ACAP SERVICE DESCRIPTIONS

SERVICE DEFINITIONS EFFECTIVE JUNE 1, 2018

Assistive Technology

Assistive Technology is an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, specific to the individualized needs of a Participant that is used to increase, maintain, or improve a Participant's communication, self-help, self-direction and adaptive capabilities.
Assistive Technology service includes activities that directly support a Participant in the selection, acquisition, or use of the assistive technology device, limited to:

1. Purchasing, leasing, or otherwise providing for the acquisition of Assistive Technology devices for Participants;

2. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing Assistive Technology devices;

3. Coordination and use of necessary therapies, interventions, or services the Participant is receiving with Assistive Technology devices such as therapies, interventions or services associated with other services in the Individual Support Plan (ISP);

4. Training or technical assistance for the Participant, or, where appropriate, the Participant's family members, guardian, advocate, representative or other informal support on how to use and/or take care of the Assistive Technology;

5. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of Participants;

6. Extended warranties; and

7. Ancillary supplies and equipment necessary to the proper function of Assistive Technology devices, such as replacement batteries.

All items shall meet the applicable standards of manufacture, design and installation. If the Participant receives Specialized Skill Development, Assistive Technology must be consistent with the Participant's Behavior Support Plan (BSP), Crisis Intervention Plan (CIP), and/or Skill Building Plan (SBP).

Assistive Technology devices costing $500 or more must be recommended by an independent evaluation of the Participant's Assistive Technology needs, including a functional evaluation of the impact of the provision of appropriate Assistive Technology services to the Participant in the customary environment of the Participant.

The independent evaluation must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist, or a certified Assistive Technology professional as recognized by the Pennsylvania Initiative on Assistive Technology at the Institute on Disability at Temple University. The independent evaluator must be familiar with the specific type of technology being sought and may not be a related party to the Assistive Technology provider.

All items, pieces of equipment, or product systems must be used to meet a specific need of a Participant. Items that are not of direct medical or remedial benefit to the Participant are excluded. Items designed for general use are covered only if they meet a Participant's needs and are for the exclusive use of, or on behalf of, the Participant.

Maximum amount for this service is $10,000 over a Participant's lifetime.

Career Planning

Career Planning is a service that provides support to the Participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive employment or self-employment. This service is provided by a Job Developer or by an individual who meets the qualifications of a Job Developer under the direction of the Employment Services Director.

If the Participant receives Specialized Skill Development services, the Career Planning service must be consistent with the Participant's BSP, CIP, and/or SBP. Career Planning may be provided concurrent with Supported Employment, Day Habilitation or Transitional Work Services if the Participant wants to obtain a better job or different job while continuing paid work.

Career Planning does not include supports that allow a Participant to continue paid work once it is obtained.

Career Planning consists of two (2) components: Vocational Assessment and Job Finding.

A. Vocational Assessment

Vocational Assessment evaluates the Participant's preferences, interests, skills, needs and abilities for the purpose of developing a Vocational Profile which is an inventory of actions, tasks or skill development that will position the Participant to become competitively employed. The Vocational Profile also specifies restrictions as well as skills and needs of the Participant that should be considered in the process of identifying an appropriate job placement, consistent with the Participant's desired vocational outcome. It is specific to the Participant and may be provided both directly to the Participant and indirectly for the benefit of the Participant. Vocational Assessment may be utilized whenever the Participant's circumstances or career goals change.

Vocational Assessment includes:

1. The discovery process, which includes but is not limited to identifying the Participant's current preferences, interests, skills and abilities, including types of preferred and non-preferred work environments; ability to access transportation, with or without support; existing social capital (people who know the Participant and are likely to be willing to help the Participant) and natural supports which can be resources for employment. Discovery also includes review of the Participant's work history.

2. Community-based job try-outs or situational-vocational assessments.

3. Identifying other experiential learning opportunities such as internships or short-term periods of employment consistent with the Participant's skills and interests as appropriate for exploration, assessment and discovery.

4. Facilitation of access to ancillary job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs, as appropriate.

5. Facilitation of access to benefits counseling by certified individuals.

6. Development of a Vocational Profile that specifies recommendations regarding the Participant's individual needs, preferences, abilities and the characteristics of an optimal work environment. The Vocational Profile must also specify the training or skill development necessary to achieve the Participant's employment goals and which may be addressed by other related services in the Participant's ISP.

Results of the Vocational Assessment service must be documented and incorporated into the Participant's ISP and shared with members of the ISP Team, as needed, to support the recommendations of the Vocational Assessment.

B. Job Finding

Job Finding is an individualized, outcomes-based service that provides assistance to the Participant in developing or securing competitive, integrated employment that fits the Participant's needs and preferences and the employer's needs. The Job Finding service is provided to support Participants to live and work successfully in home and community-based settings, as specified by the ISP, and to enable the Participant to integrate more fully into the community while ensuring the health, welfare and safety of the Participant. It is specific to the Participant and may be provided both directly to the Participant and indirectly to the employer, supervisor, co-workers and others involved in the Participant's employment or self-employment for the benefit of the Participant.

If the Participant has received Vocational Assessment services and has a current Vocational Profile, the Job Finding service will be based on information obtained and recommendations included in the Vocational Profile, as applicable. Documentation of consistency between Job Finding activities and the Vocational Profile, if applicable, is required.

