|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Appendix C: Participant Services** | | |  | **C-3: Waiver Services Specifications** | | | | | |
|  |  |  |  |  |
| Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.' [**Click here to go to that section of the application.**](https://wms-mmdl.cms.gov/WMS/faces/protected/35/apdxCQ_1.jsp) | | | | |
|  |  |  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | | |  | C-1/C-3: Service Specification | | | | |  | |  | |  | |  |  |  | | Return to Summary of Services | |  | |  |  |  | |  | |  | |  |  |  | | State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable). | | | | | | | |  | |  | |  |  |  | | Service Type: | |  | |  |  |  | | Other | |  | |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | | Service Title: | |  | |  |  |  | | **Supported Employment-Individual Employment Support** | | | | | | | |  | |  | |  |  |  | | HCBS Taxonomy: | |  | |  |  |  | | Category 1: | |  | |  | Sub-Category 1: |  | |  | | | |  |  | | | Category 2: | |  | |  | Sub-Category 2: |  | |  | | | |  |  | | | Category 3: | |  | |  | Sub-Category 3: |  | |  | | | |  |  | | | Category 4: | |  | |  | Sub-Category 4: |  | |  | | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | | 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 (Scope): | | | |  | Character Count = 12,000 | | |  | |  | |  |  |  | | Theseservices are provided to a person who, because of his or her disabilities, needs support not available to the person through a program funded under Sec. 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) to obtain, maintain and/or advance in competitive integrated employment, including customized or self-employment, for which the individual is compensated at or above minimum wage.  The expected outcome of these services is individualized integrated employment or self-employment, consistent with the individual’s personal and career goals, and defined as follows: (1) Sustained paid employment in a competitive or customized job with an employer for which an individual is compensated at or above the state’s minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or (2) Sustained paid self-employment that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than minimum wage, after a one-year start-up period.  The Supported Employment—Individual Employment Support (SE-IES) provider shall be responsible for any personal assistance needs during the time that SE-IES services are provided; however, personal assistance services may not comprise the entirety of the SE-IES service(s) being provided.  Transportation *during* the provision of these services is included in the rates paid for these services. Transportation of the individual to and from these services is included in the rates paid for these services when such transportation is needed by a participant.Time spent transporting the individual to/from the job site, when needed, in individual job coaching is considered authorized service time and it is expected that the job coach will use this time with the individual to engage in conversation to identify/address employment-related issues and questions, and to provide support, guidance and positive reinforcement that contributes to the individual maintaining competitive integrated employment.  An individual’s person-centered support plan may include more than one non-residential habilitation service (SE-IES; Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports); however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).  A provider of SE-IES services may also receive Social Security’s Ticket to Work Outcome and Milestone payments. These payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided.  SE-IES services are individualized and may include one or more of the following components:   * **Exploration:**   This is a time-limited and targeted service designed to help a person make an informed choice about whether s/he wishes to pursue individualized integrated employment or self-employment, as defined above. This service is not appropriate for Waiver participants who already know they want to pursue individualized integrated employment or self-employment.  This service includes career exploration activities to identify a person’s specific interests and aptitudes for paid work, including experience and skills transferable to individualized integrated employment or self-employment. This service also includes exploration of individualized integrated employment or self-employment opportunities in the local area that are specifically related to the person’s identified interests, experiences and/or skills through four to five uniquely arranged business tours, informational interviews and/or job shadows. Each business tour, informational interview and/or job shadow shall include debriefing with the person after each opportunity.  This service also includes introductory education on work incentives for individuals receiving publicly funded benefits (e.g. SSI, SSDI, Medicaid, Medicare, etc.), and includes introductory education on how Supported Employment services work (including VR services). Educational information is provided to the person and the legal guardian/conservator and/or most involved family member(s), if applicable, to ensure legal guardian/conservator and/or family support for the person’s choice to pursue individualized integrated employment or self-employment. The educational aspects of this service shall include addressing any concerns, hesitations or objections of the person and the legal guardian/conservator and/or most involved family member(s), if applicable.  The Exploration service shall be completed no more than thirty (30) calendar days from the date of service initiation, unless extenuating circumstances warrant an extension. Exploration service is expected to involve, on average, forty (40) hours of service. The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report summarizing the process and outcomes, using a standard template prescribed by DIDD. The written report is due no later than fourteen (14) calendar days after the last date of service is concluded. Exploration is paid on an outcome basis, after the written report is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.   * **Discovery**   This is a time-limited and targeted service for an individual who wishes to pursue individualized integrated employment or self-employment but for whom more information is needed to determine the following prior to pursuing individualized integrated employment or self-employment:   * + Strongest interests toward one or more specific aspects of the labor market;   + Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment;   + Conditions necessary for successful employment or self-employment.   Discovery involves a comprehensive analysis of the person in relation to the three bullets above. Activities include observation of person in familiar places and activities, interviews with family, friends and others who know the person well, observation of the person in an unfamiliar place and activity, identification of the person’s strong interests and existing strengths and skills that are transferable to individualized integrated employment or self-employment, Discovery also involves identification of conditions for success based on experience shared by the person and others who know the person well, and observation of the person during the Discovery process.  Discovery results in the production of a detailed written Profile, using a standard template prescribed by DIDD, which summarizes the process, learning and recommendations to inform identification of the person’s individualized integrated employment or self-employment goal(s) and strategies to be used in securing this employment or self-employment for the person.  If Discovery is paid for through the Waiver, the person should be assisted to apply to Vocational Rehabilitation (VR) for services to obtain individualized integrated employment or self-employment. The Discovery Profile should be shared with VR staff to facilitate the expeditious development of an Individual Plan for Employment (IPE).  Discovery shall be limited to no more than ninety (90) calendar days from the date of service initiation, unless extenuating circumstances warrant an extension. This service is expected, on average, to involve fifty (50) hours of service. The provider shall document each date of service, the activities performed that day, and the duration of each activity. The written Profile is due no later than fourteen (14) days after the last date of service is concluded. Discovery is paid on an outcome basis, after the written Profile is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.   * **Job Development**   Job Development is support to obtain an individualized job in an integrated employment setting in the general workforce, for which an individual is compensated at or above the minimum wage, but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The Job Development strategy should reflect best practices and whether customized employment is being sought. Job Development can also include Self-Employment Start Up which is support in establishing self-employment or a microenterprise, through implementation of a viable and comprehensive business plan. Self-Employment Start Up may include: (a) aid to the individual in identifying potential business opportunities; (b) assistance in the development of a business plan, including potential sources of business financing and other assistance in including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the individual to operate the business.  The outcome of this service is expected to be the achievement of an individualized integrated employment or self-employment outcome consistent with the individual’s personal and career goals.  This service will be paid on an outcome basis once the person has completed two calendar weeks of individualized integrated employment or self-employment Outcome payment amounts are tiered based upon the assessed level of need for the individual being served.   * **Job Coaching**   Job Coaching includes identifying, through job analysis, and providing services and supports that assist the individual in maintaining individualized integrated employment that pays at least minimum wage but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Job coaching includes supports provided to the individual and his/her supervisor and/or co-workers. Supports during each phase of employment must be guided by a Job Coaching Fading Plan which incorporates an appropriate mix of best practices for the individual to achieve fading goals as identified in the Plan (e.g. systematic instruction utilizing task analysis to teach the individual to independently complete as much of his/her job duties as possible; high or low tech assistive technology; and effective engagement of natural supports including co-workers and supervisor(s) as needed). If progress on fading ceases at some point, adaptations to job duties, negotiated with the supervisor/employer, may be utilized to allow fading to continue if no reduction in hours or hourly pay results. If an individual’s support needs are one hour per week or less, Job Coaching through monthly Stabilization and Monitoring will be authorized. This requires a minimum of one monthly face-to-face contact with the supported employee, one monthly contact with the employer and ability of the provider to respond as needed to prevent job loss and where necessary, pursue a change in service authorization as needed to address longer term challenges to avoiding job loss.  Job Coaching can also include supports for persons participating in individualized, integrated self-employment, which includes identification and provision of services and supports that assist the individual in maintaining self-employment. Supports must enable the individual to successfully operate the business (with assistance from other sources of professional services or suppliers of goods necessary for the type of business). Job Coaching supports should never supplant the individual’s role or responsibility in all aspects of the business. Supports during each phase of self-employment must be guided by a Job Coaching Fading Plan which incorporates an appropriate mix of best practices for the individual to achieve fading goals as identified in the Plan (e.g. systematic instruction utilizing task analysis to teach the individual to independently complete as much of his/her roles and responsibilities as possible; high or low tech assistive technology; and effective engagement of any business partners and/or associates and/or suppliers of goods or services. If progress on fading ceases at some point, business plan adaptations may be utilized to allow fading to continue, if no reduction in paid hours or net hourly pay results. If an individual’s support needs are one hour per week or less, Job Coaching through monthly Stabilization and Monitoring will be authorized. This requires a minimum of one monthly face-to-face contact with the supported employee and ability of the provider to respond as needed to prevent loss of self-employment and where necessary, pursue a change in service authorization as needed to address longer term challenges to avoiding loss of self-employment.  The amount of time authorized for either type of job coaching is a percentage of the individual’s hours engaged in employment or self-employment, based on need. | | | | | | | |  | |  | |  | Character Count = 6000 | | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | | * The Waiver will not cover SE-IES services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If one or more of these services are authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). * Supported Employment-Individual Employment Supports shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, employment and day services for school aged persons (i.e., under the age of 22) are limited to regular school break periods. * These services are *only* for individuals seeking or engaged in individualized integrated employment or self-employment. These services are not for group employment of any size or variation. * Job Coaching services do not include supports for volunteering or any form of unpaid internship, work experience or employment. * Job Coaching shall not be provided in excess of actual need and cannot be billed for more hours than the individual, engaged in employment or self-employment, has worked in a billing period. * These services do not include supporting paid employment or training in a sheltered workshop or similar facility-based setting. * These services do not include supporting paid employment or training in a business enterprise owned or operated by a provider of these services. Tennessee Department of Transportation rest areas, operated by a provider as part of State Use Program, where individuals employed are earning at least minimum wage and not working in a group, are excluded from this requirement. * These services do not include payment for supervisory activities rendered as a normal part of the business setting and supports otherwise available to employees without disabilities filling the same or similar positions in the business. * Exploration: After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services) and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment. * Discovery: After an individual has received the service for the first time, re-authorization may occur a maximum of once every three years (with a minimum of three 365-day intervals between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within twelve (12) months. * Job Development including Self-Employment Start-Up: After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within nine (9) months. * Self-Employment Start-up: Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. * Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period. The Residential Special Needs Adjustment-Homebound and the Non-Residential Homebound Support Service are paid on a per diem basis and each day shall be considered as 24 quarter hour units for the purposes of including this service in the annual and billing period limits. Under Supported Employment-Individual Employment Supports, authorizations of Exploration, Discovery and Job Development are not included in these limits. * These services will not duplicate other services provided through the Waiver or the Medicaid State Plan. * Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: * Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; * Payments that are passed through to users of supported employment services; or * Payments for training that is not directly related to an individual’s supported employment program. | | | | | | | |  | |  | |  |  |  | | 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 each that applies)*: | | | | | | | |  | | Legally Responsible Person | | | | | |  | | Relative | | | | | |  | | Legal Guardian | | | | | |  | |  | |  |  |  | | Provider Specifications: | | | |  |  |  | |  | | | |  |  |  | | Provider Category | | | Provider Type | | |  | | Individual | | | Legally Responsible Person | | | See below | | Agency | | | Waiver Service Agency | | | See below | |  | |  | |  |  |  | |  | | | | | | |   **PROVIDER TYPE: AGENCY**  Waiver service agency  License: N/A  Certificate: N/A  Other Standard:  The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements.  **Agency-employed staff delivering Supported Employment-Individual Employment Supports services shall also be required to meet the following qualifications:**   * For Exploration and Job Coaching, the staff person shall have qualified as a **Job Coach** by either: (1) qualifying as a Job Developer as listed in 2. below; or (2) successfully completing a competency-based training course covering best practices in job coaching and consultation, pre-approved by DIDD and covering, at minimum, specific content prescribed in policy by DIDD. Example of acceptable course is: Training Resource Network, Inc. (TRN) Job Coaching and Consulting: Design, Training and Natural Support on-line web course. * For Discovery and Job Development, the staff person shall have successfully obtained one of the following to qualify as a **Job Developer**:   + Association of People Supporting Employment (APSE) Certified Employment Support Professional (CESP) Certificate received through passing an exam; **OR**   + ACRE Basic Employment Certificate – The Supported Employment Online Certificate Series earned through Virginia Commonwealth University; **OR**   + ACRE Basic Employment Certificate in Community Employment with Emphasis on Customized Employment offered by Griffin-Hammis Associates; **OR**   + ACRE Basic Employment Certificate – College of Employment Services (CES) Plus offered by University of Massachusetts Institute for Community Inclusion; **OR**   + ACRE National Certificate of Achievement in Employment Services earned through University of Tennessee; **OR**   + ACRE Professional Employment Certificate earned through completion of “Work Works” on-line course offered by University of Georgia Institute on Human Development and Disability.   **PROVIDER TYPE: Individual**  Legally ResponsiblePerson  License: N/A  Certificate: N/A  Other Standard:  The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements.  **Individual staff delivering Supported Employment-Individual Employment Supports services shall also be required to meet the following qualifications:**   * For Exploration and Job Coaching, the staff person shall have qualified as a **Job Coach** by either: (1) qualifying as a Job Developer as listed in 2. below; or (2) successfully completing a competency-based training course covering best practices in job coaching and consultation, pre-approved by DIDD and covering, at minimum, specific content prescribed in policy by DIDD. Example of acceptable course is: Training Resource Network, Inc. (TRN) Job Coaching and Consulting: Design, Training and Natural Support on-line web course. * For Discovery and Job Development, the staff person shall have successfully obtained one of the following to qualify as a **Job Developer**:   + Association of People Supporting Employment (APSE) Certified Employment Support Professional (CESP) Certificate received through passing an exam; **OR**   + ACRE Basic Employment Certificate – The Supported Employment Online Certificate Series earned through Virginia Commonwealth University; **OR**   + ACRE Basic Employment Certificate in Community Employment with Emphasis on Customized Employment offered by Griffin-Hammis Associates; **OR**   + ACRE Basic Employment Certificate – College of Employment Services (CES) Plus offered by University of Massachusetts Institute for Community Inclusion; **OR**   + ACRE National Certificate of Achievement in Employment Services earned through University of Tennessee; **OR**   + ACRE Professional Employment Certificate earned through completion of “Work Works” on-line course offered by University of Georgia Institute on Human Development and Disability.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | | |  | C-1/C-3: Service Specification | | | | |  | |  | |  | |  |  |  | | Return to Summary of Services | |  | |  |  |  | |  | |  | |  |  |  | | State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable). | | | | | | | |  | |  | |  |  |  | | Service Type: | |  | |  |  |  | | Other | |  | |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | | Service Title: | |  | |  |  |  | | **Supported Employment—Small Group Employment Support** | | | | | | | |  | |  | |  |  |  | | HCBS Taxonomy: | |  | |  |  |  | | Category 1: | |  | |  | Sub-Category 1: |  | |  | | | |  |  | | | Category 2: | |  | |  | Sub-Category 2: |  | |  | | | |  |  | | | Category 3: | |  | |  | Sub-Category 3: |  | |  | | | |  |  | | | Category 4: | |  | |  | Sub-Category 4: |  | |  | | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | | 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 (Scope): | | | |  | Character Count = 12,000 | | |  | |  | |  |  |  | | This service provides employment services and training activities to support successful transition to individualized integrated employment or self-employment, or to supplement such employment and/or self-employment when it is only part-time. Service may involve small group career planning and exploration, small group Discovery classes/activities, other educational opportunities related to successful job acquisition and working successfully in individualized integrated employment. Service may also include employment in integrated business, industry and community settings. Examples include mobile crews, small enclaves and other small groups participating in integrated employment that is specifically related to the identified interests, experiences and/or skills of each of the persons in the small group and that results in acquisition of knowledge, skills and experiences that facilitate transition to individualized integrated employment or self-employment, or that supplement such employment or self-employment when it is only part-time. Maximum group size is four waiver participants.   1. Career planning and exploration activities, Discovery classes/activities, other educational opportunities related to successful job acquisition and working successfully in individualized integrated employment or self-employment must be conducted in appropriate non-disability-specific settings (e.g. Job Centers, businesses, post-secondary education campuses, libraries, etc.) All settings must meet all HCBS setting standards and must not isolate participants from others who do not have disabilities. 2. In the **enclave** model, a small group of people with disabilities (no more than four people) is trained and supervised to work among employees who are not disabled at the host company's work site. Persons in the enclave may work as a team at a single work area or may work in multiple areas throughout the company. The Supported Employment—Small Group provider is responsible for training, supervision, and support of participants. The provider is expected to conduct this service in integrated business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others in the setting who do not have disabilities. The experience should allow opportunities for routine interactions with others without disabilities in the setting and involvement from supervisors and co-workers without disabilities (not paid to deliver this service) in the supervision and support of individuals receiving this service. 3. In the **mobile work crew** model, a small crew of workers (including no more than four persons with disabilities and ideally including workers without disabilities who are not paid support staff) work as a distinct unit and operate as a self-contained business that generates employment for their crew members by selling a service. The crew typically works at several locations within the community. The Supported Employment—Small Group provider is responsible for training, supervision, and support of participants. The provider is expected to conduct this service in integrated business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others who do not have disabilities. The experience should allow opportunities for routine interactions with people without disabilities (including fellow crew members, customers, etc.) in the course of performing services.   Paid work under Supported Employment—Small Group must be paid in accordance with all applicable federal and state labor laws, with the optimal expectation being wages that are at or above the state minimum wage. Further, the employment must provide an opportunity for participants, whether paid based on productivity or not, to earn an increased hourly wage over time as would be typical for other members of the general workforce.  Supported Employment—Small Group does not include vocational or prevocational services, employment or training provided in facility based work settings. Supported Employment—Small Group service settings cannot be provider-owned, leased or operated settings. The settings must be integrated in, and support full access of participants to the greater community, including opportunities to learn about and seek individualized integrated employment or self-employment, engage in community life, and control their earned income.    The expected outcome of this service is the acquisition of knowledge, skills and experiences that facilitate career development and transition to individualized integrated employment or self-employment, or that supplement such employment and/or self-employment when it is only part-time. The individualized integrated employment or self-employment shall be consistent with the individual’s personal and career goals.    