## **Residential Services and Treatment Services Option Comparison**

**Purpose:** To be used as a tool for the Division to understand the various Division Residential services and Health Plan treatment options.

| Considerations  | Own Home / In Home Services   |
|---|---|
| Description   | A private home where members live in their community. Members can be assessed for in home services such as ATC, HSK, HAH, or RSP.                             |
| Supports children, adults or both?  | Both  |
| Is the services/ setting licensed?  | No  |
| Does the Member need DDD ALTCS eligibility?   | Yes (to receive LTSS services).   |
| Is this service/ setting formally monitored?  | No  |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No  |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | Yes   |
| Is the Responsible Person accountable for room & board?   | No  |
| Is a residency agreement required?  | No  |
| Does the Member have a choice in staff?   | Yes   |
| Does the Member have a choice in housemates?  | Yes   |
| Does the Responsible Person have a choice in the location of the home?                            | Yes   |
| Does the provider have to provide transportation?   | Yes if outlined in the Member's Planning Document.  |
| Can a Member choose where and how they spend their day?   | Yes   |
| Is personal care for the Member included in the service/ setting?                                 | Yes if outlined in the Member's Planning Document.  |
| Is this a Home and Community Based Service (HCBS)?  | Yes   |
| What is the maximum number of people permitted to live in the setting?                            | No Limit  |
| Who generally benefits from this setting?   | Both children and adults  |
| Is the service/ setting able to provide Medication Administration?                                | No, Direct Service Professionals (DSP) cannot administer medications. However, they can provide reminders, supervision or members can self direct their care. |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes   |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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| Considerations  | Supported Living  |
|---|---|
| Description   | A private home where members live in in their community. Members choose their home and their roommates. Members receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, and sensorimotor development. |
| Supports children, adults or both?  | Adults  |
| Is the services/ setting licensed?  | No  |
| Does the Member need DDD ALTCS eligibility?   | Yes   |
| Is this service/ setting formally monitored?  | No  |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | Yes   |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | Yes   |
| Is the Responsible Person accountable for room & board?   | No  |
| Is a residency agreement required?  | No  |
| Does the Member have a choice in staff?   | Yes   |
| Does the Member have a choice in housemates?  | Yes   |
| Does the Responsible Person have a choice in the location of the home?                            | Yes   |
| Does the provider have to provide transportation?   | Yes if outlined in the Member's Planning Document.  |
| Can a Member choose where and how they spend their day?   | Yes   |
| Is personal care for the Member included in the service/ setting?                                 | Yes if outlined in the Member's Planning Document.  |
| Is this a Home and Community Based Service (HCBS)?  | Yes   |
| What is the maximum number of people permitted to live in the setting?                            | No limit  |
| Who generally benefits from this setting?   | <ul> <li>Adults who:</li> <li>Have the financial resources to pay for their living expenses.</li> <li>Can lease or own property.</li> <li>Make informed decisions with or without support.</li> <li>Have some independence in accessing the community.</li> </ul>   |
| Is the service/ setting able to provide Medication Administration?                                | No, Direct Service Professionals (DSP) cannot administer medications. However, they can provide reminders, supervision or members can self direct their care.   |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes   |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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| Considerations  | Developmental Home   |
| Description   | A licensed, private, home-like environment in the community subcontracted to provide supervision, habilitation, and room and board for adults or children with developmental disabilities. The licensed provider(s) is responsible for the member's health and safety 24 hours per day, 7 days per week. |
| Supports children, adults or both?  | Both   |
| Is the services/ setting licensed?  | Yes  |
| Does the Member need DDD ALTCS eligibility?   | Yes, unless DCS funded.  |
| Is this service/ setting formally monitored?  | Yes  |
| Does the paid provider need to comply with Article 9?   | Yes  |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No   |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No   |
| Is the Responsible Person accountable for room & board?   | Yes, up to 70% of unearned income (e.g., SSI).   |
| Is a residency agreement required?  | Yes  |
| Does the Member have a choice in staff?   | Yes  |
| Does the Member have a choice in housemates?  | May have a choice in Housemates. Do have a choice in roomates.   |
| Does the Responsible Person have a choice in the location of the home?                            | Sometimes, limited to geographical area, and if there's capacity in the area.  |
| Does the provider have to provide transportation?   | Yes  |
| Can a Member choose where and how they spend their day?   |  |
| Is personal care for the Member included in the service/ setting?                                 | Yes  |
| Is this a Home and Community Based Service (HCBS)?  | Yes  |
| What is the maximum number of people permitted to live in the setting?                            | No more than 3.  |
| Who generally benefits from this setting?   | <ul> <li>A child or an adult who:</li> <li>Wants a family like environment.</li> <li>Has sleep patterns that match the household.</li> <li>Needs and wants consistency in caregivers.</li> <li>Does not typically have significant behavioral support needs.</li> </ul>                                  |
| Is the service/ setting able to provide Medication Administration?                                | Yes  |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes, however members who reside in this setting don't usually require this level of support.   |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.   |

