

## 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 shall provide for an alternative, non-licensed residential living situation for Division members to choose where and with whom he/she will live and assume all responsibility for his/her residence. Generally, one (1) or more members reside together in a private residence that is leased or owned by the member(s) and/or the member(s) representative. The focus of this service is to provide habilitative supports to these members based on the collective need for direct staff support to eligible members who have chosen to reside together and share their resources.
2. This service shall not be provided when the member is hospitalized.
3. This service may be authorized by the hour or by the day. 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, the Qualified Vendor shall only bill for an individual who is present at 11:59 p.m.
4. The Arizona Health Care Cost Containment System (“AHCCCS”) Agency with Choice Member-Directed Service Delivery Model/Option.
  - 4.1 The Qualified Vendor shall identify in the Division’s Qualified Vendor Application and Directory System (“QVADS”) whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model for the service of Individually Designed Living Arrangement Hourly Habilitation. The service of Individually Designed Living Arrangement Daily Habilitation is not included in the AHCCCS Agency with Choice member-directed service delivery model. (See the AHCCCS website located at [www.azahcccs.gov](http://www.azahcccs.gov) for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option.)
  - 4.2 The Qualified Vendor accepting a service authorization for Hourly Individually Designed Living Arrangement Hourly Habilitation for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option shall participate in the AHCCCS Agency with Choice member-directed service delivery model, shall agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, and shall implement the member’s planning document.

- 4.3 The Qualified Vendor shall comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and ensure that the direct service staff providing Hourly Individually Designed Living Arrangement Hourly Habilitation is not the member's individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model.
- 4.4 A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding R6-6-2109(B), (C), and (D).
- 4.5 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member's representative regarding the co-employment relationship as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.
- 4.6 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., Cardiopulmonary Resuscitation, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.

## **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 the member(s).
2. To enable each member 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 member to increase or maintain his/her self-help, socialization, and adaptive skills to live and participate in the community.
4. To develop positive relationships for the member in their community.
5. To facilitate and support the utilization of opportunities for members to interact with family, friends, and others in the community, including providing information regarding and facilitating access to community resources.
6. To assist the member in achieving and maintaining a quality of life that promotes the member vision for the future and priorities.

7. To assure the health and safety of each resident member.

### Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

1. In accordance with each member's planning document [e.g., Individual Support Plan ("ISP")], develop:
  - 1.1 Habilitation-related outcomes based on assessment data and input from the member and the member's representative(s) which will allow the member to achieve his/her long term vision for the future and priorities.
  - 1.2 A specific teaching strategy for each habilitative outcome within twenty (20) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall include the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill.
  - 1.3 Changes to specific outcome(s) and/or strategies in collaboration with the member, based upon the presence or absence of measurable progress by the member, to present to the planning team (e.g., ISP team) for agreement.
2. As identified in each member's planning document, 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 support 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 member are being met, including providing follow-up as requested by the member's Primary Care Provider ("PCP") or medical specialist; and reporting any significant risk to the member's health and safety to the member's planning team;
  - 2.4 Facilitating and supporting the implementation of all therapeutic recommendations including speech, occupational, and physical therapy, and assisting members in following special diets, exercise routines, or other therapeutic programs;
  - 2.5 Encouraging, facilitating, and supporting mobility training, and alternative or adaptive communication training, as needed;
  - 2.6 Providing general oversight or supervision as identified in the planning document ; and

- 2.7 Encouraging, supporting, and assisting the member(s) to take full advantage of opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Encourage, support, and assist members to maintain, or enhance independent functioning skills for each member 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 member to develop relationships, both acquaintances (e.g., the local bank teller, the local pharmacist, the regular bus driver) 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 each member to participate in community activities, develop relationships with others in their community, and to utilize public and community resources.
6. Assist the members in developing strategies for needed access to their community. Each member 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. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources. Staff time utilized for assisting members to access their community is considered direct service time.

### **Service Utilization Information**

Utilization and authorization of service level for each residence is determined by assessing the collective needs of all of the members at the residence. If residences are in close proximity (such as an apartment complex) allowing for the sharing of staffing resources, determination of collective needs may include all the members sharing support and is revised as needs change; the authorization is distributed accordingly. The Qualified Vendor is expected to assist the Division in the process for determining the service level to be authorized for the members living at the residence. This process should be a cooperative one that includes input from the Qualified Vendor. This agreement shall be approved by the Division's District Program Manager or designee.

### **Rate Basis**

1. Published. The published rate is based on one (1) hour of direct service or one day of direct service as identified in the Division's RateBook.
2. 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.
4. Direct service staff shall not be the member's individual representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall maintain a copy of the planning document on file and readily available for direct care staff's reference, and to the member/member's representative and Division staff upon request.
2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and whenever a new outcome has been identified for the member.
3. The Qualified Vendor shall adhere to the requirements of "non-provision of service" as required by Division policy (see Section 5, *Service Requirements/Scope of Work*, of the Qualified Vendor Agreement).
4. The Qualified Vendor shall submit quarterly individualized progress reports on the member to the Division and the member/member's representative unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports
5. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct services to members.

- 5.1 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member's representative or agency representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative or agency representative before the Qualified Vendor submits the claim for payment.
6. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.