Supported Employment—Small Group services shall be provided in a way that presumes all participants are capable of working in individualized integrated employment and/or self-employment. Participants in this service shall be encouraged, on an ongoing basis, to explore and develop their interests, strengths, and abilities relating to individualized integrated employment and/or self-employment. In order to reauthorize this service, the Individual Service Plan (ISP) must document that such opportunities are being provided through this service, to the individual, on an on-going basis. The ISP shall also document and address any barriers to the individual transitioning to individualized integrated employment or self-employment if the person is not already participating in individualized integrated employment or self-employment. Any individual using this service to supplement part-time individualized integrated employment or self-employment shall be offered assistance to increase hours in individualized integrated employment and/or self-employment as an alternative or partial alternative to continuing this service.  As a component part of this service, Supported Employment—Small Group service providers shall support individuals in identifying and pursuing any needed supports to take opportunities that will move them into individualized integrated employment or self-employment.  An individual’s person-centered support plan may include more than one non-residential habilitation service (Supported Employment-Individual Employment Supports; Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports); however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).  Transportation *during* the provision of these services is included in the rates paid for these services. Transportation of a participant to and from these services is included in the rates paid for these services when such transportation is needed by a participant.    The Supported Employment—Small Group provider shall be responsible for any personal assistance needs during the hours that Supported Employment-Small Group services are provided; however, the personal assistance services may not comprise the entirety of the Supported Employment—Small Group service. | | | | | | | |  | |  | |  |  |  | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | | 1. Supported Employment—Small Group does not include vocational or prevocational services, habilitation services, employment or training provided in facility based work settings. 2. Supported Employment—Small Group service settings cannot be provider-owned, leased or operated settings. Tennessee Department of Transportation rest areas, operated by a provider as part of State Use Program, where individuals employed are earning at least minimum wage, are excluded from this requirement. 3. Supported Employment—Small Group services exclude services available to an individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). 4. Supported Employment-Small Group Employment Supports shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, Day Services for school aged persons (i.e., under the age of 22) are limited to regular school break periods. 5. Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: 6. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; 7. Payments that are passed through to users of supported employment services; or 8. Payments for training that is not directly related to an individual’s supported employment program. 9. Supported Employment—Small Group does not include supports for volunteering. 10. Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period. The Residential Special Needs Adjustment-Homebound and the Non-Residential Homebound Support Service are paid on a per diem basis and each day shall be considered as 24 quarter hour units for the purposes of including this service in the annual and billing period limits. Under Supported Employment-Individual Employment Supports, authorizations of Exploration, Discovery and Job Development are not included in these limits. | | | | | | | |  | |  | |  |  |  | | 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 each that applies)*: | | | | | | | |  | | Legally Responsible Person | | | | | |  | | Relative | | | | | |  | | Legal Guardian | | | | | |  | |  | |  |  |  | | Provider Specifications: | | | |  |  |  | |  | | | |  |  |  | | Provider Category | | | Provider Type | | |  | | Individual | | | Legally Responsible Person | | | See below | | Agency | | | Waiver Service Agency | | | See below | |  | |  | |  |  |  | |  | | | | | | |   **PROVIDER TYPE: AGENCY**  Waiver service agency  License: N/A  Certificate: N/A  Other Standard:  The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements.  **Agency-employed staff delivering Supported Employment-Small Group Employment Supports services shall also be required to meet the following qualifications:**   1. The staff person shall have qualified as a **Job Coach** by either: (1) qualifying as a Job Developer as defined under Supported Employment-Individual Employment Supports; or (2) successfully completing a competency-based training course covering best practices in job coaching and consultation, pre-approved by DIDD and covering, at minimum, specific content prescribed in policy by DIDD. Example of acceptable course is: Training Resource Network, Inc. (TRN) Job Coaching and Consulting: Design, Training and Natural Support on-line web course.   **PROVIDER TYPE: Individual**  Legally Responsible Person  License: N/A  Certificate: N/A  Other Standard:  The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements.  **Individual staff delivering Supported Employment-Small Group Employment Supports services shall also be required to meet the following qualifications:**   1. The staff person shall have qualified as a **Job Coach** by either: (1) qualifying as a Job Developer as defined under Supported Employment-Individual Employment Supports; or (2) successfully completing a competency-based training course covering best practices in job coaching and consultation, pre-approved by DIDD and covering, at minimum, specific content prescribed in policy by DIDD. Example of acceptable course is: Training Resource Network, Inc. (TRN) Job Coaching and Consulting: Design, Training and Natural Support on-line web course.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | |  | C-1/C-3: Service Specification | | | |  | |  | |  |  |  |  | | Service Type: | |  |  |  |  | | Other | |  |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | Service Title: | |  |  |  |  | | **Community Participation Supports** | | | | | | |  | |  |  |  |  | | HCBS Taxonomy: | |  |  |  |  | | Category 1: | |  |  | Sub-Category 1: |  | |  | | |  |  | | | Category 2: | |  |  | Sub-Category 2: |  | |  | | |  |  | | | Category 3: | |  |  | Sub-Category 3: |  | |  | | |  |  | | | Category 4: | |  |  | Sub-Category 4: |  | |  | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | 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 (Scope): | | |  | Character Count = 12,000 | | |  | |  |  |  |  | | Community Participation Supports are services which coordinate and/or provide supports for valued and active participation in integrated community opportunities that build on the person’s interests, preferences, gifts, and strengths while reflecting the person’s goals with regard to community involvement and membership. This service involves participation in one or more integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers. Community Participation Supports are designed to promote maximum participation in integrated community life while facilitating meaningful relationships, friendships and social networks with persons without disabilities who share similar interests and goals for community involvement and participation.  Community Participation Supports enable the person to increase or maintain his/her capacity for independent participation in community life and to develop age-appropriate social roles valued by the community by learning, practicing and applying skills necessary for full inclusion in the person’s community, including skills in arranging and using public transportation for individuals aged 16 or older.  