Job Finding includes (as needed by the Participant):

1. Prospective employer relationship-building/networking;

2. Identifying potential employment opportunities consistent with the Participant's Vocational Profile;

3. Collaboration and coordination with the Participant's natural supports in identifying potential contacts and employment opportunities;

4. Job search;

5. Support for the Participant to establish an entrepreneurial or selfemployment business, including identifying potential business opportunities, development of a business plan and identification of necessary ongoing supports to operate the business;

6. Identifying and developing customized employment positions including job carving;

7. Informational interviews with employers;

8. Referrals for interviews;

9. Support of the Participant to negotiate reasonable accommodations and supports necessary for the Participant to perform the functions of a job.

Community Transition Services

Community Transition Services are non-recurring, set-up expenses for Participants who are transitioning from an institution to a private residence where the Participant will be directly responsible for his or her living expenses. Institutions include, but are not limited to ICF/ID, ICF/ORC, nursing facilities, prison, and psychiatric hospitals, including state hospitals, where the Participant has resided for at least ninety (90) consecutive days. Allowable expenses are those necessary to enable a Participant to establish his or her basic living arrangement that do not constitute room and board. Community Transition Services are limited to the following:

1. Essential furnishings and initial supplies (Examples: household products, dishes, chairs, and tables);

2. Moving expenses;

3. Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment or home;

4. Set-up fees or deposits for utility or service access (Examples: telephone, electricity, heating); and

5. Personal and environmental health and welfare assurances (Examples: pest eradication, allergen control, one-time cleaning prior to occupancy).

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the ISP development process; clearly identified in the ISP, and the Participant is unable to meet such expense, or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, household appliances, or items that are intended for purely diversional or recreational purposes.

Day Habilitation

Day Habilitation provides individualized assistance with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community. It helps Participants develop and sustain a range of valued social roles and relationships, build natural supports, increase independence, and experience meaningful community participation and inclusion. Day Habilitation includes:

1. Activities to improve the Participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation);

2. On-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision;

3. Personal assistance in completing activities of daily living and instrumental activities of daily living;

4. Assistance with planning and coordinating the supports needed for a Participant's daily/weekly schedule of community activities;

5. Assistance with medication administration and the performance of health-related tasks to the extent state law permits;

6. Implementation of the BSP, the CIP, and/or the SBP, if the Participant receives Specialized Skill Development services; and

7. Collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

Although Day Habilitation includes personal assistance, the goal of this service is to reduce the need for direct personal assistance by improving the Participant's capacity to perform activities of daily living and instrumental activities of daily living independently.

Day Habilitation includes transportation to and from the facility where Day Habilitation services are provided and transportation necessary for the Participant to participate in day habilitation activities.

The Day Habilitation Provider must provide at least one complete meal if the Participant is at the facility for four (4) or more hours. If a Participant is at the facility for more than six (6) hours, a nutritional snack shall also be provided.

Day Habilitation is normally furnished for up to six (6) hours a day, five (5) days per week on a regularly scheduled basis. Day Habilitation does not include services that are funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Improvement Act. Day Habilitation may not be provided to a Participant during the same hours that Supported Employment (when provided directly to the Participant), Transitional Work Services, Respite, or Systematic Skill Building/Community Support is provided.

Providers of Day Habilitation services must be licensed under 55 PA Code Chapter 2380. Services must be provided in settings other than the Participant's private residence that meet the requirements for home and community-based settings included in 42 CFR § 441.301. This service also includes day habilitation activities in general public community settings, which are non-disability specific settings and meet the requirements for home and

community-based settings. When provided in community locations, this service does not take place in licensed facilities, or any type of facility owned, leased or operated by a provider of other Office of Developmental Programs (ODP) services.

Beginning July 1, 2019, a Participant may not receive Day Habilitation services in a licensed Adult Training Facility for more than seventy-five (75) percent of his or her support time, on average, per month, unless the services are included in the Participant's ISP, one of the following circumstances apply, and the Behavioral Health Practitioner has authorized the Participant to receive Day Habilitation services in a licensed Adult Training Facility for more than seventyfive (75) percent of his or her support time:

- The Participant receives fewer than twelve (12) hours per week of Day Habilitation by the Provider;

- The Participant has current medical needs that limit the amount of time the Participant can safely spend in the community;

- The Participant has an injury, illness, behaviors or change in mental health status that result in a risk to him or herself or others if Day Habilitation services are provided in the community; or

- The Participant declines the option to spend time in the community having been provided with opportunities to do so consistent with his or her preferences, choices, and interests.

After March 17, 2019, Day Habilitation services may not be provided in facilities licensed under 55 PA Code Chapter 2380 that have not previously served ACAP Participants that serve more than twenty-five (25) individuals in the facility at any one time regardless of the source of the funding for the individuals served.

Beginning January 1, 2022, Day Habilitation services may not be provided in any facility licensed under 55 PA Code Chapter 2380 that serves more than one hundred and fifty (150) individuals in the facility at any one time regardless of the source of the funding for the individuals served.

Family Support

Family Support provides counseling and training for the Participant's family and informal network to help develop and maintain healthy, stable relationships among all members of the Participant's informal network, including family members and the Participant, in order to support the Participant in meeting the goals in the Participant's ISP. Family Support assists the Participant's family and informal care network with developing expertise so that they can help the Participant acquire, retain or improve skills that directly improve the Participant's ability to live independently. Emphasis is placed on the acquisition of coping skills, stress reduction, improved communication, and environmental adaptation by building upon family and informal care network strengths. Family Support does not include paying for someone to attend an event or conference.

