Community Living – Group Home

Service Definition
A. Community Living Group Home services provide the participant with development, acquisition, and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods 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 the participant's file. C. Formal teaching methods are used such as systematic instruction. D. This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization 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 7. Learning skills for employment. E. This service includes Nursing Support Services based on assessed need. The scope of the Nursing Support Services is defined under the stand-alone service in Appendix C.

Proposal

F. Community Living - Group Home services include coordination, training, supports, or supervision (as indicated in the Person-Centered Plan) related to development and maintenance of the participant's skills. G. This Medicaid waiver 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 waiver program service: a. Transportation to and from and within this Medicaid waiver program service; b. Delegated nursing tasks or other Nursing Support Services covered by this Medicaid waiver 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. B. Participants must be preauthorized by the DDA based on documented level of supports needed. C. If the participant 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. D. The level of staffing and meaningful activities provided to the participant under this Medicaid waiver program service must be based on the participant's 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:

Proposal

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; 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.

c. The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support 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.

2. 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 receive ~~receives~~ less than 30 ~~40~~ hours of meaningful day services;

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

c. Dedicated hours are billed for only one participant.

B. The following criteria will be used to determine if the participant has an assessed need for Community Living – Group Home services:

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

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

Proposal

3. The participant meets one of the following criteria:

a. They currently live on their own and are unable to care for themselves even with services and supports;

b. They currently live on their own or with family or other unpaid caregivers and such living situation presents an imminent risk to their physical or mental health and safety or the health and safety of others;

c. The participant is (i) homeless and living on the street; (ii) has no permanent place to live; or (iii) at immediate risk of homelessness or having no permanent place to live;

d. The participant currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the participant;

e. The participant's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;

f. There is no family or unpaid caretaker to provide needed care;

g. There is a risk of abuse or neglect to the participant in their current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the participant's health and safety cannot be assured and attempts to resolve the situation are not effective with Child Protective Services or Adult Protective Services involvement or (2) removal from the home by Child Protective Services or Adult Protective Services;

h. With no other home or residential setting available, the participant is: (i) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (ii) ready for release from incarceration; (iii) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (iv) transitioning from a residential school; or (v) returning from an out of State placement; or

i. Extenuating circumstances.

Proposal

C. Under this Medicaid waiver program service, the participant's primary residence must meet the following requirements:

1. This Medicaid 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 waiver program service in a single residence, unless previously 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: and

4. Each participant receiving this Medicaid waiver program service must be provided with a private, single occupancy bedroom unless two participants choose each other as roommates because they prefer to share a room, or they are married or otherwise in a relationship and choose to share a bedroom.

D. If transportation is provided as part of this Medicaid waiver program service, then:

1. The participant cannot receive Transportation services separately at the same time as provision of this Medicaid 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; 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 waiver program service.

E. If direct support staff perform delegated nursing tasks as part of this Medicaid waiver program service, then:

1. The participant must receive Nursing Support Services under this Medicaid waiver program; and

Proposal

2. The delegated nursing tasks:

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

b. May not compromise the entirety of this Medicaid waiver program service.

F. If personal care assistance services are provided as part of this Medicaid waiver program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this Medicaid 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.

G. 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.

H. Community Living – Group Home trial experience for people transitioning from an institutional or non-residential site on a temporary, trial basis.

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.

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.

Proposal

Community Living – Group Home

I. A 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.

J. Community Living – Group Home services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.

K. 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.

L. 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 participant:

1. Room and board; or

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

M. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives.

N. Prior to accessing DDA funding for this service, all other available and appropriate funding sources which may include, as applicable, private insurance, services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), Department of Human Services (DHS), and 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.

Proposal

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 waiver Program.

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

P. 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.

Q~~R~~. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Medicaid waiver program, either directly or indirectly, to provide this Medicaid waiver program service.

R~~S~~. 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 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;

b. Must be provided to 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

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

Proposal

Community Living – Group Home

S. 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 – Group Home Retainer Fee is limited to up to 18 days per calendar year per recipient per provider. 2. Community Living – Group Home trial experience is limited to a maximum of 7 days or overnight stays per provider.
Service Delivery Method (check each that applies):
(Don't Check) Participant-directed as specified in Appendix E X Provider managed (Don't Check) 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):
(Don't Check) Individual. List types:
X Agency. List the types of agencies:
Community Living- Group Home Provider
Provider Type:
Community Living - Group Home Provider
License (specify)
Licensed DDA Community Residential Services Provider

Proposal

Certificate (specify)
Other Standard (specify)
Agencies must meet the following standards: 1. Complete the MDH provider application and be approved based on compliance with meeting all of the following standards: A. Be properly organized as a Maryland business entity, 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 residential 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. 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 agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide Community Living- Group Home services; (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;

Proposal

F. Be in good standing with theInternal Revenue Service and State Department of Assessments and Taxation (SDAT);

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;

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

K. Satisfactorily complete required orientation and training;

L. Comply with the DDA standards related to provider qualifications;

M. 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;

N. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA;

O. Be licensed by the Office of Health Care Quality;

P. All providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;

Q. Have a signed Medicaid provider agreement;

R. Have documentation that all vehicles used in the provision of services have automobile insurance; and

Proposal

S. Submit a provider renewal application at least 60 days before expiration of its existing approval. The renewal license is good for up to a 3 year period.

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 required credentials, license, or certification as noted below;

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

6. Satisfactorily complete required orientation and training designated by the DDA;

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

Proposal

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:
Community Living- Group Home Provider
Entity Responsible for Verification:
1. MDH for approval of provider license and licensed site. 2. Provider for verification of individual staff members' licenses, certifications, and training, as applicable.
Frequency of Verification
1. MDH – Initially and at least every 3 years. 2. Provider – Prior to service delivery and continuing thereafter.

Proposal