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# Residential Habilitation & Community Supports

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# Overview

Overview of Aging Services & HCBS

Residential Habilitation/Community Supports

Agency Adult Foster Home

Rates

Provider Requirements

# Aging Services

Purpose: Administers home and community-based services that allow older adults and individuals with physical disabilities to remain in their own homes and communities.

Protects the health, safety, welfare and rights of residents of long-term care settings and vulnerable adults in the community

# Aging Services Core Functions

- **Administer Older Americans Act Services**
  - Contract with local providers for supportive and nutrition services
  - Support family caregivers
    - Family Caregiver Support Program, Lifespan Respite Grant
- **Provide direct services**
  - Aging & Disability Resource LINK (Information & Assistance and Options Counseling)
  - Family Caregiver Support Program (Case Management), Money Follows the Person Grant
  - Long-Term Care Ombudsman Services
  - Vulnerable Adult Protective Services (Contracted providers in Regions 1, 2, 5, 6)
- **Administer state and federally-funded Home & Community Based Services**
  - SPED, Ex-SPED, HCBS Medicaid waiver, Technology Dependent waiver, MSP-PC
  - Supervision and training to HCBS Case Managers

# Home & Community Based Services

- **Older Adults and Individuals with Physical Disabilities**
  - Service Payments for the Elderly and Disabled (SPED)
  - Expanded SPED
  - Medicaid 1915-(c) Waivers
    - Aged and Disabled
    - Tech Dependent
  - Medicaid State Plan Personal Care

### HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (07/2020)

	EXPED (Expanded Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A)	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology Dependent Medicaid Waiver
Services	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Choice &amp; ERS</li> <li>Emergency Response</li> <li>Environmental Modification</li> <li>Family Home Care</li> <li>HCBS Case Management (funded under Targeted Case Management)</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transportation</li> <li>Respite</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Choice &amp; ERS</li> <li>Emergency Response</li> <li>Environ. Modification</li> <li>Ext. Personal Care</li> <li>Family Home Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transp.</li> <li>Personal Care Services</li> <li>Respite</li> </ul> <p>Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLs) may be provided in conjunction with the tasks for ADLs</p>	<ul style="list-style-type: none"> <li>Personal Care Services (includes Daily/Rate &amp; PC-Basic Care)</li> </ul>	<ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Adult Residential</li> <li>Choice &amp; ERS Systems</li> <li>Community Support</li> <li>Community Transition</li> <li>Companionship</li> <li>Environmental Modification</li> <li>Extended Personal Care</li> <li>Family Personal Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non Med Transportation</li> <li>Residential Habilitation</li> <li>Respite</li> <li>Sp. Equipment/Supplies</li> <li>Supervision</li> <li>Supported Employment</li> <li>Transitional Living</li> </ul>	<ul style="list-style-type: none"> <li>Attendant Care Service</li> <li>HCBS Case Management</li> <li>Non-Medical Transportation</li> <li>Specialized Equipment and Supplies</li> </ul>
Functional Eligibility	<p>Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs</p> <ul style="list-style-type: none"> <li>Meal Preparation</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> <p>Or Have health, welfare, or safety needs, requiring supervision or structured environment</p>	<p>Impaired in 2 ADLs, OR in at least 4 IADLs, totaling six (6) or more points or if living alone totaling at least four (4) points Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more</p>	<p>Impaired in 1 ADL Or Impaired in 3 of the 4 following IADLs</p> <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul>	<p>Impaired in 1 ADL Or Impaired in 3 of the following 4 IADLs</p> <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> <p>And Meet LOC criteria</p>	<p>Impaired in 3 ADLs And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, &amp; housekeeping And Prior approval from the Dept.</p>	<ul style="list-style-type: none"> <li>Meet LOC criteria</li> <li>Age 18 or older</li> <li>Choose waiver services</li> <li>Receive service on a monthly basis</li> <li>Participate in planning</li> <li>Functional impairment cannot be the result of a mental illness or mental retardation</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>	<ul style="list-style-type: none"> <li>Meet LOC criteria</li> <li>Went Dependent at least 20 hrs per day</li> <li>Medically stable</li> <li>Has an informal caregiver system for contingency planning</li> <li>Is competent to participate in planning</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>
		Nursing Facility Level of Care Screening - (LOC) Criteria for LOC Screening - NDAC 75-02-02-09					
Financial Eligibility	Medicaid Eligible	Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Medicaid Eligible			Medicaid Eligible	
Program Cap	\$3714.00 per month	\$1714.00 per month	Level A-480 units per month (a unit is 15 minutes) Level B-960 units per month Level C-1200 units per month			Total cost of all waiver services is limited to the highest monthly rate allowed in a nursing facility within the rate setting structure of the Department. Individual service caps may also apply	