If the Participant receives Specialized Skill Development services, this service must be provided in a manner consistent with the Participant's BSP, the CIP and/or the SBP. This service includes collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

Home Modifications

Home Modifications are physical modifications to the Participant's primary private residence (including homes owned or leased by parents/relatives with whom the Participant resides and Shared Living Homes that are privately owned, rented, or leased by the host family), which are necessary to ensure the health, security of, and accessibility for the Participant and/or to enable the Participant to function with greater independence in the home. These modifications must be outlined in the Participant's ISP. If the Participant receives Specialized Skill Development, modifications must be consistent with the Participant's BSP, SBP and/or CIP.

Home Modifications must have utility primarily for the Participant and be specific to the Participant's needs. Home Modifications that are solely for the benefit of the public at large, staff, significant others, or family members will not be approved. Home Modification must be an item that is not part of general maintenance of the home, and be an item of modification that is not included in the payment for room and board. Home Modifications include the cost of installation, repair, maintenance, and extended warranties for the modifications; and when necessary to comply with rental/lease agreements, return of the property to its original condition. All modifications must meet the applicable standards of manufacture, design, and installation and comply with applicable building codes. Modifications not of direct medical or remedial benefit to the Participant are excluded.

Modifications are limited to:

1. Alarms and motion detectors on doors, windows, and/or fences;

2. Brackets for appliances;

3. Locks;

4. Modifications needed to accommodate a Participant's special sensitivity to sound, light or other environmental conditions;

5. Outdoor gates and fences;

6. Replacement of glass window panes with a shatterproof or break resistant material;

7. Raised or lowered electrical switches and sockets; and

8. Home adaptations for Participants with physical limitations, such as ramps, grab-bars, widening of doorways, or modification of bathroom facilities.

This service is limited to no more than $20,000 per Participant over a five (5) year consecutive period in the same home. The period begins with the first use of the Home Modifications services. A new $20,000 limit can be applied when the Participant moves to a new home or when the five (5) year period expires.

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Building a new room is excluded. Home Modifications may not be used for the construction of a new home. Durable Medical Equipment is not considered a Home Modification.

Home Modifications may not be provided in homes owned, rented or leased by a Provider. Home Modifications costing over $1,000 must be recommended by an independent evaluation of the Participant's needs, including a functional evaluation of the impact of the modification on the Participant's environment. This service does not include the independent evaluation.

Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a speech, hearing, and language therapist; a Behavioral Specialist; or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Home Modifications provider.

Homemaker/Chore Services

Homemaker Services are services that enable the Participant or the family with whom the Participant resides to maintain their private residence. Services include cleaning and laundry, meal preparation, and other general household care.

Chore Services are services needed to establish and maintain the home where the Participant resides in a clean, sanitary, and safe condition. This service consists of heavy household activities such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; ice, snow, or leaf removal; yard maintenance; and education in home organization.

Maintenance in the form of upkeep and improvements to the Participant's residence is not included.

Non-Medical Transportation

Non-Medical Transportation enables a Participant to gain access to Authorized Services and, if other transportation resources, including natural supports, are not available, to other services, community activities, and resources specified in the Participant's ISP. Natural supports may include friends, family, community members, or coworkers. Non-Medical Transportation can also be utilized if is determined that the Participant is unable to utilize alternate transportation sources due to unavoidable health and safety risks to the Participant.

Nutritional Consultation

Nutritional Consultation provides assistance to Participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency which can include inadequate food intake or overeating. Nutritional Consultation assists the Participant and/or the Participant's family, and caregivers in developing a diet and planning meals that meet the Participant's nutritional needs while

avoiding any problem foods that have been identified by a physician. Telephone consultation is allowable in the following circumstances:

- driving distance between the provider and the Participant is greater than thirty (30) miles;

- telephone consultation is being provided according to a plan for nutritional consultation services based on an in-person assessment of the Participant's nutritional needs; and

- telephone consultation is indicated in the Participant's ISP.

If the Participant receives Specialized Skill Development services, this service must be provided in a manner consistent with the Participant's BSP, the CIP and/or the SBP. This service includes collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

This service does not include the purchase of food.

Personal Assistance Services

Personal Assistance Services includes the following:

1. Assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living (ADLs);

2. Assistance with the preparation of meals;

3. Housekeeping chores including bed making, dusting, and vacuuming, and other activities of daily living that are incidental to the care furnished or which are essential to the health and welfare of the Participant rather than the Participant's family;

4. Health maintenance activities including bowel and bladder routines, ostomy care, catheter care, wound care, and range of motion exercises;

5. Routine wellness services to enable adequate nutrition, exercise, keeping of medical appointments, and all other health regimens related to healthy living activities.

If the Participant receives Specialized Skill Development services, this service must be provided in a manner consistent with the Participant's BSP, CIP and/or SBP. This service includes collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

Residential Habilitation Services

Residential Habilitation Services assist a Participant with acquiring, retaining, and improving the communication, socialization, self-direction, self-help, and adaptive skills necessary to reside in the community when services provided in a more integrated setting cannot meet the Participant's health and safety needs. This service also includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). The intent of this service, however, is to reduce the need for direct personal assistance by improving the Participant's capacity to perform these tasks independently.