Community Participation Supports provide assistance for active and positive participation in a broad range of integrated community settings that allow the person to engage with people who do not have disabilities who are not paid or unpaid caregivers. The service is expected to result in the person developing and sustaining a range of valued, age-appropriate social roles and relationships; building natural supports; increasing independence; and experiencing meaningful community integration and inclusion. Activities are expected to increase the individual’s opportunity to build connections within his/her local community and include (but are not limited to) the following:   1. Supports to participate in age-appropriate community activities, groups, associations or clubs to develop social networks with community organizations and clubs to; 2. Supports to participate in community opportunities related to the development of hobbies or leisure/cultural interests or to promote personal health and wellness (e.g. yoga class, walking group, etc.); 3. Supports to participate in adult education and postsecondary education classes; 4. Supports to participate in formal/informal associations or community/neighborhood groups; 5. Supports to participate in volunteer opportunities; 6. Supports to participate in opportunities focused on training and education for self-determination and self-advocacy; 7. Supports for learning to navigate the local community, including learning to use public transportation and/or private transportation available in the local area; 8. Supports to maintain relationships with members of the broader community (e.g. neighbors, co-workers and other community members who do not have disabilities and who are not paid or unpaid caregivers) through natural opportunities and invitations that may occur.   This service includes a combination of training and supports as needed by the individual. The Community Participation Supports provider shall be responsible for any personal assistance needs during the hours that Community Participation Supports are provided; however, the personal assistance services may not comprise the entirety of the Community Participation Supports.  This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve his or her personally identified goals for community integration, involvement, exploration and for developing and sustaining a network of positive natural supports. All settings where Community Participation Supports are provided must be non-disability specific and meet all federal standards for HCBS settings. This service is provided separate and apart from the person’s place of residence. This service does not take place in licensed facilities, sheltered workshops or any type of facility owned, leased or operated by a provider of this service.  An individual’s person-centered support plan may include more than one non-residential habilitation service (Supported Employment-Individual Employment Supports; Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports); however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).  Transportation *during* the provision of these services is included in the rates paid for these services. Transportation of a participant to and from these services is included in the rates paid for these services when such transportation is needed by a participant. | | | | | | |  | |  |  |  |  | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | 1. Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period. The Residential Special Needs Adjustment-Homebound and the Non-Residential Homebound Support Service are paid on a per diem basis and each day shall be considered as 24 quarter hour units for the purposes of including this service in the annual and billing period limits. Under Supported Employment-Individual Employment Supports, authorizations of Exploration, Discovery and Job Development are not included in these limits. 2. Community Participation and Supports shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, Day Services for school aged persons (i.e., under the age of 22) are limited to regular school break periods. | | | | | | |  | |  |  |  |  | | 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 each that applies)*: | | | | | | |  | | Legally Responsible Person | | | | |  | | Relative | | | | |  | | Legal Guardian | | | | |  | |  |  |  |  | | Provider Specifications: | | |  |  |  | | Provider Category: | | |  |  |  | | Agency | | |  |  | | | Provider Type: | |  |  |  |  | | Waiver Service Agency | | | | | | |  | |  |  |  |  | | Provider Qualifications | | |  |  | | | License *(specify):* | |  |  |  |  | | Must hold an Intellectual Disability Community-Based Adult Habilitation Day license from the Department of Intellectual and Developmental Disabilities. | | | | | | |  | | | | | | | Certificate *(specify)*: | | | | | | | N/A | | | | | | |  | | | | | | | Other Standard *(specify):* | | |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1.            All providers shall be at least 18 years of age.  2.            Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3.            Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4.            Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5.            Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6.            Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7.            All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | | |  | |  |  |  |  | | Verification of Provider Qualifications | | | | | | |  | |  |  |  |  | | Entity Responsible for Verification: | | | | | | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | | |  | |  |  |  |  | | Frequency of Verification: | | | | | | | Annually | | | | | | |  | |  | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider Category: | |  |  |  | | Individual | |  |  | | | Provider Type: |  |  |  |  | | Legally Responsible Person | | | | | |  |  |  |  |  | | Provider Qualifications | |  |  | | | License *(specify):* |  |  |  |  | | Must hold an Intellectual Disability Community-Based Adult Habilitation Day license from the Department of Intellectual and Developmental Disabilities if serving more than one individual. | | | | | |  | | | | | | Certificate *(specify)*: | | | | | | N/A | | | | | |  | | | | | | Other Standard *(specify):* | |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | |  |  |  |  |  | | Verification of Provider Qualifications | | | | | |  |  |  |  |  | | Entity Responsible for Verification: | | | | | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | |  |  |  |  |  | | Frequency of Verification: | | | | | | Annually | | | | | |  |  | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | |  | C-1/C-3: Service Specification | | | |  | |  | |  |  |  |  | | Service Type: | |  |  |  |  | | Other | |  |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | Service Title: | |  |  |  |  | | **Intermittent Employment and Community Integration Wrap-Around Supports** | | | | | | |  | |  |  |  |  | | HCBS Taxonomy: | |  |  |  |  | | Category 1: | |  |  | Sub-Category 1: |  | |  | | |  |  | | | Category 2: | |  |  | Sub-Category 2: |  | |  | | |  |  | | | Category 3: | |  |  | Sub-Category 3: |  | |  | | |  |  | | | Category 4: | |  |  | Sub-Category 4: |  | |  | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | 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 (Scope): | | |  | Character Count = 12,000 | | |  | |  |  |  |  | | These supports are expressly designed to support waiver participants in engaging in integrated community participation and integrated community employment when sustained, all-day participation in these opportunities outside the home is not possible for the individual due to intermittent needs related to personal care (where this care requires certain environments and/or equipment to perform, which is not otherwise available to the individual in any integrated community setting), personal assistance with preparing and eating a meal, and/or regaining stamina (physical and mental readiness and/or motivation for integrated community participation and/or employment occurring later on the same day). This service is also expressly designed to avoid the need for people to attend a facility-based day service setting in order to have these intermittent needs met, and to enable people with these needs to use their home as the base from which they routinely access their neighborhood and broader community.  On each day this service is delivered, the service includes supports and supervision that are appropriate and necessary to enable a waiver participant, who has engaged in integrated employment and/or community participation earlier in the day, to engage in additional integrated employment and/or community participation later in the day. The focus of the supports is facilitating the development of skills for activities of daily living and community living, including enabling the person to attain or maintain his/her maximum potential for engagement in integrated employment and community participation.  This service may be delivered by the waiver participant’s residential provider or by the waiver participant’s chosen provider of other non-residential habilitation services occurring on the same day (or one of these providers if more than one is providing services to the waiver participant in a given day) in order to ensure seamless continuity of supports for a waiver participant being supported with community participation and/or integrated employment.  An individual’s person-centered support plan may include more than one non-residential habilitation service (Supported Employment-Individual Employment Supports; Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports); however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).  