized.

**QR.** Prior to accessing DDA funding for this service, all other available and appropriate funding sources **which may include, as applicable, private insurance, including those** services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), **and** Department of Human Services (DHS), and **or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.

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2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be **documented written** in the participant's **file PCP**.

3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the **Medicaid wWaiver** Program.

**RS.** Community Living - Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living-Group Home, Day Habilitation, **Employment Discovery and Customization**, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, **Supported Employment**, Supported Living, or Transportation services.

**ST.** To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of **receiving community based services and** avoiding institutionalization.

**TU.** A legally responsible person, relative, or legal guardian of the participant cannot be paid by the **Medicaid wWaiver** program, either directly or indirectly, to provide this **Medicaid wWaiver** program service.

**UV.** Direct Support Professional services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital **or short-term institutional** services.

1. The State has mechanisms in place to prevent duplicate billing for both institutional and home and community-based services.

2. These necessary waiver services:

a. Must be identified in the individual's **file PCP**;

b. Must be provided **to the** meet the individual's needs and are not covered in such settings;

c. Should not substitute for services that the setting is obligated to provide through its condition of participation under federal or State law, under another applicable requirement; and

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d. Should be designed to ensure smooth transitions between the setting and the home community-based setting and ~~preserve~~**preserves** the participant's functional abilities.

**VW** Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

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

1. Community Living – Enhanced Supervision Residential Retainer Fee is limited to up to 18 days per calendar year, per participant per provider.

2. Community Living – Enhanced Support trial experience is limited to a maximum of 7 days or overnight stays per provider.

Service Delivery Method (check each that applies):

**NOT CHECKED** Participant-directed as specified in Appendix E

X Provider managed

**NOT CHECKED** Remote/via Telehealth

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

**NONE CHECKED**

\_\_\_ Legally Responsible Person

\_\_\_ Relative

\_\_\_ Legal Guardian

Provider Category(s)  
(check one or both):



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<p><span style="color: red;">NOT CHECKED</span> Individual. List types:</p>
<p>X Agency. List the types of agencies:</p>
<p>Community Living- Enhanced Supports Provider</p>
<p>Provider Type:</p>
<p>Community Living - Enhanced Supports Provider</p>
<p>License (specify)</p>
<p>Licensed DDA Residential Enhanced Supports Provider</p>
<p>Certificate (specify)</p>
<p> </p>
<p>Other Standard (specify)</p>
<p>Agencies must meet the following standards:</p> <p>1. Complete the <span style="color: red;">MDH <del>DDA</del></span> provider application and be <span style="color: red;">approved <del>certified</del></span> based on compliance with meeting all of the following standards:</p> <p>B. Be properly organized as a Maryland <span style="color: red;">business entity <del>corporation</del></span>, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>C. A minimum of 5 years demonstrated experience and capacity providing quality <span style="color: red;">developmental disability <del>similar</del> residential services</span>;</p>

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D. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;

E. Demonstrate the capability to provide or arrange for the provision of all Community Living – Enhanced Services required by submitting, at a minimum, the following documents with the application:

- (1) A program service plan that details the ~~agency's~~ ~~agencies~~ service delivery model;
- (2) A business plan that clearly demonstrates the ability of the agency to provide Community Living-Enhanced Supports;
- (3) A written quality assurance plan to be approved by the DDA;
- (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
- (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.

K. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and Taxation (SDAT)~~ ~~MDAT~~ ;

L. ~~Satisfactorily complete~~ ~~Complete~~ required orientation and training designated by DDA;

M. ~~Satisfactorily complete~~ ~~Complete~~ necessary pre/in-service training based on the Person-Centered Plan;

N. Have Workers' Compensation Insurance;

O. Have Commercial General Liability Insurance;

P. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;

Q. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;

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- R. Comply with the DDA standards related to provider qualifications;
- S. Have an organizational structure that assures services for each residence as specified in the Person-Centered Plan and the availability of back-up and emergency support 24 hours a day; and
- T. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA.
- U. Be licensed by the Office of Health Care Quality;
- V. Meet and comply with the federal community settings regulations and requirements prior to enrollment;
- W. Have a signed Medicaid provider agreement;
- X. Have documentation that all vehicles used in the provision of services have automobile insurance; and
- Y. Submit a provider renewal application at least 60 days before expiration of its existing approval ~~as per DDA policy~~. The renewal license is good for up to a 3 year period.

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation (SDAT)MDAT.~~

Staff working for or contracted with the agency, as well as volunteers, utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:

- A. Be at least 18 years old;
- ~~B. Have a GED or high school diploma;~~
- B. Have required credentials, license, or certification as noted below;

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C. Possess current First Aid and CPR certification or Emergency Medical Technician (EMT);

a. The First Aid and CPR training must include a hands-on, in-person component.

b. At minimum, employees must participate in an in-person skills session that will require them to show that they are able to perform CPR and First Aid skills.

c. Written materials may be used online and at the employee's own pace.

D. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;

E. Complete necessary pre/in-service training based on the Person-Centered Plan;

F. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing as Medication Technicians;

G. Complete required orientation and training designated by DDA;

H. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and

I. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.

In addition to the DDA mandated training, direct support staff must be trained in:

A Person-Centered Planning;

B. Working with people with behavioral challenges;

C. Trauma informed care;

D. De-escalation; and

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E. Physical management.

Based on the needs of the participants, the following additional training will be required for direct support staff:

- A. Working with Sex Offenders;
- B. Working with people in the criminal justice system; and/or
- C. Working with the Community Forensics Aftercare program.

Agency must contract or employ LBA, Board Certified Behavioral Analysis (BCBA), Psychologist, or Licensed Clinician (LCPC, LCSW-C, LGPC, LMSW) on staff that has experience in the following areas:

- A. Working with deinstitutionalized individuals;
- B. Working with the court and legal system;
- C. Trauma informed care;
- D. Behavior Management;
- E. Crisis management models; and
- F. Counseling.

Verification of Provider Qualifications

Provider Type:

Community Living – Enhanced Supports Provider

Entity Responsible for Verification:

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1. ~~MDH DDA~~ for approval of provider license and licensed site.
2. Provider for verification of certifications, credentials, licenses, staff training and experience.

### Frequency of Verification

1. ~~MDH DDA~~ – Initially and at least every 3 years.
2. Provider – **Prior** to service delivery and continuing thereafter.