Residential Habilitation Services includes the following supports, as appropriate to address the Participant's goals, as documented in the Participant's ISP:

1. Assistance and guidance (prompting, instruction, modeling, reinforcement) that enables the Participant to carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.

2. Assistance and guidance to facilitate positive interactions and relationships among residents of one home; facilitate shared meals and shared activities, as appropriate.

3. Assistance and guidance that enables the Participant to learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; assistance with learning how to respond to emergencies in the home and community, such as fire or injury; and assistance with learning how and when to seek help.

4. Assistance and guidance that enables the Participant to manage or participate in his or her medical care, including scheduling and attending medical appointments, filling prescriptions and selfadministration of medications, and keeping health logs and records.

5. Assistance and guidance with access to and use of physical health maintenance services including those provided by a licensed nurse when required to assure health and wellness or as required in a Participant's ISP.

6. Assistance and guidance that enables the Participant to manage his or her emotional wellness including self-management of emotional stressors and states such as disappointment, frustration, anxiety, anger, depression and assistance and guidance with accessing mental health services.

7. Assistance and guidance to enable the Participant to fully participate, and when preferred, to direct the person-centered planning process including identifying who should attend the ISP meeting and what the Participant's desired goals are.

8. Assistance and guidance in decision making including guidance in identifying options/choices and evaluating options/choices against a set of personal preferences and desired goals. This includes assistance with identifying supports available within the community.

9. Assistance and guidance that enables the Participant to achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping, and managing savings accounts and programs such as ABLE accounts.

10. Assistance and guidance that enables the Participant to communicate with Providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for Participants whose primary language is not English.

11. Assistance and guidance that enables Participant to be mobile by assisting the Participant with using a range of transportation

options including buses, trains, cab services, driving, and joining car pools, etc.

12. Assistance and guidance that enables Participants residing in the same home to develop and manage relationships as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiation solutions.

13. Assistance and guidance that enables a Participant to develop and maintain relationships with members of the broader community (examples include but are not limited to: neighbors, coworkers, friends and family) and to manage problematic relationships.

14. Assistance and guidance that enables a Participant to exercise his or her rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance a Participant's contributions to the community.

15. Assistance and guidance that encourages the development of a Participant's personal interests, such as hobbies, appreciation of music, and other experiences the Participant enjoys or may wish to discover.

16. Assistance and guidance that enables a Participant to participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, and faith based services.

17. Transportation to a Participant's medical and other appointments and community-based activities

18. Implementation of the BSP, the CIP, and/or the SBP, if the Participant receives Specialized Skill Development Services.

19. Collecting and recording data necessary to support review of the ISP, the BSP and the SBP.

The Contractor must ensure that Participants who receive Residential Habilitation Services have the right to the following, unless not supported by a Participant's ISP or prohibited by a court order:

1. A legally enforceable agreement, such as a lease or residency agreement, for the physical space or ownership of the physical space where the Participant will be residing, that offers the same responsibilities and protections from eviction that tenants have under the Commonwealth's Landlord and Tenant Act of 1951 (68 P.S. §§ 250.101-250.602).

2. To receive scheduled and unscheduled visitors and to communicate and meet privately with individuals of their choice at any time.

3. To send and receive mail and other forms of communication, unopened and unread by others.

4. To have unrestricted and private access to telecommunications.

5. To manage his or her own finances and have access to his or her money.

6. To choose with whom to share a bedroom.

7. To furnish and decorate his or her bedroom and the common areas of the home.

8. To lock his or her bedroom door.

9. To decide what and when to eat and have access to food at any time.

10. To make informed health care decisions.

Providers of Residential Habilitation Services must be licensed under 55 PA Code Chapter 6400 (Community Homes) or 55 PA Code Chapter 6500 (Shared Living Homes) and services cannot be provided in a facility owned by the Participant or a family member of the Participant.

Facility capacity is limited to two (2) individuals per Shared Living Home. Facility capacity is limited to four (4) or fewer Participants for Community Homes.

Residential Habilitation Services must be delivered in Pennsylvania.

Community Support may not be provided on the same day the Participant is receiving Residential Habilitation Services when a Participant receives Residential Habilitation Services in a Community Home and the Participant is the only person receiving services in the home. Residential Habilitation Services may only be provided in settings that are integrated and dispersed in the community in noncontiguous locations and not located on campus settings. The setting must also be separate from and not surrounded by any other ODPfunded residential habilitation settings. Locations that share only one (1) common party wall are not considered contiguous. In addition, the setting must be located in the community and surrounded by the general public. The Contractor must request BAS approval or approval by its designee of new residential habilitation settings or changes to existing residential habilitation settings.

To the extent that Residential Habilitation Services are provided in community settings outside of the residence, those settings must be inclusive in the community rather than segregated.

Residential habilitation settings established after December 31, 2018 shall not be located in any development or building where more than twenty-five (25) percent of the occupants of the apartments, condominiums or townhouses are ACAP Participants or receive Residential Habilitation or Shared Living services that are funded through a Home and Community-Based Services Waiver program.