Transportation *during* the provision of these services is included in the rates paid for these services. Transportation of a participant to and from these services is included in the rates paid for these services when such transportation is needed by a participant. | | | | | | |  | |  |  |  |  | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | 1. Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period. The Residential Special Needs Adjustment-Homebound and the Non-Residential Homebound Support Service are paid on a per diem basis and each day shall be considered as 24 quarter hour units for the purposes of including this service in the annual and billing period limits. Under Supported Employment-Individual Employment Supports, authorizations of Exploration, Discovery and Job Development are not included in these limits. 2. In authorizing Intermittent Employment and Community Integration Wrap-Around Supports, units authorized shall be counted for the purposes of implementing the overall annual and billing period limit in (1.) above but Intermittent Employment and Community Integration Wrap-Around Supports shall be limited to no more than 160 quarter hour units in a 14 day billing period and no more than 3,888 quarter hour units/year limit. A waiver participant may receive this service up to four (4) hours on same day that at least two (2) hours of Supported Employment (Individual and/or Small Group) and/or Community Participation Supports are also provided (or the waiver participants spends at least two (2) hours working in the community and/or participating in the community without staff support because the staff support is not necessary). The two (2) hours of Supported Employment (Individual and/or Small Group) and/or Community Participation Supports (or the two hours the waiver participant spends working in the community and/or participating in the community without staff support because the staff support is not necessary) may or may not be consecutive hours. On a given day, home-based supports that are needed in excess of four (4) hours are considered to be the responsibility of the residential provider. In the case of a waiver participant that lives with the family, this is considered to be the responsibility of the family or covered by Personal Assistance authorization. Further, the amount of units authorized shall in all cases be limited based on documented needs of the individual and shall not be authorized for the purposes of supplementing other non-residential habilitation services up to the maximum hours of service allowable if there is not a documented need for this amount of service. These supports are designed to address intermittent needs which will vary by individual waiver participant. 3. Intermittent Employment and Community Integration Wrap-Around Supports shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, Day Services for school aged persons (i.e., under the age of 22) are limited to regular school break periods. | | | | | | |  | |  |  |  |  | | 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 each that applies)*: | | | | | | |  | | Legally Responsible Person | | | | |  | | Relative | | | | |  | | Legal Guardian | | | | |  | |  |  |  |  | | Provider Specifications: | | |  |  |  | |  | | |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider Category: | |  |  |  | | Agency | |  |  | | | Provider Type: |  |  |  |  | | Waiver Service Agency | | | | | |  |  |  |  |  | | Provider Qualifications | |  |  | | | License *(specify):* |  |  |  |  | | Must hold a PSSA license from the Department of Intellectual and Developmental Disabilities or Department of Mental Health, or hold an Intellectual Disability Community-Based Adult Habilitation Day license from the Department of Intellectual and Developmental Disabilities, or hold a Residential Habilitation license from the Department of Intellectual and Developmental Disabilities. | | | | | |  | | | | | | Certificate *(specify)*: | | | | | | N/A | | | | | |  | | | | | | Other Standard *(specify):* | |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1.            All providers shall be at least 18 years of age.  2.            Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3.            Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4.            Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5.            Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6.            Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7.            All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | |  |  |  |  |  | | Verification of Provider Qualifications | | | | | |  |  |  |  |  | | Entity Responsible for Verification: | | | | | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | |  |  |  |  |  | | Frequency of Verification: | | | | | | Annually | | | | | |  |  | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider Category: | |  |  |  | | Individual | |  |  | | | Provider Type: |  |  |  |  | | Individual (only for waiver participants in Semi-Independent Living) | | | | | |  |  |  |  |  | | Provider Qualifications | |  |  | | | License *(specify):* |  |  |  |  | | If serving more than one individual waiver participant, must be licensed by the Department of Intellectual and Developmental Disabilities as an Intellectual Disability/Developmental Disability Adult Habilitation Day Facility (TCA Title 33 Chapter 2). | | | | | |  | | | | | | Certificate *(specify)*: | | | | | | N/A | | | | | |  | | | | | | Other Standard *(specify):* | |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1. All providers shall be at least 18 years of age.  2. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5. Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7. All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | |  |  |  |  |  | | Verification of Provider Qualifications | | | | | |  |  |  |  |  | | Entity Responsible for Verification: | | | | | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | |  |  |  |  |  | | Frequency of Verification: | | | | | | Annually | | | | | |  |  | | | | |  | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | |  | C-1/C-3: Service Specification | | | |  | |  | |  |  |  |  | | Service Type: | |  |  |  |  | | Other | |  |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | Service Title: | |  |  |  |  | | **Facility-Based Day Supports** | | | | | | |  | |  |  |  |  | | HCBS Taxonomy: | |  |  |  |  | | Category 1: | |  |  | Sub-Category 1: |  | |  | | |  |  | | | Category 2: | |  |  | Sub-Category 2: |  | |  | | |  |  | | | Category 3: | |  |  | Sub-Category 3: |  | |  | | |  |  | | | Category 4: | |  |  | Sub-Category 4: |  | |  | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | 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 (Scope): | | |  | Character Count = 12,000 | | |  | |  |  |  |  | | Services and supports that occur in a facility-based setting and which help a person to acquire, retain and improve skills in the area of self-care, sensory/motor development, socialization, daily living skills, and communication, in order to pursue and achieve his or her personal community employment and/or community participation goals. Facility-Based Day Supports are expected to provide a springboard for participants to access the local community, and to discover and pursue their interests and goals related to community employment, community participation/involvement an-d building/maintaining relationships with members of the wider community who do not have disabilities and/or do not receive Medicaid HCBS. All participants in Facility-Based Day Supports must be encouraged and supported to explore and pursue possibilities for integrated community employment and opportunities to engage in community life and develop/maintain relationships with others in their communities who do not have disabilities or receive Medicaid HCBS, based on their individualized preferences and needs, and as reflected in the person-centered ISP.  Facility-Based Day Supports may be provided only when selected by a person supported who needs time-limited pre-vocational training, when such training is not available on the job site, and to persons who, through their person-centered planning process choose to participate in a facility based program in order to focus on the development of individualized and specific skills that will support them in pursuing and achieving employment and/or community living goals. Facility-Based Day Supports must allow for opportunities for all persons supported to be engaged in the broader community when appropriate and be specified in the person-centered ISP. Opportunities to transition into more integrated settings, including competitive integrated employment, will be evaluated on at least a semi-annual basis.  