

Day Habilitation

Service Definition

A. Day Habilitation services provide the participant with ~~the any of the following~~ development and maintenance of skills related to activities of daily living, instrumental activities of daily living, ~~and or~~ vocation and socialization, through application of formal teaching methods and participation in meaningful activities.

1. Teaching methods based on recognized best practices are used such as systematic instruction.
2. Meaningful activities under this service will provide the participant with opportunities to ~~develop skills related to learn~~ ~~learning~~ new skills, ~~build~~~~building~~ positive social skills and interpersonal skills, ~~achieve~~ greater independence, and ~~develop~~ personal choice including:
 - a. Learning skills for employment
 - b. Learning ~~acceptable~~ social skills;
 - c. Learning effective communication;
 - d. Learning ~~self-direction and~~ problem solving;
 - e. Engaging in safety practices;
 - f. Performing household chores in a safe and effective manner; and
 - g. Performing self-care.

B. Day Habilitation services may include participation in the following regularly scheduled meaningful activities:

1. Learning general skills that can be used to do the type of work the person is interested in;
2. Participating in self-advocacy classes/activities;
3. Participating in local and community events;

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4. Volunteering;
 5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for participants with declining conditions;
 6. Time-limited participation in Project Search, or similar programs approved by the DDA;
 7. Transportation services; and
 8. Nursing Support Services. The scope of the Nursing Support Services is defined under the stand-alone service in Appendix C.
- C. This **Medicaid wWaiver** program service includes provision of:
1. Direct support services, for provision of services as provided in Sections A-B above; and
 2. The following services provided in combination with, and incidental to, the provision of this **Medicaid wWaiver** program service:
 - a. Transportation to, **and** from, and within this **Medicaid wWaiver** program service;
 - b. Delegated nursing tasks or other Nursing Support Services covered by this **Medicaid wWaiver** program, based on the participant's assessed need; and
 - c. Personal care assistance, based on the participant's assessed need.

SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older and no longer enrolled in primary or secondary school.
- B. Day Habilitation services can be provided in a variety of settings in the community or in a facility owned or operated by the provider agency.

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1. Services may take place in non-residential settings separate from a participant's private residence or other residential living arrangements.

2. Supports may be provided virtually in a participant's private residence and other DDA residential living arrangements.

C. Services may also be provided in small groups (i.e., 1 to 5 participants) or large groups (i.e., 6 to 10 participants). 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 need, the DDA may authorize a 1:1 or 2:1 staff-to-participant ratio.

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.

D. Day Habilitation services are separate and distinct from other Waiver services, including residential services.

~~E. Until the service transitions to the LTSS Maryland system, under the traditional service delivery model, a participant's PCP may include a mix of employment and day-related daily Waiver services such as Supported Employment, Employment Discovery and Customization, Community Development Services, and Career Exploration provided on different days.~~

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E. An individualized schedule ~~is required~~ ~~will be used~~ to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan.

F. 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.
3. Transportation services may not compromise the entirety of this ~~Medicaid w~~Waiver program service.

G. 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
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.

H. 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.

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I. Day Habilitation includes supports for volunteering and time limited generic paid and unpaid internships and apprenticeships for development of employment skills.

J. Day Habilitation does not include meals as part of a nutritional regimen.

K. Day Habilitation does not include vocational services that: (1) teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility-based job or (2) are delivered in an integrated work setting through employment supports.

1. 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), Department of Human Services (DHS), **and or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.

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 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 w**Waiver Program.

~~M. Until the service transitions to the LTSS Maryland system, Day Habilitation daily services units are not available:~~

~~1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and~~

~~2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.~~

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

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M. 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.

~~P. As per Attachment #1: Transition Plan, services will begin to transition to small groups (i.e. 1 to 5 people) and large groups (i.e. 6 to 10) to support the development and maintenance of skills during community engagement and provider offered activities.~~

N. Nursing Support Services, as applicable, can be provided during Day Habilitation activities so long as it is not the primary or only service provided. The scope of the Nursing Support Services are defined under the stand-alone service in Appendix C.

O. 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 DDA's Regional Office and additional standalone Nursing Support Services hours can be authorized.

P. 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.

Q. 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 filePCP;

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

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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

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.

R. Virtual Supports

~~Services which are provided virtually, must:~~

1. Virtual support is an electronic method of service delivery.

2. Supports provided virtually must be provided in accordance with federal and State requirements, policies, guidance, and regulations, including Health Insurance Portability and Accountability Act (HIPPA), as amended by the Health Information Technology for Economic and Clinical Health **Act** (HITECH), and their applicable regulations to protect the privacy and security of the participant's protected health information.

3. Supports provided virtually support a participant to reach identified outcomes in their Person-Centered Plan.

4. Supports provided virtually may not be used for the provider's convenience.

5. This Medicaid wWaiver program service may not be provided entirely via virtual supports. Supports provided virtually may supplement in-person direct supports.

6. Supports provided virtually must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and emailing do not constitute virtual supports and, therefore, will not be considered provision of direct supports under this Medicaid wWaiver program service.

7. Supports provided virtually cannot be used to assess a person for a medical emergency.

8. The provider must have written policies, train direct support staff on those policies, and advise people and their person-centered planning teams regarding those policies that address:

a. Identifying whether the person's needs, including health and safety, can be addressed safely while they are using Supports provided virtually;

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b. Identifying individuals to intervene (such as uncompensated caregivers present in the person's home), and ensuring they are present while services are being provided virtually, as indicated, in case the person experiences an emergency; and

c. How a person will get emergency interventions if the person experiences an emergency, including contacting 911 if necessary.

