

## **HABILITATION, COMMUNITY PROTECTION AND TREATMENT HOURLY**

### **Service Description**

**HP16-00**

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

This service provides a variety of interventions designed to maximize the functioning of consumers with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to provide treatments and related supports designed to ameliorate symptoms, disorders or behaviors that have interfered with the consumer's full inclusion in the community and to protect Community Protection and Treatment Program eligible consumers as well as the general public from possible harm. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the person.

### **Service Requirements and Limitations**

1. This service may be provided in any setting authorized by the Division.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

### **Service Goals and Objectives**

#### Service Goals

The foundation for achieving all service goals and objectives will be based on a person-centered plan that will minimally consist of the following focuses: a common understanding of the person from a strengths/needs perspective, developing a shared vision of the future that reflects a shared commitment for a quality life for the person, a listing of the opportunities and obstacles for reaching that vision, and a review process for checking progress over time.

1. To provide services that facilitate treatment with interventions designed accordingly:
  - 1.1 To provide integrated treatment goals, objectives/functional outcomes, and therapeutic interventions that assist program participants to function safely in society and avoid offending or re-offending.
  - 1.2 To provide training, therapy and supervision, whether voluntary or court-ordered, for consumers to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and continue to remain out of prison or psychiatric settings.
  - 1.3 To assist the consumer in defining, achieving and maintaining a quality of life that corresponds to the consumer's vision of the future.
  - 1.4 To include the consumer in both development and implementation; the program should be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.
2. To provide services that facilitate protection with interventions designed accordingly:
  - 2.1 To provide environmental and programmatic safeguards and structures that protect the consumer as well as neighbors and community members from those behaviors that endanger the consumer, other people or property, and/or interfere with the rights of others.
  - 2.2 To support consumers to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.
  - 2.3 To be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.

### Service Objectives

The Qualified Vendor shall ensure the following are met:

1. In accordance with the consumer's Person-Centered Plan and Individual Support Plan (ISP) processes, assist in determining the habilitation needs of the consumer in order to ensure that consumers are provided the appropriate habilitation services and other needed supports, as well as appropriate implementation strategies, and assist in developing a support plan including:
  - 1.1 Establish habilitation-related functional outcomes based on assessment data and input from the consumer and the consumer's representative(s).

- 1.2 Develop a specific teaching/training strategy for each functional outcome, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods etc.,.
  - 1.3 Based upon the presence or absence of measurable progress, make changes to functional outcome(s) and/or strategies, as agreed upon by the Person-Centered Plan or ISP team.
2. As identified in the consumer's ISP or Person-Centered, provide a broad array of support services such as:
- 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
  - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
  - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
  - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
  - 2.5 Mobility training, alternative or adaptive communication training;
  - 2.6 Providing general supervision to the consumer;
  - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
  - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, etc., as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.

5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the schedule. Daily activities and schedules are based on consumer choice and preferences, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools, are coordinated to meet the needs of the consumers served.
9. Assist the consumer's ISP team in the development of the Emergency Contact Plan, Risk Assessment and the Discharge/Transition Checklist.
10. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
11. Provide a structured, specialized environment.
12. Provide collaboration and coordination with appropriate community resources, such as local government, parole officers, and law enforcement agencies.

### **Service Utilization Information**

1. Utilization and authorization of services for each site will be determined based on the needs of the consumer and taking into consideration the other supports that are available, including typical staffing at group service setting to ensure the mitigation of risk for both the consumer and other community participants. Revisions will be revised as needs change.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the consumer's ISP team to reduce staffing level supports as the consumer requires less intensive supervision.

### **Rate Basis**

Published. The published rate is based on one (1) hour of direct service.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.

### **Direct Service Staff Qualifications**

1. Direct service staff must:
  - 1.1 Have at least three (3) months experience implementing and documenting performance in individual programs (specific training strategies);
  - 1.2 Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
  - 1.3 Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. The Qualified Vendor must require direct care staff to complete the following training prior to start of work but not limited to:
  - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
  - 2.2 Describing several strengths of consumers as well as needs and how these relate to challenging behaviors;
  - 2.3 Describing the values of the consumer and how they might contribute to the challenging behaviors;
  - 2.4 Identifying the consumer's most effective learning style;
  - 2.5 Involving the person's family and supportive others in identifying strengths/needs;
  - 2.6 Identifying the need for the consumer to have an assessment/reassessment to determine if behavioral health needs are being met;
  - 2.7 Staff and/or victim grooming and manipulation techniques;
  - 2.8 The therapy "triangle relationship" that can occur;
  - 2.9 Recognizing emotional responses;

- 2.10 Offense patterns;
- 2.11 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;
- 2.12 Awareness of power and control over individuals in a subordinate role; and
- 2.13 Principles of positive behavior support and person centered planning.

The training curriculum shall be available upon request of Division staff. In addition, the Qualified Vendor shall maintain documentation and training records for all direct care staff that provide this service, and shall be available upon request by Division staff.

- 3. The Qualified Vendor shall ensure that appropriate staff participates in any Division supported forums designed to assist all Community Protection and Treatment providers in the areas of person-centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight and other supportive ventures.

### **Recordkeeping and Reporting Requirements**

- 1. The Qualified Vendor shall ensure that a copy of the consumer's ISP and behavioral plans are accessible to all direct care staff. Any changes to the plan shall be immediately reported to the support coordinator. It shall be available to the consumer/family/consumer's representative and/or Division upon request.
- 2. The Qualified Vendor shall submit quarterly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, within thirty (30) days after the close of the quarter to the consumer's support coordinator and the consumer/family/consumer's representative.
- 3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each time-sheet or equivalent document must be signed by the consumer/family/consumer's representative as verification of hours served.
- 4. The Qualified Vendor shall maintain records that:
  - 4.1 Confirm the availability and appropriateness of Emergency Contact Plan and Risk Assessment.
  - 4.2 Document dates of on-site monthly administrative supervision and monitoring to each Community Protection and Treatment consumer receiving this hourly service.

- 4.3 Document that security precautions for protection of neighbors and other community citizens continue to be appropriate.
  - 4.4 Confirm that there continues to be a structured, specialized environment for the Community Protection and Treatment consumer.
  - 4.5 Document all collaboration and coordination with appropriate community resources including other service providers, local government, parole officers, and law enforcement agencies that has occurred.
5. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.