All day services shall occur in the most integrated setting where an individual’s needs can be effectively met. The most integrated setting is the setting that enables an individual to interact with persons without disabilities (not including paid staff) to the greatest extent possible. Facility-Based Day Supports must allow for, and actively facilitate whenever possible, opportunities for all persons supported to transition into more integrated employment and/or day service model, including Supported Employment and Community Participation Supports. To ensure this is occurring, continued need for Facility-Based Day Supports will be evaluated on at least a semi-annual basis. Further, before authorization Facility-Based Day Supports for the purposes of time-limited pre-vocational training, consideration should be given as to whether such training could occur in an integrated, community-based setting(s) where learning is likely to be more directly transferable to, and applicable for, participation in competitive integrated employment.  An individual’s person-centered support plan may include more than one non-residential habilitation service (Supported Employment-Individual Employment Supports; Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports); however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).  Transportation *during* the provision of these services is included in the rates paid for these services. Transportation of a participant to and from these services is included in the rates paid for these services when such transportation is needed by a participant. | | | | | | |  | |  |  |  |  | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | 1. Non-residential habilitation services (Supported Employment-Individual Employment Supports (except as noted below); Supported Employment-Small Group Employment Supports; Community Participation Supports; Intermittent Employment and Community Integration Wrap-Around Supports; Facility-Based Day Supports) and either the Residential Special Needs Adjustment-Homebound or the Non-Residential Homebound Support Service, when combined, may involve no more than 5,832 quarter hour units/year and no more than 240 quarter hour units in a fourteen day billing period. The Residential Special Needs Adjustment-Homebound and the Non-Residential Homebound Support Service are paid on a per diem basis and each day shall be considered as 24 quarter hour units for the purposes of including this service in the annual and billing period limits. Under Supported Employment-Individual Employment Supports, authorizations of Exploration, Discovery and Job Development are not included in these limits. 2. Facility-Based Day Supports may only be authorized for up to six (6) months at one time. Before any and every reauthorization, a review must occur to determine whether the facility remains the most integrated setting where the person’s goals and needs can be effectively met, whether there are opportunities for the person to transition into more integrated settings and services, including supported employment and community participation, and whether – if time-limited prevocational services are being provided – there are opportunities to provide these services in an integrated, community-based setting(s) where learning is likely to be more directly transferable to, and applicable for, participation in competitive integrated employment, including supported employment. 3. Facility-Based Day Services shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, Day Services for school aged persons (i.e., under the age of 22) are limited to regular school break periods. 4. Facility-Based Day Supports shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). 5. Facility-Based Day Supports exclude services available to an individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). 6. Paid work done as part of Facility-Based Day Supports must be compensated consistent with applicable state and federal labor laws and must provide the opportunity for participants to earn wage increases over time. 7. Facility-Based Day Supports does not include vocational services or the provision of employment opportunities solely intended to provide long-term employment and earned income to participants. | | | | | | |  | |  |  |  |  | | 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 each that applies)*: | | | | | | |  | | Legally Responsible Person | | | | |  | | Relative | | | | |  | | Legal Guardian | | | | | Provider Specifications: | | | | | |  |  |  | | Provider Category: | | | | | |  |  |  | | Agency | | | | | |  |  |  | | Provider Type: | | | | | |  |  |  |  | | Waiver Service Agency | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Provider Qualifications | | | | | |  |  |  |  | | License *(specify):* | | | | | |  |  |  |  | | Must hold an Intellectual Disability Facility-Based Adult Habilitation Day license from the Department of Intellectual and Developmental Disabilities. | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Certificate *(specify)*: | | | | | |  |  |  |  | | N/A | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Other Standard *(specify):* | | | | | |  |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1.         All providers shall be at least 18 years of age.  2.        Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3.       Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4.        Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5.   Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7.   All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Verification of Provider Qualifications | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Entity Responsible for Verification: | | | | | |  |  |  |  | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Frequency of Verification: | | | | | |  |  |  |  | | Annually | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Appendix C: Participant Services | | | | | | |  | C-1/C-3: Service Specification | | | |  | |  | |  |  |  |  | | Service Type: | |  |  |  |  | | Other | |  |  |  |  | | As provided in 42 CFR §440.180(b) (9), the State requests the authority to provide the following additional service not specified in statute. | | | | | | | Service Title: | |  |  |  |  | | **Non-Residential Homebound Support Services** | | | | | | |  | |  |  |  |  | | HCBS Taxonomy: | |  |  |  |  | | Category 1: | |  |  | Sub-Category 1: |  | |  | | |  |  | | | Category 2: | |  |  | Sub-Category 2: |  | |  | | |  |  | | | Category 3: | |  |  | Sub-Category 3: |  | |  | | |  |  | | | Category 4: | |  |  | Sub-Category 4: |  | |  | | |  |  | | | *Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:* | | | | | | | 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 (Scope): | | |  | Character Count = 12,000 | | |  | |  |  |  |  | | Non-Residential Homebound Support Services shall mean a type of service offering individualized services and supports that enable the person to avoid institutionalization and live in the community in a non-residential setting of their choice, typically the family home or the individual’s own home. Non-Residential Homebound Support Services shall be delivered in a manner that aligns with the individual’s specific assessed need as set forth in the person-centered ISP.  Non-Residential Homebound Support Services is a per diem service that is provided in the individual’s residence when the individual is determined to be homebound on a particular day and unable to leave their home. ‘Homebound’ is defined as being unable to leave your home for at least 2 hours per day for a sustained period of time which is at least 5 days in a 14 day billing period. (The 2 hours may or may not be consecutive). The Non-Residential Homebound Support Services per diem may be authorized to support waiver participants when they meet the definition of ‘homebound’ and therefore are unable to participate in an employment or day service and need to remain at their residence for the full twenty-four hours of the day, except leaving the home for medical treatment or medical appointments.  The intent of the Non-Residential Homebound Support Service is that it be authorized on an as needed basis, not on a continuous basis unless justified (e.g. end-of-life circumstances or serious prolonged illness). The service is authorized on a per diem basis and can be authorized in addition to personal assistance quarterly units; however the two services shall not be provided or reimbursed at the same time. Non-Residential Homebound Support Services shall not be provided or paid on any day when any other employment or day service is provided. Non-Residential Homebound Support Services shall not be provided at the same time as any other Waiver services, provided that therapy services (Physical Therapy, Occupational Therapy, Speech, Language and Hearing) and Behavior Services may be provided while a person is receiving Non-Residential Homebound Support Services when appropriate based on the individualized needs and goals of the person supported. Nursing Services may be provided at the time as the Non-Residential Homebound Support Service only on an intermittent basis, and limited to no more than one hour to perform specific skilled nursing tasks that cannot be performed by or delegated to the staff providing the Non-Residential Homebound Support Service. When Nursing Services are provided for a longer period, the nurse shall also be responsible for the provision of non-skilled services including eating, toileting, grooming, and other activities of daily living, needed by the person supported during the period that Nursing Services are authorized and provided. The Non-Residential Homebound Support Service per diem is to be used only on days, beyond the first four (4) days in any 14-day billing period that the individual is considered ‘homebound’, when the person cannot go out of their house for the entire twenty-four hour period due to their circumstances, except leaving the home for medical treatment or medical appointments.  