Individual QSP Rate \$5.32 per/unit, HMK \$4.79 per/unit - Agency QSP Rate \$7.31 per/unit, HMK \$6.58 per/unit (Some rates are also daily, one time, half day, or specific to the service)

## Residential Habilitation & Community Supports

### ◦ **Definition:**

- Formalized training and supports provided to eligible individuals who require some level of ongoing daily support.
- This services is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community.
- Residential Habilitation or Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant.
- Higher level of services
- All-inclusive care

# Residential Habilitation

- Medicaid eligible under Medicaid Waiver
- Meet Skilled Nursing Facility LOC
- Daily need for services up to 24 hours/day
- Supervision cannot be the only need
- Lives alone or with an individual who is not capable or obligated to provide care
  - Obligated is defined as a legal spouse or parent of a child under the age of 18
- Assist with socialization, skills training and restoration
- Improves ability to reside in community
- Target population: Traumatic brain injury, stroke, or early-stage dementia
- [http://www.nd.gov/dhs/policymanuals/52505/Content/525\\_05\\_30\\_50.htm](http://www.nd.gov/dhs/policymanuals/52505/Content/525_05_30_50.htm)



# Residential Habilitation

- Service tasks/activities are all inclusive:
  - Adaptive skill development (education/training)
  - Assistance with activities of daily living/ IADLs
  - Personal Care/Homemaker
  - Medication management and administration
  - Community inclusion
  - Social and leisure skill development
  - Protective oversight and supervision
  - Care coordination is responsibility of provider
    - Includes coordination between medical providers and family, managing budget, psychosocial needs, arranging supportive services, etc.

# Client Persona Residential Habilitation



Medical Diagnosis: Traumatic Brain Injury

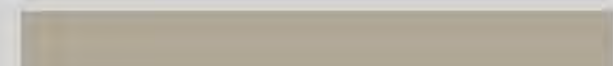
## Service Needs

- Personal Cares- cueing, but can complete task
- Homemaking
- Medication administration including cueing
- Grocery shopping and assistance with meal planning
- Social integration and community inclusion
- Medical coordination: frequent medical appointments with primary care provider, neurologist, speech therapist

Average cost estimate= 6 hours/day x daily rate of \$37.06= total estimated daily rate of \$222.36

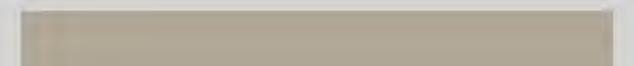


# Community Supports

- Medicaid eligible under Medicaid Waiver
  - Meet Skilled Nursing Facility LOC
  - Daily need for services up to 24 hours/day
  - Supervision cannot be only need
  - Custodial and maintenance care
  - Lives alone or with an individual who is not capable or obligated to provide care
    - Obligated is defined as a legal spouse or parent of a child under the age of 18
  - Complex medical needs, high ADL needs
  - Target population: physical disability, complex health needs
  - [http://www.nd.gov/dhs/policymanuals/52505/Content/525\\_05\\_30\\_2\\_1.htm](http://www.nd.gov/dhs/policymanuals/52505/Content/525_05_30_2_1.htm)
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## Community Supports