Respite

Respite services provide planned or emergency short-term relief to a Participant's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be delivered in the Participant's home, unlicensed home controlled by a Provider or a private home of staff of a Respite Provider, a home owned by a Respite Agency Provider,
Shared Living Home (Title 55 PA Code Chapter 6500), or Community Home (Title 55 PA Code Chapter 6400). Respite may also be provided in general public community settings such as parks, libraries, museums and stores. Respite services facilitate the Participant's social interaction, use of natural

supports, typical community services available to all people, and participation in volunteer activities.

This service includes assistance with activities of daily living and instrumental activities of daily living and activities that improve the Participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite Provider must maintain the Participant's schedule of activities.

If the Participant receives Behavioral Specialist Services, this service includes implementation of the BSP and, if necessary, the CIP. The service includes collecting and recording the data necessary to support review of the ISP and the BSP.

Respite services may not be provided at the same time that Community Support, Day Habilitation, Supported Employment (when provided directly to the Participant), or Transitional Work Services is provided.

When Respite is provided in a licensed residential setting, the settings must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. If an exception to where Respite can be provided is needed, BAS must be notified and approve the request for exception.

Specialized Skill Development (SSD)

Specialized Skill Development (SSD) services are used to address challenges Participants may have because of limited social skills, perseverative behaviors, rigid thinking, difficulty interpreting cues in the natural environment, limited communication skills, impaired sensory systems, or other reasons. SSD uses specialized interventions to increase adaptive skills for greater independence, enhance community participation, increase self-sufficiency and replace or modify challenging behaviors. The intent of SSD is also to reduce the need for direct personal assistance by improving the Participant's capacity to perform tasks independently. Supports focus on positive behavior strategies that incorporate a proactive understanding of behavior and skill-building, not aversive or punishment strategies. Services are based on individually-tailored

plans developed by people with expertise in behavioral supports and independent living skills development.

Three (3) levels of support are included:

A. Behavioral Specialist Services (BSS)

BSS are provided by Behavioral Specialists or Behavioral Health Practitioners. BSS are specialized interventions that assist a Participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the Participant's inclusion in home and family life or community life. BSS promotes consistent implementation of the BSP and CIP across environments and across people with regular contact with the Participant, such as family, friends, neighbors and Providers, to support skill development and reduction of problematic behavior(s).

BSS include both the development of an initial BSP and ongoing behavioral support as follows:

1. Initial BSP development includes:

    a. Conducting a Functional Behavior Assessment (FBA) of the Participant's behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate BSP may be designed;

    b. Developing an individualized, comprehensive BSP – a set of interventions to be used by people coming into contact with the Participant to increase and improve the Participant's adaptive behaviors –within sixty (60) days of the start date of BSS.

    c. Developing a CIP in accordance with Appendix C – Crisis Intervention Plan.

    d. Entering the BSP and the CIP into HCSIS.

    e. Upon completing the BSP, meeting with the Participant, family members, Supports Coordinator, Providers, and employers to explain the BSP and the CIP to ensure all parties understand the plans.

2. Ongoing behavioral support includes support both before and after the completion of the BSP and includes direct support and consultative support. Upon completion of the initial BSP, the Behavioral Specialist provides direct and consultative supports. This service may be furnished in a Participant's home and at other community locations.

    a. Direct support includes:

        i. Support of and consultation with the Participant to help the Participant understand the purpose, objectives, methods, and documentation of the BSP, evaluate the effectiveness of the BSP and review recommended revisions;

        ii. Crisis intervention support provided directly to the Participant in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson could reasonably expect that the absence of immediate intervention will result in placing the Participant and/or the persons around the Participant in serious jeopardy including imminent risk of institutionalization or place the Participant at imminent risk of incarceration or result in the imminent damage to valuable property by the Participant.

    b. Consultative support includes:

        i. Support of family members, friends, Providers, other support providers, and employers to help them understand the BSP's purpose and objectives, how to implement the BSP, how progress toward the goals and objectives of the BSP is measured and documented, and assistance with understanding any revisions that have been made to the BSP, which have previously been agreed upon with the Participant;

        ii. Monitoring and analyzing data collected during implementation of the BSP based on the goals of the BSP;

        iii. If necessary, modification of the BSP or the CIP, possibly including a new FBA, based on data analysis of the plans implementation; and

iv. Crisis intervention support provided to informal or formal caregivers in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention will result in placing the Participant and/or the persons around the Participant in serious jeopardy including imminent risk of institutionalization or place the Participant at imminent risk of incarceration or result in the imminent damage to valuable property by the Participant.

When a BSP or CIP is revised, the Behavioral Specialist must update the BSP and CIP in HCSIS and notify the Participant and representative, if applicable, the Supports Coordinator, and all providers responsible for implementing the plan of the changes that were made to the BSP or CIP.

B. Systematic Skill Building (SSB)

SSB uses evidence-based methods to help the Participant acquire skills that promote independence and integration into the community, which are not behavioral in focus, such as learning how to cook or use public transportation. A Skill Building Specialist develops the Skill Building Plan (SBP) based on the Participant's goals. The SBP is implemented by individuals who provide Community Support, Supported Employment, Day Habilitation, or Residential Habilitation services. To ensure consistent application of the approach determined most effective for that Participant's skill acquisition and to promote generalization of skills across different environments, other people with regular contact with the Participant—such as family, friends, neighbors and employers-may also implement the SBP.