For an individual to be eligible for the Non-Residential Homebound Support Service, the person is unable to leave his/her home for at least 2 hours per day (hours may or may not be consecutive) for a sustained period of time which is at least 5 days in a 14 day billing period, due to one or more of the following criteria:  1. Engaging in integrated community participation and/or integrated community employment outside the home is not possible for the individual due to needs related to end of life. End-of-life issues relate to someone's death and the time just before it, when it is known that they are likely to die soon from a terminal illness or similar condition. The person is receiving support and medical care given during the time surrounding death.  2. Engaging in integrated community participation and/or integrated community employment outside the home is not possible for the individual due to needs related to a sustained behavioral crisis, involving behaviors not otherwise typical for the individual. These behaviors are not considered safe and/or would be sufficiently disruptive if displayed in the community and/or at a place of employment so as to cause issues that would interfere with successful participation in the community and or in community employment.  3. Engaging in integrated community participation and/or integrated community employment outside the home is not possible for the individual due to needs related to recovery after a period of hospitalization (e.g. discharge after surgery), recovery due to being admitted to hospital ICU, emergency illness, surgical complication or accident.  4.Significantly health compromised - A chronic health issue, supported by current medical records that restricts the person from leaving their home under certain pre-determined circumstances, including environmental issues i.e. extreme heat or cold, high pollen, air quality, exposure (geographically) to high incidences of communicable disease etc., that would further compromise the individual’s health and physical well-being.  Non-Residential Homebound Support Service is only used in the above exceptional circumstances and is to be used only as needed and only on days when the above criteria are applicable. Authorizations for Non-Residential Homebound Support Service are to be reviewed and reauthorized, as appropriate, every 90 days.  All individual goals and objectives, and specific needed supports, related to authorization of the Non-Residential Homebound Support Service shall be established through the person-centered planning process and documented in the person-centered ISP. Supports may include of direct assistance as needed with activities of daily living (e.g., bathing, dressing, personal hygiene, feeding/assistance with eating, meal preparation excluding cost of food, toileting and incontinence care, assistance with transfer and mobility), and household chores essential to the health and safety of the person supported (e.g., washing dishes; personal laundry; general housecleaning in areas of the residence used by the person supported). Supports shall be provided in a manner which ensures an individual’s rights of privacy, dignity, respect and freedom from coercion and restraint; and which optimizes individual initiative, autonomy, and independence in making life choices.  The Non-Residential Homebound Support Service may include medication administration as permitted under Tennessee's Nurse Practice Act and performance of other non-complex health maintenance tasks, as permitted by State law.  The Non-Residential Homebound Support Service per diem requires a minimum of six (6) hours of service to be delivered on the day for which it is billed. The six (6) hours of service may be provided during the day or night, as specified in the person-centered ISP. | | | | | | |  | |  |  |  |  | | Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | | | | A person supported who is receiving a residential service (i.e., Supported Living, Residential Habilitation, Medical Residential Services, or Family Model Residential Support) shall not be eligible to receive the Non-Residential Homebound Support Service. A person receiving Semi-Independent Living Services shall not be eligible to receive the Non-Residential Homebound Support Service.  The Non-Residential Homebound Support Service shall not be provided during the same time period that the person supported is receiving, Personal Assistance, other Day Services, Respite Services, services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof or as a substitute for education services which are available pursuant to IDEA, but which the person or his representative has elected to forego.  This service shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). The Non-Residential Homebound Support Service shall not be provided in a licensed facility (e.g., a group home, boarding home, or assisted living home).  The Non-Residential Homebound Support Service shall be limited to a maximum of 10 days in a 14 day billing, and excludes the first four (4) days in the billing period that a person meets the definition of ‘homebound’. Each day will be treated as twenty-four (24) quarter hour units for the purposes of including this service in the two-hundred forty (240) quarter-hour units cap on combined employment and day services in each 14-day billing period. The Non-Residential Homebound Support Service shall be limited to a maximum of 243 days per person per calendar year. Each day will be treated as twenty-four (24) quarter hour units for the purposes of including this service in the five-thousand eight-hundred thirty-two (5,832) quarter-hour units cap on combined employment and day services per year.  The Non-Residential Homebound Support Service may not be consumer-directed. | | | | | | |  | |  |  |  |  | | 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 each that applies)*: | | | | | | |  | | Legally Responsible Person | | | | |  | | Relative | | | | |  | | Legal Guardian | | | | | Provider Specifications: | | | | | |  |  |  | | Provider Category: | | | | | |  |  |  | | Agency | | | | | |  |  |  | | Provider Type: | | | | | |  |  |  |  | | Waiver Service Agency | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Provider Qualifications | | | | | |  |  |  |  | | License *(specify):* | | | | | |  |  |  |  | | Must hold a PSSA license from the Department of Intellectual and Developmental Disabilities or Department of Mental Health, or hold an Intellectual Disability Community-Based Adult Habilitation Day license from the Department of Intellectual and Developmental Disabilities. | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Certificate *(specify)*: | | | | | |  |  |  |  | | N/A | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Other Standard *(specify):* | | | | | |  |  |  |  | | The provider must meet the general requirements for all waiver service providers:  1.            All providers shall be at least 18 years of age.  2.            Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.  3.            Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver’s license and automobile liability insurance.  4.            Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with a process approved by the Department of Intellectual and Developmental Disabilities (DIDD).  5.            Staff who have direct contact with or direct responsibility for the service recipient shall not be listed in the Tennessee Department of Health Abuse Registry or the Tennessee Sexual Offender Registry.  6.            Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.  7.            All providers must comply with TennCare-approved policies, procedures, and rules for waiver service providers, including quality monitoring requirements. | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Verification of Provider Qualifications | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Entity Responsible for Verification: | | | | | |  |  |  |  | | Department of Intellectual and Developmental Disabilities (DIDD) | | | | | |  |  |  |  | |  | | | | | |  |  |  |  | | Frequency of Verification: | | | | | |  |  |  |  | | Annually | | | | | |  |  |  |  | | | | | | | |