- Service tasks/activities are all-inclusive:
    - Assistance with activities of daily living/ IADLs
    - Personal care/homemaker
    - Community inclusion
    - Social leisure skill development
    - Protective oversight and supervision
    - Medication management and administration
    - Care coordination is responsibility of provider
      - Includes coordination between medical providers and family, managing budget, psychosocial needs, arranging supportive services, etc.)
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# Client Persona Community Supports



Medical Diagnosis: Stroke

## Service Needs

- Personal Cares- unable to physically bathe/dress without help
- Homemaking- physically unable to do laundry, cleaning
- Medication management- full assistance, unable to open bottles and administer medications to self
- Grocery shopping and making meals
- Social integration and community integration
- Assistance in going to medical appointments, transportation and care coordination

Average cost estimate= 8 hours/day x daily rate of \$37.06= total estimated daily rate of \$296.48

# Community Supports vs. Residential Habilitation

- **Residential Habilitation:** skills training in order to assist individuals to independently complete tasks
  - Example: menu development and creating a grocery list for shopping
- **Community Supports:** no training component as individual is not physically able to complete the tasks
  - Example: knows steps to make a meal, but physically unable
  - maintenance

## Service Settings

- Private home or an apartment
- Workplace or other community service settings
- Agency Adult Foster Home
  - QSP Agency owned or controlled shared living environment
  - Must meet licensing standards
  - Medicaid recipients who qualify for Residential Habilitation or Community Supports

# Agency Adult Foster Home

- Setting where Residential Habilitation or Community Support services are provided
- Medicaid only
- Up to 4 adults
- Licensed home-like setting
- Up to 24 hour per day care
- Supervision cannot be only need
- HCBS settings rules apply- ensure rights, choices, options and opportunities while living in an individual's home and community
- HCBS case manager completes on site assessment for licensure
- AFHA handbook: <https://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-afha.pdf>
- Administrative Code: <https://www.legis.nd.gov/information/acdata/pdf/75-03-21.1.pdf>



# Rates

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Direct service rate: daily rate of **\$37.06** per hour and a maximum of **\$889.36** per day .

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Agency Foster Care: current maximum room and board that providers may charge a recipient is **\$766**, adjusted annually.

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Agency Foster Care providers are not required to charge room and board rate and may choose to charge less than the maximum. This room and board rate is paid for by the recipient.

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HCBS case managers complete assessment to determine number of hours & rate that will be authorized.

# HCBS Case Manager Role

- Completes a functional and financial assessment to determine eligibility for services
- Consumer chooses services and the provider
- Case Manager determines the number of service hours based on functional needs and establishes the rate
  - Rates cannot be negotiated
  - Provider can determine which clients they will serve
- Case manager receives approval from state program administrator
- Case Manager conducts follow up and makes care plan adjustments as needed
- If there are new issues with the consumer, the provider should contact the HCBS Case Manager

# Provider Requirements



**Enrolled as Quality Service Provider Agency**

<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-agency-provider.pdf>



**Council on Quality & Leadership Accreditation**

Refer to CQL Accreditation Policy 525-05-47  
[http://www.nd.gov/dhs/policymanuals/52505/Content/525\\_05\\_47.htm](http://www.nd.gov/dhs/policymanuals/52505/Content/525_05_47.htm)



**TBI Modules**

2 modules through the ND Brain Injury Network  
Register through UND Canvas site as per instructions



**Dementia Training Modules**

4 modules assigned by the state program administrator



**Minot State Medication Modules**

Proctored medication exam, Agency RN signs off on the practicum



**Agency Program Coordinator**

Agency must have program coordinator with qualifications



**Employ an RN**

Must employ or contract an RN

# CQL Accreditation

- Four different levels of accreditation- CQL assists in determining the level you will begin at
- Evaluation by a CQL accreditor through policy review, interviewing the agency and individuals being supported by the agency
- Provides recommendations and action steps for Quality Improvement
- QSP agency must maintain CQL accreditation
- Link: <https://www.c-q-l.org/accreditation/>

