

## Community Pathways – Revised Draft Proposal

Service Type: Statutory Service

Service (Name): Residential Habilitation

Alternative Service Title: **COMMUNITY LIVING—GROUP HOMES (GH, ALU)**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### Service Definition:

- A. Community Living Group Home services assist individuals in acquiring the skills necessary to maximize their independence in activities of daily living and to fully participate in community life.
- B. Community Living Group Home services include coordination, training, supports, and/or supervision (as indicated in the person centered plan) related to:
  1. self-advocacy;
  2. adaptive skills;
  3. community engagement;
  4. daily living;
  5. health-related matters;
  6. personal care;
  7. protection and oversight;
  8. social and leisure skills; and
  9. transportation and travel training.
- C. Services are provided in a provider owned group home setting and shall:
  1. Maintain or increase individual independence and reduce level of service need;
  2. Be integrated in and support full access to the greater community including but not limited to:
    - a) Provide coordination between life skills and employment services;
    - b) Provide opportunities to control personal resources;
    - c) Provide opportunities to develop relationships; and
    - d) Provide opportunities to participate in communities of the individual's choice;
  3. Ensure the individual's right of privacy, dignity and respect, and freedom from coercion and restraint;
  4. Optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, choice of roommate, decorating bedroom, and with whom to interact;
  5. Facilitate individual choice regarding services and supports and who provides them;

6. Support the health and safety of the individual; and
7. Support individual's rights as tenants.

#### SERVICE REQUIREMENTS:

- A. Services are provided in a provider owned group home setting that shall:
  1. Be integrated in and support full access to the community; and
  2. Be selected by the individual from among setting options.
- B. Services must
  1. Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
  2. Optimize autonomy and independence in making life choices; and
  3. Facilitate choice regarding services and who provides them.
- C. Services must ensure that the following requirements are met or that any modification to these requirements are supported by a specific assessed need and justified in the person-centered plan:
  1. The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
  2. The individual controls his/her own schedule including access to food at any time;
  3. The individual can have visitors at any time; and
  4. The setting is physically assessable.
- D. Services may be provided to no more than four individuals in one home unless approved by the DDA.
- E. Community Living - Group Home services provided in agency owned or leased housing must provide the individual a legally enforceable lease or service agreement approved by the DDA that offers them the same tenancy rights that they would have in any housing option.
- F. Community Living - Group Home trial experience for people transitioning from an institutional or non-residential site must be preauthorized by the DDA and may be provided for a maximum of seven (7) days and/or overnight stays within the 180 day period in advance of their move. When services are furnished to individuals 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. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.
- G. Residential Retainer Fees is available for up to 30 days per year per recipient when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits ~~etc.~~.
- H. Community Living - Group Home service may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.
- I. Community Living – Group Home services shall be provided for at least 6 hours a day to an individual or when the individual spends the night in the residential home.
- J. The Medicaid payment for Community Living - Group Home service may not include either of the following items which the provider is expected to collect from the individual:
  1. Room and board; or

2. Any assessed amount of contribution by the individual for the cost of care.

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

Community Living - Group Home Retainer Fees is limited to up to 30 days per year per recipient.

**Service Delivery Method (check each that applies)**

Participant Directed as specified in Appendix E  
 Provider Managed

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

Legally Responsible Person  
 Relative  
 Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Community Living- Group Home Provider

**Provider Category:** Agency

**Provider Type:** Community Living- Group Home Provider

**Provider Qualifications License (specify):**

Licensed **DDA** Community Residential Services Provider as per COMAR 10.22.XX (tbd)

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- DDA for verification of provider license and licensed site

**Frequency of Verification:**

- DDA - annually