

Supported Living

Service Definition

- A. Supported Living services provide participants with a variety of individualized services to support living independently in the community.
- B. Supported Living services are individualized to the participant's needs and interests as documented in the participant's Person-Centered Plan and must be delivered in a personalized manner.
- C. Supported Living services assists the participant to: (a) learn **informed decision making self-direction** and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b) engage in community-based activities of the participant's choosing within the participant's personal resources.
- D. Supported Living services enable the participant to: (a) live in a home of their choice located where they want to live; and (b) live with other participants or individuals of their choosing;
- E. This service includes Nursing Support Services. The scope of the Nursing Support Services is defined under the stand-alone service in Appendix C.
- F. Supported Living services are provided in the participant's own house or apartment.
- G. This **Medicaid wWaiver** program service includes provision of:
1. Direct support services for provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan) as provided in Section A above;
 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, based on the participant's assessed need; and

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c. 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. 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.~~

C. 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 specific, documented behavioral or health and safety needs for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed.~~

3. Dedicated hours can be used to support more than one participant if it meets their assessed needs and the following requirements are met:

a. The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or ~~receiving~~~~receives~~ less than 40 hours of meaningful day services;

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b. Support is documented in each participant's Person-Centered Plan and provider **service** implementation plan; and

c. Dedicated hours are billed for only one participant.

D. Under Supported Living service, the following requirements and restrictions relating to the residence applies:

1. If participants choose to live with housemates, no more than 4 individuals (including other participants receiving services) may share a residence; each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".

2. If the participant shared their home with another individual (who may be a participant as well) who is their spouse, domestic partner, their child, siblings, or significant other, they may share a bedroom if they choose;

3. Except as provided in D.2 above, each resident of the setting shall have a private bedroom;

4. Services may include up to 24 hours of shared support per day, as specified in the Person-Centered Plan;

5. The residence must be a private dwelling and is not a licensed individual site of a provider. The residence must be owned or leased by at least 1 of the individuals residing in the home or by **a participant's authorized representative of someone designated by 1 of those individuals**, such as a family member or legal guardian;

6. The residents are legally responsible for the residence in accordance with applicable federal, State, and local law and regulation and any applicable lease, mortgage, or other property agreements; and

7. All residents must have a legally enforceable lease that offers them the same tenancy rights that they would have in any public housing option.

E. The following criteria will be used for participants to access Supported Living:

1. Participant chooses to live independently or with roommates; and

2. This residential model is the most cost-effective service to meet the participant's needs.

F. If transportation is provided as part of this **Medicaid wWaiver** program service, then:

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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 PCP; and
 - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and
 - c. 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; 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.
- I. 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 and Delegation support service hours can be authorized.

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J. Supported Living services are not available to participants receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Supports.

K. A relative (who is not a spouse), legally responsible person, or legal guardian who does not live in the residence may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person, legal guardian, or relative who lives in the residence with the participant cannot be paid, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service.

L. Supported Living 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 Home, Day Habilitation, ~~Employment Discovery and Customization~~, Employment Services, Live-in Caregiver Supports, Medical Day Care, Personal Supports, Respite Care Services, ~~or Shared Living, or Supported Employment~~ services.

M. 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.

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.

N. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will 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.

O. Supported Living can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the

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person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall Person-Centered Plan, activities should not isolate or segregate. ~~If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the file PCP.~~

P. 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 Person-Centered Plan;

b. Must be provided to meet the individual's needs and are not ~~otherwise~~ 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, ~~or~~ 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.

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

R. 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:

Service Delivery Method (check each that applies):

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<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed <u>(Don't Check)</u> Remote/via Telehealth
Specify whether the service may be provided by (check each that applies):
<input checked="" type="checkbox"/> Legally Responsible Person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
Provider Category(s) (check one or both):
<u>(Don't Check)</u> Individual. List types:
<u>X</u> Agency. List the types of agencies:
Supported Living Provider
Provider Type:
Supported Living Provider
License (specify)
Certificate (specify)

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Other Standard (specify)
<p>Agencies must meet the following standards:</p> <p>1 Complete the MDH DDA provider application and be approved certified-based on compliance with meeting all of the following standards:</p> <p>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;</p> <p>B. A minimum of 5 years demonstrated experience and capacity providing quality developmental disability residential similar services;</p> <p>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;</p> <p>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:</p> <p>(1) A program service plan that details the agencies' service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency agencies to provide Supported Living services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(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.</p>

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- E. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and Taxation (SDAT)~~MDAT;
 - F. Have Workers' Compensation Insurance;
 - G. Have Commercial General Liability Insurance;
 - H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;
 - I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
 - J. ~~Satisfactorily complete~~Complete required orientation and training;
 - K. Comply with the DDA standards related to provider qualifications; and
 - L. Complete and sign any agreements required by the Maryland Department of Health or DDA.
2. Have a signed Medicaid Provider Agreement;
 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and
 4. 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 for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and TaxationMDAT.~~

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;

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2. Have required credentials, license, certification, and training to provide services;
3. Possess current First Aid and CPR certification;
 - a. The 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 the DDA;
7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and
8. 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:

Supported Living Provider

Entity Responsible for Verification:

1. MDH ~~DDA~~ for approval of the provider.

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2. Provider for verification of staff qualifications, certifications, and training requirements.

3. Financial Management and Counseling Service (FMCS) provider, as described in Appendix E, for participants self-directing services.

Frequency of Verification

1. ~~MDH DDA~~ – Initially and at least every 3 years.

2. Provider - Prior to service delivery and continuing thereafter.

3. Financial Management and Counseling Service provider - prior to services and continuing thereafter.