1. SBP development includes:

a. Conducting an evaluation of the Participant's abilities and learning style that is related to goals in the ISP. The evaluation may include the Participant's history with skill acquisition as well as identification of the Participant's baseline skills.

b. Within sixty (60) days of the start date of SSB, developing an SBP to address objectives that are aligned with the goals of SSB.

The SBP should be informed by Applied Behavior Analysis and use techniques such as backward and forward chaining, prompting, fading, generalization and maintenance to develop adaptive skills and promote consistency of

instructional methods across environments. The SBP must include benchmarks for assessing progress. A Participant's SBP may address multiple skills, as appropriate to address different goals or objectives. The SBP must justify necessary levels of SSB services.

Upon completion of the initial SBP, the Skill Building Specialist meets with the Participant, family, Supports Coordinator, and Providers to explain the SBP to ensure all parties understand the plan, how to implement it, how to collect necessary data for evaluating effectiveness, and the importance of its consistent application.

2. Ongoing support is provided after completion of the initial SBP and includes direct and consultative supports. It is provided in a Participant's home and at other community locations.

    a. Direct support includes:

        i. Support of and consultation with the Participant to help the Participant understand the purpose, objectives, methods, and documentation of the SBP and review recommended revisions;

        ii. Direct interaction or observation of the Participant to evaluate progress and the need to revise the SBP or its objectives.

    b. Consultative support includes:

        i. Support of family members, friends, Providers, other support providers, and employers to help them understand the SBP's purpose and objectives, how to implement the SBP, how progress toward goals of the SBP is documented, and assistance with understanding any revisions that have been made to the plan, which have previously been agreed upon with the Participant;

        ii. Monitoring and analyzing data collected during implementation of the SBP based on the goals of the SBP;

        iii. Modifying and revising the SBP.

C. <u>Community Support</u>

Community Support assists Participants with acquiring, retaining, and improving communication, socialization, self-direction, self-help, and other adaptive skills necessary to reside in the community. Community Support services are provided by Community Supports Professionals or other team members and are used to facilitate social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities. Community Support includes activities that improve capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Community Support may include personal assistance in completing activities of daily living and instrumental activities of daily living as an incidental component.
Community Support must be necessary to achieve the expected goals and objectives identified in the Participant's ISP. It may include implementation of the BSP, the CIP and/or the SBP and collecting and recording the data necessary in order to evaluate progress and the need for revisions to the plan(s).

Community Support may be provided at three (3) staffing levels: one (1) direct support professional to one (1) Participant, one (1) direct support professional to two (2) Participants and one (1) direct support professional to three (3) Participants. The lower staffing level options should be used to allow flexibility in the level of support at times when two (2) or three (3) Participants who share the same SSD/Community Support Provider are engaged in the same activity. The staffing level is determined by the Participant's need for support. One-toone support is still available at those times when the Participant's needs warrant it, or if the group activity is with Participants using different Providers.

Behavioral Specialist, Systematic Skill Building, and Community Support may be furnished in a Participant's home and at other community locations, such as libraries or stores.

Community Support may not be provided at the same time that Respite, Day Habilitation, Transitional Work Services, or Supported Employment services (when provided directly to the Participant) are provided.

Community Support may also not be provided on the same day the Participant is receiving Residential Habilitation Services when a Participant receives Residential Habilitation Services in a Community Home and the Participant is the only person receiving services in the home.

Supported Employment Services

Supported Employment Services are individualized services. Supported Employment Services assist a Participant who needs ongoing support with maintaining a job in a self-employment or competitive employment arrangement in an integrated work setting in a position that meets a Participant's personal and career goals. Participants receiving Supported Employment services must be compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees without disabilities.

Supported Employment may also be used to support a Participant who is self-employed to provide ongoing assistance, counseling, and guidance once the business has been launched.

Supported Employment is specific to the Participant and can be provided both directly to the Participant and indirectly for the benefit of the Participant. For instance, if the Participant has lost skills, or requirements of the job are expected to change, or a co-worker providing natural supports is leaving, the employer may wish to consult with the Supported Employment Provider in person, by phone, by email or by text, regarding how best to address the issue and effectively support the Participant.

Supported Employment may include personal assistance as an incidental component of the service.

If the Participant receives Specialized Skill Development services, the Supported
Employment service includes implementation of the BSP the CIP, and/or the SBP. The Supported Employment service includes collecting and recording the data necessary to support review of the ISP, the BSP, and the SBP.

Supported Employment includes two (2) components: Intensive Job Coaching and Extended Employment Supports.

Intensive Job Coaching includes onsite job training and skills development, assisting the Participant with development of natural supports in the workplace, coordinating with employers, coworkers (including developing coworker supports) and customers, as necessary, to assist the Participant in meeting employment expectations and addressing issues as they arise, such as training the Participant in using public transportation to and from the place of employment. Supported Employment Services do not include

payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business. Intensive Job Coaching provides on-the-job training and support to assist Participants in stabilizing in a supported or self-employment situation. Intensive Job Coaching supports Participants who require on-the-job support for more than 20% of their work week at the outset of the service, with the expectation that the need for support will diminish during the Intensive Job Coaching period (at which time, Extended Employment Supports will be provided if ongoing support is needed).