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| Considerations  | Group Home   |
|---|--|
| Description   | A licensed residential service in the community for people with developmental disabilities. A group home provides supervision, habilitation, and room and board.   |
|   | The group home provides a safe and home-like environment, generally has 2 or 3 shifts of staff every 24 hours. Staff is required to remain awake 24 hours per day, 7 days a week. This type of living option meets the needs of members who cannot physically or functionally live independently in the community. |
| Supports children, adults or both?  | Both   |
| Is the services/ setting licensed?  | Yes  |
| Does the Member need DDD ALTCS eligibility?   | Yes  |
| Is this service/ setting formally monitored?  | Yes  |
| Does the paid provider need to comply with Article 9?   | Yes  |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No   |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No   |
| Is the Responsible Person accountable for room & board?   | No   |
| Is a residency agreement required?  | Yes, up to 70% of unearned income (e.g., SSI).   |
| Does the Member have a choice in staff?   | Yes  |
| Does the Member have a choice in housemates?  | No   |
| Does the Responsible Person have a choice in the location of the home?                            | May have a choice in Housemates. Do have a choice in roomates.   |
| Does the provider have to provide transportation?   | Sometimes, limited to geographical area, and if there's capacity in the area.  |
| Can a Member choose where and how they spend their day?   | Yes  |
| Is personal care for the Member included in the service/ setting?                                 | Yes  |
| Is this a Home and Community Based Service (HCBS)?  | Yes  |
| What is the maximum number of people permitted to live in the setting?                            | Yes  |
| Who generally benefits from this setting?   | <ul> <li>A child or adult who:</li> <li>Needs routine and structure.</li> <li>Needs 24-hour awake supervision.</li> <li>Has generally more complex needs that cannot be met in a less restrictive environment, including behavioral support needs.</li> </ul>  |
| Is the service/ setting able to provide Medication Administration?                                | Yes  |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes  |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.   |