## CQL Accreditation Process



# Staff Requirements


- Additional requirements:
  - Meet documentation of competency
  - Clear all required checks and validations (i.e. court sides, no direct barring offenses, etc.)
  - TBI and Dementia Modules within 30 days of providing care
  - Medication Module testing and practicum prior to any medication administration, or within 30 days
    - RN within the agency must complete the practicum with the employees and
  - Cannot employ a legal guardian or family member to provide the care

# QSP Agency Program Coordinator

- Must have at least one year of experience working directly with persons with physical disability; and
- Is one of the following:
  - A doctor of medicine osteopathy,
  - a registered nurse, or
  - an individual who holds at least a bachelor's degree and who is licensed, certified, or registered as applicable, to provide professional services by the State in which he or she practices (e.g. social worker, occupational therapist, psychologist, physical therapist, etc.).
  - An individual with a “bachelor's degree in a human service field” means an individual who has received: at least a bachelor's degree from a college or university (master and doctorate degree are also acceptable) and has received academic credit for a major or minor coursework concentration in a human service field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

# QSP Agency Program Coordinator

- Other:

- Individuals who have a bachelor's degree; and
  - Completes the TBI and Dementia modules; and
  - Has one year of experience working with individuals with a physical disability
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## QSP Agency Program Coordinator Role

- Meet with individual to determine if needs may be met
- Collaborate with HCBS case manager
- Develop the individual program plan (IPP) and submit to HCBS case manager for review
- Sign completed authorization
  - Lists the allowable tasks
- Document cares according to QSP protocol



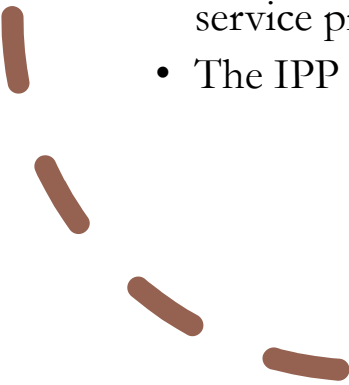
# QSP Agency Program Coordinator Role

## ◦ Care coordination hours:

- Management of property, budgeting, money management
- Coordinating medical needs
- Communication with families, guardians and others
- Psychosocial needs
- Implementing programs to enhance self-direction & independence
- Assessing effectiveness of support services
- Asserting & safeguarding individuals civil & human rights



# Individual Program Plan

- An Individual Program Plan (IPP) must be developed by the authorized QSP agency coordinator and maintained in the client's file
    - Service task and activities must be tied to a client goal as determined through the person-centered planning process
    - The IPP must correlate with the Person Center Plan SFN 404 that is completed by the HCBS Case Manager
    - The IPP must be developed by the QSP Agency Program Coordinator within the first 30 days of service provision and forwarded to the case manager and every 6 months thereafter
    - The IPP must also be reviewed and approved by the state program administrator
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# Upcoming Grant Opportunities

◦ The North Dakota Department of Human Services (DHS) is seeking to support the development or expansion of Qualified Service Provider (QSP) agencies through a competitive grant process. These grants are being made available for the purpose of providing the funds necessary to either start a new QSP agency or expand the services of a current agency. The expanded capacity of the QSP agency will enable individuals to transition from institutional settings and/or with the supports and services they need to continue to live successfully in the community.

- QSP agencies will be required to provide services to individuals receiving Medicaid or one of the State funded home and community-based services administered by the DHS.
- These grants will not be awarded to any agency that only plans to provide services to individuals that pay privately for their services.
- DHS will award grants in amounts up to \$30,000 to assist ten or more entities with their enrollment and successful operation as a QSP Agency in North Dakota. Funds will be available until the full amount of \$300,000 has been allocated. No grant will be more than \$30,000.

# Questions?



Erica Reiner  
Nurse Program Administrator



Aging Services Division



Email  
[ereiner@nd.gov](mailto:ereiner@nd.gov)



Phone  
701-328-8994

# Aging Disability Resource Link

Phone: 701-328-4601

Toll-Free Aging & Disability Resource  
LINK:

1-855-462-5465

E-mail: [carechoice@nd.gov](mailto:carechoice@nd.gov)

Website:

<https://carechoice.nd.assistguide.net/>