

## **HABILITATION, INDIVIDUALLY DESIGNED LIVING ARRANGEMENT**

### **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.

### **Service Requirements and Limitations**

1. This service provides for an alternative, non-licensed residential living situation for consumers within the Division's philosophical base of self-determination; enabling the consumer to choose where and with whom he/she will live and assume all responsibility for his/her residence. Generally, one (1) or more consumers reside together in a private residence that is leased or owned by the consumer(s) and/or the consumer(s) representative(s). The focus of this service is to provide habilitative supports to these consumers based on the collective need for direct staff support to eligible consumers who have chosen to reside together and share their resources.
2. This service shall not be provided when the consumer is hospitalized.
3. This service may be authorized for the day or by hours. A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day. When the service is authorized on a daily basis, an individual who is present at 11:59 p.m. may be billed for on that calendar day.
4. The amount of direct care staffing authorized for each residence is determined by assessing the collective needs of all consumer residents. If residences are in close proximity (such as an apartment complex), determination of collective needs may include all the consumers sharing support, and the authorization distributed accordingly. This agreement should be codified with District Program Manager/designee.

### **Service Goals and Objectives**

#### Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well being of consumer(s).
2. To enable each consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
3. To provide training and supervision to each consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.

4. To develop positive relationships for the consumer in their community.
5. To facilitate and support the utilization of opportunities for consumers to interact socially with family, friends and the community at large, including providing information regarding and facilitating access to community resources.
6. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.
7. To assure the health and safety of all resident consumers.

#### Service Objectives

The Qualified Vendor shall ensure the following are met:

1. In accordance with each resident consumer's Individual Support Plan (ISP) processes, develop in collaboration with the consumer and the Division, an individualized support plan, including:
  - 1.1 Establishing habilitation-related service functional outcomes based on assessment data and input from the consumer and the consumer's representative(s) that will allow the consumer to achieve his/her long term vision.
  - 1.2 Developing a specific habilitative (training/teaching/mentoring) strategy for each objective/outcome, e.g., schedule for implementation, frequency of services, habilitative strategies, data collection methods, etc.
  - 1.3 Based upon the presence or absence of measurable progress, collaborating with the consumer to make changes to objective/outcome(s) and/or strategies, to the present to ISP team for agreement.
2. As identified in each resident consumer's ISP, 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 behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
  - 2.3 Facilitating to ensure 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; and reporting any significant risk to the consumer's health and safety to the consumer's ISP team;

- 2.4 Facilitating and supporting the implementation of all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
  - 2.5 Encouraging, facilitating and supporting mobility training, alternative or adaptive communication training, as needed;
  - 2.6 Providing general oversight or supervision as identified in the ISP for planning support; and
  - 2.7 Encouraging, supporting, and assisting the consumer(s) to take full advantage of 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.
3. Encourage, support, and assist consumers to maintain, or enhance independent functioning skills for each resident consumer in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
  4. Encourage and support each consumer to develop relationships, both acquaintances (e.g., the local bank teller, the local pharmacist, the regular bus driver, etc.) and friends of his/her choice. Encourage, mentor and model appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
  5. Encourage and support consumers to participate in community activities, develop relationships with others in their community, and to utilize public and community resources.
  6. Assist the consumers in developing strategies for needed access to their community. Each resident consumer may participate in a variety of daily living activities, e.g., day treatment and training, employment situations, medical appointments, visits with family and friends and other community activities, etc. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources. Staff time utilized for assisting consumers to access their community is considered direct service time.
  7. In collaboration with each consumer develop a monthly anticipated schedule of daily activities, including planning for those times when accessing the community is needed. Activities and schedules are based on consumer direction, choice, and their ISP goals. This schedule shall be available to consumers, consumer representatives, or others upon request.

8. Play an active role in supporting the consumers to plan that service is complimentary to other service provider entities, including day treatment and training providers, employers, and health care providers.

### **Service Utilization Information**

1. Utilization and authorization of service level for each residence will be determined based on the collective needs of all of the consumers at the residence, or in close proximity allowing for the sharing of staffing resources, and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the service level to be authorized for the consumers living at the residence. This process should be a cooperative one that includes input from the Qualified Vendor.
2. The DDD District Program Administrator/Manager or designee shall approve any authorized service levels which require the Division to submit Cost Effectiveness Justifications to the Arizona Health Care Cost Containment System (AHCCCS).

### **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**

Direct service staff must:

1. Have at least three (3) months experience implementing and documenting performance in individual programs (specific training strategies);
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
3. Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall maintain a copy of the ISP on file and readily available for direct care staff's reference, and to the consumer/family/consumer's representative and Division staff 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 timesheet or equivalent document must be signed by the consumer/family/consumer's representative as verification of hours served.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.