Extended Employment Supports are ongoing support available for an indefinite period as needed by the Participant for 20% or less of their work week. Extended Employment Supports are available to support Participants in maintaining their paid employment position or self-employment situation. This may include reminders of effective workplace practices and reinforcement of skills gained prior to employment or during the period of Intensive Job Coaching, coordinating with employers or employees and coworkers (including maintaining coworker supports). At least one (1) visit per month to the Participant at the work place is required in order to understand the current circumstances at the job site and to evaluate the Participant's level of need for the Supported Employment service, firsthand. This monthly monitoring will inform the employment supports provided by this service. Extended Employment Supports may be provided at a staff ratio of 1:1 and 1:2.

Supported Employment services, both intensive and extended, are provided by Job Developers or by an individual who meets the qualifications of a Job Developer under the direction of the Employment Services Director.

Supports Coordination

Supports Coordination services are provided by Supports Coordinators. Supports Coordinators must use a person-centered planning approach to help the Team develop a comprehensive ISP to meet the Participant's identified needs in the least restrictive manner possible. This includes ensuring that services provided in the Participant's private home and community as well as all residential and non-residential settings are integrated in and support full access to the community.

Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator assists Participants with obtaining and coordinating needed Covered Services and other services, as well as housing, medical, social, vocational, and other community services, regardless of funding source.

The service includes both the development of an ISP and ongoing Supports Coordination.

1. ISP Development includes:

    a. Ensuring that assessments are conducted to inform the development of the ISP and any updates to the ISP.

    b. Ensuring Participant choice of Covered Services and Providers by providing information to ensure Participants make fully informed decisions.

    c. Facilitating community transition for Participants who received Medicaid-funded institutional services (i.e., ICF/ID, ICF/ORC, nursing facility, and Institution for Mental Disease) and who lived in an institution for at least ninety (90) consecutive days prior to their transition to ACAP. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning.

    d. Assisting the Participant and his or her representative with finding, arranging for, and obtaining services specified in an ISP

    e. Informing Participants about and facilitating access to unpaid, informal, local, generic, and specialized services and supports that may address the identified needs of the Participant and help the Participant achieve the goals specified in the ISP;

    f. Providing information to Participants on the right to file a Complaint or Grievance or request a Fair Hearing.

    g. Assisting Participants in gaining access to needed services;

    h. Assisting Participants in participating in civic duties.

2. Ongoing Supports Coordination includes:

    a. Providing ongoing monitoring of the services included in the Participant's ISP. The Supports Coordinator must meet the Participant in person no less than quarterly to ensure the Participant's health and welfare, to review the Participant's progress, to ensure that the ISP is being implemented as written,

and to assess whether the Team needs to revise the ISP. Within each year, at least one (1) visit must occur in the Participant's home.

In addition, the Supports Coordinator must contact the Participant, his or her guardian, or a representative designated by the Participant in the ISP at least monthly, or more frequently as necessary to ensure the Participant's health and welfare. These contacts may also be made in person.

b. If the Participant receives Behavioral Specialist Services or Specialized Skill Building Services, ensuring the Participant's BSP, CIP, and SBP are consistent with the ISP, and reconvening the Team if changes are necessary.

c. Reconvening the Team to conduct a comprehensive review of the ISP at least annually or sooner if a Participant's needs change or if a Participant requests that the Team be reconvened.

d. Monitoring the Participant's progress on goals/objectives and initiating ISP Team discussions or meetings when services are not achieving desired outcomes.

e. Ensuring the timely completion of the SIB-R, the PRE, the QOL.Q, the Parental Stress Scale, and any additional assessments needed based on the unique needs of the Participant, and the completion of the assessment information on the ISP form annually as part of the

comprehensive review of the ISP and using information from the assessments to revise the ISP to address the Participant's needs.

f. Ensuring the Participant has appropriate opportunities to seek competitive, integrated employment and providing education and information to the Participant about competitive, integrated employment and the Office of Vocational Rehabilitation (OVR) services at the annual ISP meeting.

g. At least annually, assisting the Participant's physician in completing the level of care re-evaluation as necessary.

h. Informing the Participant about and facilitating access to unpaid, informal, local, generic, and specialized non-ACAP services and

supports that may address the identified needs of the Participant and help achieve the goals specified in the ISP.

i. Providing information to the Participant on the right to file a Complaint or Grievance or request a Fair Hearing and assisting with Complaints, Grievances, or Fair Hearings when needed and upon request.

j. Assisting the Participant with participating in civic duties.

k. Coordinating ISP planning with providers of services to ensure there are no gaps in service or inconsistencies between services; coordinating with other entities, resources and programs as necessary to ensure all areas of the Participant's needs are addressed; and contacting family, friends, and other community members as needed to facilitate coordination of the Participant's natural support network.

l. Assisting with resolving barriers to service delivery.

m. Keeping the Participant and others who are responsible for planning and implementation of non-ACAP services included in the ISP informed of the Participant's progress and changes that may affect those services.

n. Responding to and assessing emergency situations and incidents and ensuring that appropriate actions are taken to protect the health and welfare of the Participant.

o. Arranging for modifications of services and service delivery, as necessary to address the needs of the Participant, and modifying the ISP as needed.

p. Communicating the authorization status of Covered Services to ISP Team members, as appropriate.

Supports Coordination services includes maintaining electronic case records that document the following for all Participants receiving Supports Coordination services:

1. The name of the Participant.

2. The dates Supports Coordination services are provided.

3. The name of the Supports Coordinator providing Supports Coordination services.

4. The services the Participant is receiving and the Participant's progress towards the goals specified in the Participant's ISP.

