Pennsylvania
DEPARTMENT OF PUBLIC WELFARE
DEPARTMENT OF AGING

OFFICE OF LONG-TERM LIVING BULLETIN

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9/29/2011	10/1/2011	05-11-05, 51-11-05 , 52-11-05 , 55-11-05 , 59-11-05

SUBJECT:
Community Integration Changes provided in the Medical Assistance Home and Community Based Waiver Programs

Michael Hale, Acting Deputy Secretary
Office of Long-Term Living

PURPOSE: The purpose of this bulletin is to inform Service Coordinators (SC), providers, and participants of the updated changes to the community integration service definition and communicate service limitations.

SCOPE: This Office of Long-Term Living bulletin applies to approved OLTL Medical Assistance (MA) Home and Community Based Services (HCBS) waiver providers of Service Coordination for the COMMCARE, Independence, OBRA Waivers and Specialized Services/ Peer Counseling Evaluation of Durable Medical Equipment Grant providers.

BACKGROUND/DISCUSSION: Community integration is not intended to be a long-term service and must be tied to a short-term, attainable goal. OLTL revised the community integration service definition to more accurately describe the purpose and nature of the service, and establish parameters around the use of this service.

Community integration: is a short-term, goal-based support service designed to assist participants in acquiring, retaining, and improving self-help, communication, socialization and adaptive skills necessary to reside in the community. Community integration can include cueing and on-site modeling of behavior to assist the participant in developing maximum independent functioning in community living activities.

Community integration is goal-based and situational to assist individuals in achieving maximum function during life-changing events such as a transition from a nursing facility, moving to a new community or from a parent's home, or a change in condition that requires a new skill set. Services and training must focus on specific skills and be related to the expected outcomes outlined in the participant's individual service plan.

Community integration goals must be reviewed and/or updated at least quarterly by the Service Coordinator in conjunction with the participant to assure that expected outcomes are met and the service plan is modified accordingly.

Services must be provided at a 1:1 ratio.

PROCEDURES:

SERVICE COORDINATOR RESPONSIBILITES:

Service Coordinators are responsible for evaluating a participant's need for community integration on a quarterly basis.

If the participant has not reached the goal at the end of the first quarter, then documentation of the justification for continued training on the desired outcome must be incorporated into the ISP at the time of the quarterly review.

If the participant has not reached his/her CI goals by the end of the second quarter, the goals need to change or it is concluded that the individual will not independently complete the goal and the SC must assess for a more appropriate service to meet the individual's need. (i.e. PAS)

The participant must meet at least one (1) of the following criteria:

- Is there a life-changing event?
- Is there a change in condition that requires a new skill set?
- Is the individual moving to a new community or from a parent's house?

The CI goal must meet all of the following criteria:

- The expected outcome of the activity is to independently complete a skill.
- The skill set is necessary to live independently in the home and community.
- The desired outcome (goal) of the participant is attainable and time-targeted.
- The desired outcome (goal) is measurable (which means progress is easily observable and measurable).
- The desired outcome or objective for the participant is learning a new skill, ***not*** ongoing assistance.
- CI is not stagnant and does not focus on one goal indefinitely.
- Must be provided on a 1:1 ratio.

1. Prior to the participant's next quarterly review of the ISP containing community integration, the SC must meet with the participant to review the need for community Integration. The SC must assess the need for community integration against the criteria listed above.
2. SC's are responsible for communicating to the participant the new community integration service definition and any changes that might occur on the participant's ISP as a result of the new service definition.
3. When assessing the need for CI, SC's should consider the following:
    - the objective/goal of the community integration service.
    - progress towards the goal/objective.
    - what service provider is providing the service.
    - need for further service and revised goal, if needed.
    - goals must be clearly defined and measurable.
4. The SC needs to establish a goal of CI services and progress towards the goal or goals prior to approval of CI services.
5. SC cannot list one on-going goal to justify CI indefinitely.
6. All CI plans must contain specific goals and document the progress made toward the goal with the provision of the CI service.

OLTL STAFF RESPONSIBILITIES:
OLTL staff will review to ensure that CI goals are written in accordance with the following:

- Goals are clearly defined
- Indicate what the activity is to reach that goal
- Activities must be related to the goal that is to be achieved
- Indicate the duration of the activity to reach the goal
- Indicate the frequency that the activity will occur toward reaching the goal
- How are activities monitored that are related to achieving goals? (Time-targeted)
- Indicate the frequency that CI goals are monitored
- Are the goals measurable?
- When the goals were last reviewed with the participant?

SERVICE LIMITATIONS:
Community Integration cannot be billed simultaneously with Residential Habilitation or Personal Assistance Services.

Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks identified in the ISP. If the individual can complete the task independently, then the goal and CI service should be removed from the ISP. The length of community integration service approved will not exceed 13 weeks on new plans.

The same goal may not remain on the ISP for more than 26 weeks.

No more than 32 units (8 hours) per week for one CI goal will be approved in the ISP. If the participant has multiple CI goals, no more than 48 units (12 hours) per week will be approved in the ISP.

EFFECTIVE DATE:
This change will be effective 10/1/2011 for all new participants.

This change will be effective as of January 1, 2012 for current approved ISPs.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
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