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| Considerations  | Nursing Supported Group Home  |
|---|---|
|   | Nursing Supported Group Home  |
| Description   | A licensed residential service in the community for people with developmental disabilities and skilled nursing needs. A nursing supported group home provides 24-hour nursing support, supervision, habilitation, and room and board. The nursing supported group home provides a safe and home-like environment, which meets the needs of members who require 4 or more hours a day of skilled nursing care and cannot physically or functionally live independently in the community. |
| Supports children, adults or both?  | Both  |
| Is the services/ setting licensed?  | Yes   |
| Does the Member need DDD ALTCS eligibility?   | Yes   |
| Is this service/ setting formally monitored?  | Yes   |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No  |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No  |
| Is the Responsible Person accountable for room & board?   | Yes, up to 70% of unearned income (e.g., SSI).  |
| Is a residency agreement required?  | Yes   |
| Does the Member have a choice in staff?   | No  |
| Does the Member have a choice in housemates?  | May have a choice in Housemates. Do have a choice in roomates.  |
| Does the Responsible Person have a choice in the location of the home?                            | Sometimes, limited to geographical area, and if there's capacity in the area.   |
| Does the provider have to provide transportation?   | Yes   |
| Can a Member choose where and how they spend their day?   | Yes   |
| Is personal care for the Member included in the service/ setting?                                 | Yes   |
| Is this a Home and Community Based Service (HCBS)?  | Yes   |
| What is the maximum number of people permitted to live in the setting?                            | Capacity set by the Division, 6 or less.  |
| Who generally benefits from this setting?   | <ul> <li>A child or adult who:</li> <li>Needs a consistent routine.</li> <li>Needs a minimum of four hours nursing skilled care per day.</li> <li>Needs 24- hour awake supervision.</li> </ul>  |
| Is the service/ setting able to provide Medication Administration?                                | Yes   |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes   |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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| Considerations  | Behavioral Supported Group Home (BSGH)  |
|---|---|
| Description   | A licensed residential service in the community for people with need for intensive behavioral support that provides room and board, daily habilitation, and behavioral health services for members with dual disorders. This service supports the Member to transition into less restrictive services when clinically appropriate.  |
| Supports children, adults or both?  | Adults  |
| Is the services/ setting licensed?  | Yes   |
| Does the Member need DDD ALTCS eligibility?   | Yes   |
| Is this service/ setting formally monitored?  | Yes   |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No  |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No  |
| Is the Responsible Person accountable for room & board?   | Yes, up to 70% of unearned income (e.g., SSI).  |
| Is a residency agreement required?  | Yes   |
| Does the Member have a choice in staff?   | No  |
| Does the Member have a choice in housemates?  | May have a choice in Housemates. Do have a choice in roomates.  |
| Does the Responsible Person have a choice in the location of the home?                            | Sometimes, if options exist.  |
| Does the provider have to provide transportation?   | Yes   |
| Can a Member choose where and how they spend their day?   | Yes   |
| Is personal care for the Member included in the service/ setting?                                 | Yes   |
| Is this a Home and Community Based Service (HCBS)?  | Yes   |
| What is the maximum number of people permitted to live in the setting?                            | Capacity set by the Division, typically 3 or less.  |
| Who generally benefits from this setting?   | <ul> <li>An Adult who:</li> <li>Has dual disorders such as psychiatric disorders and developmental disabilities,</li> <li>Has generally more complex needs that cannot be met in a less restrictive environment.</li> <li>Needs intensive behavior supports, or</li> <li>Has legally imposed restrictions placed upon them to protect them and the community at large.</li> <li>Needs 24-hour awake supervision/support.</li> </ul> |
| Is the service/ setting able to provide Medication Administration?                                | Yes   |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | Yes   |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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| Considerations  | Assisted Living Facility  |
|---|---|
|   | <u> </u>  |
| Description   | A licensed home or facility in the community that provides supervisory care support for members that are 60 years of age or older. There is an opportunity to have a private room (unless the member chooses to have a roommate); variety of on-site and off-site events from which to choose; room includes a private inroom bathroom. |
| Supports children, adults or both?  | Adults, age 60 or older.  |
| Is the services/ setting licensed?  | Yes   |
| Does the Member need DDD ALTCS eligibility?   | Yes   |
| Is this service/ setting formally monitored?  | Yes   |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No  |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No  |
| Is the Responsible Person accountable for room & board?   | Yes, they will be required to pay Room and Board based on the residency agreement.  |
| Is a residency agreement required?  | Yes   |
| Does the Member have a choice in staff?   | No  |
| Does the Member have a choice in housemates?  | No  |
| Does the Responsible Person have a choice in the location of the home?                            | Sometimes, limited to geographical area, and if there's capacity in the area.   |
| Does the provider have to provide transportation?   | Emergency and Medically Necessary only.   |
| Can a Member choose where and how they spend their day?   |   |
| Is personal care for the Member included in the service/ setting?                                 | Yes   |
| Is this a Home and Community Based Service (HCBS)?  | Yes   |
| What is the maximum number of people permitted to live in the setting?                            | Assisted Living Home (ALH) 10 or fewer residents and Assisted Living Center (ALC) 11 or more residents.   |
| Who generally benefits from this setting?   | <ul> <li>An Adult who:</li> <li>Is 60 years of age or older.</li> <li>Is physically or functionally unable to live in their home with supports.</li> <li>Does not need the level of care provided in a Skilled Nursing Facility or Nursing Supported Group Home.</li> </ul>   |
| Is the service/ setting able to provide Medication Administration?                                | Yes   |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | No  |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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| Considerations  | Intermediate Care Facility (ICF)  |
|---|---|
| Description   | A licensed institution that provides health, habilitative and rehabilitative services to people who benefit from continuous active treatment.   |
| Supports children, adults or both?  | Both  |
| Is the services/ setting licensed?  | Yes   |
| Does the Member need DDD ALTCS eligibility?   | Yes   |
| Is this service/ setting formally monitored?  | Yes   |
| Does the paid provider need to comply with Article 9?   | Yes   |
| Is the Responsible Person required to be on the Lease/ Mortgage?                                  | No  |
| Is the Responsible Person accountable for household expenses like food, rent, and utilities?      | No  |
| Is the Responsible Person accountable for room & board?   | Yes, the member Social Security benefit will be used for the share of cost, reducing their monthly benefit to \$30 a month.   |
| Is a residency agreement required?  | No  |
| Does the Member have a choice in staff?   | No  |
| Does the Member have a choice in housemates?  | No  |
| Does the Responsible Person have a choice in the location of the home?                            | Sometimes, limited to geographical area, and if there's capacity in the area.   |
| Does the provider have to provide transportation?   | Yes   |
| Can a Member choose where and how they spend their day?   | Yes   |
| Is personal care for the Member included in the service/ setting?                                 | Yes   |
| Is this a Home and Community Based Service (HCBS)?  | No, this is an institutional setting.   |
| What is the maximum number of people permitted to live in the setting?                            | Based on Licensed Capacity.   |
| Who generally benefits from this setting?   | A child or Adult who:  • needs continuous Active Treatment;  • has a diagnosis of Intellectual Disability (I/DD).  • is unable to be supported in a less restrictive option in the community. |
| Is the service/ setting able to provide Medication Administration?                                | Yes   |
| Are enhanced staffing ratios available for this service/setting if assessed by the Planning Team? | No  |
| Is prior authorization required? If so, by whom?  | Yes, by DDD.  |

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