5. Whether the Participant has declined services included in the Participant's ISP.

6. If coordination with other case managers or supports coordinators is needed, the reason coordination is needed, how the Supports Coordinator coordinated with other case managers and supports coordinators, and the results of the coordination.

7. The ISP and BSP and CIP if applicable.

If the Participant receives Specialized Skill Development services, Supports Coordination Services must be provided in a manner consistent with the BSP, the CIP, and/or the SBP.

Therapies

Therapies are direct services provided to assist Participants with the acquisition, retention or improvement of skills necessary for the Participant to live and work in the community and must be attached to an individualized outcome. Therapies include:

1. Speech/language therapy provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified or certification-eligible audiologist or a licensed speech therapist.

2. Occupational therapy provided by a licensed occupational therapist

3. Physical/mobility therapy provided by a licensed physical therapist

4. Counseling provided by a licensed psychologist, licensed psychiatrist, licensed social worker, licensed professional counselor, or licensed marriage and family therapist.

If the participant receives Specialized Skill Development services, Therapies must be provided in a manner consistent with the BSP the CIP, and/or the SBP.

Transitional Work Services

Transitional Work Services provide community employment opportunities in which the Participant is working alongside other people with disabilities. The intent of this service is to support Participants with transitioning to competitive integrated employment. Transitional Work Services may not be provided in a facility subject to Title 55, Chapter 2380 or Chapter 2390 regulations. This service is not time limited. Transitional Work Services do not include Supported Employment Services. Participants must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.

Transitional Work Services include mobile work force, work station in industry, affirmative industry, and enclave. A mobile work force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The Provider contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the Provider. A work station in industry involves individual or group training of individuals at an industry site. Training is conducted by a Provider training/job supervisor or by a representative of the industry, and is phased out as the individual(s) demonstrate job expertise and meet established production rates. Affirmative industry is operated as an integrated business, where disabled and nondisabled employees work together to carry out the job functions of the business. Enclave is a business model where disabled individuals are employed by a business/industry to perform specific job functions while working alongside non-disabled workers.

The cost of transportation provided by staff to and from job sites is included in the rate paid to the Provider. If the Participant receives Specialized Skill Development services, this service includes implementation of the BSP, the CIP and/or the SBP.

The service includes collecting and recording the data necessary to support review of the ISP, BSP and the SBP. Transitional Work Services may be provided without referring a Participant to OVR unless the Participant is under the age of twenty-four (24) and is paid at subminimum wage. When a Participant is under the age of twenty-four (24), Transitional Work Services may only be authorized as a new service in the ISP when documentation has been

obtained that OVR has closed the Participant's case or that the Participant has been determined ineligible for OVR services.

Vehicle Modifications

Vehicle Modification services are limited to $10,000 per Participant during a five (5) year period. The five (5) year period begins with the first utilization of authorized Vehicle Modifications services.

Vehicle Modifications costing over $500 must be recommended by an independent evaluation of the Participant's needs, including a functional evaluation of the impact of the modification on the Participant's needs. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist, a physical therapist, a Behavioral Specialist, or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Vehicle Modifications provider.

Vehicle Modifications are modifications or alterations to an automobile or van that is the Participant's primary means of transportation in order to accommodate the special needs of the Participant. Vehicle Modifications are modifications needed by the Participant, as specified in the ISP, to enable the Participant to integrate more fully into the community and to ensure the health, welfare, and safety of the Participant. The following are specifically excluded:

- Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the Participant
- Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications
- Modifications to a vehicle owned or leased by a provider

Vehicle Modifications cannot be used to purchase or lease vehicles for Participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of Vehicle Modifications. In order for this service to be used to fund modifications of a new or used vehicle, a clear breakdown of purchase price versus modifications is required.

Vehicle Modifications are limited to the following modifications:

1. Vehicular lifts

2. Interior alterations to seats, head and leg rests, and belts

3. Customized devices necessary for the Participant to be transported safely in the community, including driver control devices

4. Modifications needed to accommodate a Participant's special sensitivity to sound, light or other environmental conditions

5. Raising the roof or lowering the floor to accommodate wheelchairs

A vehicle that is to be modified, must comply with all applicable state standards. The vehicle that is modified may be owned by the Participant, a family member with whom the Participant lives, or a non-relative who provides primary support to the Participant and is not a paid Provider. Vehicle Modification services may also be used to adapt a privately-owned vehicle of a Shared Living host when the vehicle is not owned by the Shared Living Provider.

Individuals providing this service must meet all applicable state and local licensure requirements. All modifications must meet applicable standards of manufacture, design, and installation. Services must be provided in accordance with applicable state and local codes. Providers of Vehicle Modifications services must carry commercial general liability insurance, professional liability errors and omissions insurance, and worker's compensation insurance when required by state law.

If the Participant receives Specialized Skill Development services, Vehicle Modifications must be consistent with the BSP the CIP, and/or the SBP.

Visiting Nurse Services

Visiting Nurse Services are provided to a Participant when a Participant requires a nurse to perform involved medical routines. Visiting Nurse Services must be prescribed by a licensed physician.

If the Participant receives Specialized Skill Development services, Visiting Nurse Services must be provided in a manner consistent with the BSP the CIP, and/or the SBP.