9. MDH-licensed providers providing a Medicaid wWaiver program service through virtual supports must include it as a service delivery method in their provider Program Service Plan, required by Code of Maryland Regulations Title 10, Subtitle 22.

10. The Medicaid wWaiver program will not fund any costs associated with the provider obtaining, installing, implementing, or using virtual supports, such as equipment, internet, software applications, and other related expenses. These costs, in the delivery of new business models, are part of the provider's operating cost.

S. Day Habilitation services are separate and distinct from residential services.

1. Participants may return home or to the provider operated site during time-limited periods of the day to participate in virtual supports as indicated in the participant's file and service implementation plan.

2. Supports delivered virtually can happen in the home or a licensed residential setting when the participant does not need paid direct support.

3. Residential and Personal Support Services cannot be billed during these times.

T. 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:

Day Habilitation services may not exceed a maximum of 8 hours per day or 40 hours per week including in combination with any of the following other Medicaid wWaiver program services in a single day: including other Employment Services– Job Development, ~~Supported Employment~~, Career Exploration, ~~Employment Discovery and Customization~~ and Community Development Services.

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Service Delivery Method (check each that applies):
<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed <input checked="" style="color: red;" type="checkbox"/> Remote/via Telehealth
Specify whether the service may be provided by (check each that applies):
<input checked="" style="color: red;" type="checkbox"/> NONE CHECKED <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Category(s) (check one or both):
<input checked="" style="color: red;" type="checkbox"/> (Don't Check) Individual. List types:
<input checked="" type="checkbox"/> Agency. List the types of agencies:
Day Habilitation Service Provider
Provider Type:
License (specify)
Certificate (specify)
Other Standard (specify)
Provider Type:
Day Habilitation Service Provider
License (specify)
Licensed DDA Day Habilitation Service Provider
Certificate (specify)

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Other Standard (specify)

Agencies must meet the following standards:

1. Complete the ~~MDH DDA~~ provider application and be ~~approved certified~~ based on compliance with meeting all of the following standards:

A. Be properly organized as a Maryland ~~business entity corporation~~, or, if operating as a foreign corporation, be properly registered to do business in Maryland;

B. A minimum of 5 years demonstrated experience and capacity providing quality ~~developmental disability similar day habilitation and community engagement~~ services;

C. 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;

D. ~~Except for currently DDA licensed or certified Day Habilitation providers; Demonstrated demonstrate~~ the capability to provide or arrange for the provision of all 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 Day Habilitation;

(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.

E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D;

F. Be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation;

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- G. Have Workers' Compensation Insurance;
 - H. Have Commercial General Liability Insurance;
 - I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a ~~and per DDA policy~~;
 - J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
 - K. Complete required orientation and training;
 - L. Comply with the DDA standards related to provider qualifications; and
 - M. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA and
2. Be licensed by the Office of Health Care Quality;
 3. All ~~new~~ providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;
 4. Have a signed Medicaid provider agreement;
 5. Have documentation that all vehicles used in the provision of services have automobile insurance; and
 6. 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 the Council on Quality Leadership (CQL) 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.~~

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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:

1. Be at least 18 years old;
2. Have DDA required ~~training~~, credentials, license, or certification.
3. 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.
4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
5. ~~Satisfactorily complete~~~~Complete~~ necessary pre/in-service training based on the Person-Centered Plan;
6. ~~Satisfactorily complete~~ ~~Complete~~ required orientation and training designated by DDA ~~including:~~
 - a. ~~Training requirements required before supporting a participant:~~
 - (1) ~~Seizure disorders;~~
 - (2) ~~Mandt Training~~
 - (3) ~~The aging process and the special needs of the elderly;~~
 - (4) ~~All staff and care providers receive training in blood borne pathogens in accordance with OSHA guidelines found in 29 Code of Federal Regulations §1910.1030, which is incorporated by reference; and~~

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~~(5) Inappropriate sexual behavior awareness and prevention training, in accordance with Code of Maryland Regulations 10.01.18.04.~~

~~b. Training requirements required within 3 months of hire in the following:~~

~~(1) Community integration and inclusion;~~

~~(2) Individual-directed, outcome-orientation planning for individuals;~~

~~(3) General characteristics and needs of individuals served;~~

~~(4) Fundamental rights of individuals with developmental disabilities;~~

~~(5) Communicable diseases;~~

~~(6) Supporting individuals and families in making choices;~~

~~(7) Communication skills; and~~

~~(8) Basics of Employment First.~~

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

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

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

Verification of Provider Qualifications

Provider Type:

Day Habilitation Service Provider

Entity Responsible for Verification:

1. ~~MDH ~~DDA~~~~ for approval of Day Habilitation provider.

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2. Provider for **verification of** individual staff member's licenses, certifications, and training, as applicable.

3. Financial Management and Counseling Services providers, as described in Appendix E.

Frequency of Verification

1. **MDH ~~DDA~~** – Initially and at least every 3 years for license and license sites.

2. Provider – **Prior** to service delivery and continuing thereafter.

3. Financial Management and Counseling Services providers provider - Prior to service delivery and continuing thereafter.