IFS Waiver Service Definitions

CT Department of Developmental Services (DDS) seeks to support individuals who wish to remain in their own or his/her family home, and, families with children, through an array of services needed to do so, thereby providing a viable alternative to out-of-home congregate service setting options. This waiver will also provide individual participant's with the array of services and supports necessary to self-direct their own services to the extent desired. The services and supports described herein are grouped into three broad categories of supports: Home and Community Supports; Day and Vocational Supports; and , Ancillary Supports, In addition, Home and Vehicle Modifications, Family and Individual Consultation and Support, Interpreter Services, and Family Training are requested services options.

The Home and Community Supports category includes the following services: Personal Support, Adult Companion Services; Supported Living; IS Habilitation; Respite; and, PERS. The participant's use of any service or combination of services in this category is limited to up to $22,000 per participant per year based on assessed level of need, unless the CT Department of Developmental Services approves an exception to this service limit.

The Day and Vocational Supports category includes: Supported Employment; Group Day Support; and Individual Day Support. The participant's use of any service or combination of services in this category is limited to a maximum of $20,000 per participant per year based on assessed level of need, unless the CT Department of Developmental Services approves an exception to this service limit.

The Ancillary Supports category includes: Transportation; Specialized Medical Equipment; and, Consultative Services. The participant's use of any service or combination of services in this category is limited up to $4,000 per participant per year based on assessed level of need, unless the CT Department of Developmental Services approves an exception to this service limit.

Home and Community Supports

Personal Support - assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home Health Care services. Provision of services is limited to the person's own or family home and/or in their community. Examples include assistance with personal grooming, dressing and eating (assistance that does not meet Home Health level of care), assistance with making purchases in the community, and attending community and leisure activities.

Services may be provided by a qualified family member or relative, independent contractor or service agency. In the case of providers who are family members, federal financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18, a participant's spouse, a conservator or a relative of a conservator. For other family members, federal financial participation is allowable only when the service would otherwise need to be provided by a qualified provider. This service may not be used in combination with Supported Living/Residential Hab services.

Adult Companion Services- Non-medical care, supervision and socialization provided to an adult. Services may include assistance with meals and basic activities of daily living incidental to the care and supervision of the individual. This service is provided to carry out personal outcomes identified in the individual plan. This service does not entail hands-on nursing care, except as permitted under the *Nurse Practice Act (CGS 20-101)..* This service may be self directed or provided by a qualified agency.

Residential habilitation - assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, household chores, planning for the preparation of food, purchasing, financial management, health care management, and the social skills necessary to enable the individual to reside in a non-institutional setting. This service is delivered in a flexible manner to provide the periodic support necessary for an individual to live in his/her own home, and may include a combination of support and habilitative activities. The primary emphasis of this service is to provide instruction and learning opportunities designed to enhance the individual's ability to accomplish the skills necessary to successfully live independently in the community.

Residential habilitation services are limited to adults who live in their own home and are supported by a Supported Living agency. The benefit package in the waiver includes a limitation of up to $22,000 per year based on assessed need, and can not be used in combination with respite, IS habilitation, companion services, or personal support.

IS Habilitation - assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the plan of care; such as personal grooming and cleanliness, household chores, planning for the preparation of food, purchasing, financial management, health care management, and social skills. The primary emphasis of this service is to provide instruction and learning opportunities designed to enhance the individual's ability to accomplish the skills necessary to successfully live independently in the community.

This service is not available for use in licensed settings. Payments for IS habilitation are not made for room and board. Provision of services is limited to the person's own or family home and/or in their community.

Services may be provided by a qualified family member or relative, independent contractor or service agency. In the case of providers who are family members, federal financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18, a participant's spouse, conservator, or a relative of a conservator. For other family members, federal financial participation is allowable only when the service would otherwise need to be provided by a qualified provider.

IS habilitation may not be used in combination with residential habilitation.

Respite care - Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

Personal Emergency Response Systems (PERS) - PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2 of the IFS waiver. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Day and Vocational Supports

Supported employment services - Services and supports to assist the individual to obtain and maintain paid employment in places where persons without disabilities are also employed. Supported

employment includes evaluation, job development, assistance in locating em0ployment, job coaching and monitoring/periodic supports to maintain employment successfully. This service is not for use to provide on-going, long-term 1:1 direct support to enable an individual to complete the actual work activities.

Group Day Services - Includes Sheltered Workshops and Group Day Support Options provided outside of the home. Services and supports lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities. These services are delivered in or from a facility-based program. This service is provided by a qualified agency.

Individualized Day Support - Services and supports provided to individuals tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, or for an individual who has their own business, and could not do so without this direct support. This service is not provided in or from a facility-based program. This service may be self directed or provided by a qualified agency.

Ancillary Supports

Transportation - Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. This service is paid on a per mile or per trip basis.

Specialized Medical Equipment and Supplies - Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with he environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation. Prior approval will be required with documentation by a licensed therapy professional for single items costing more than $750. The benefit package is limited to $3,000 over the three year period of the waiver per recipient.

Consultative Services – services that assist natural support persons and/or paid support staff in carrying out individual treatment/support plans, which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. Consultation activities are provided by professionals in psychology, speech therapy, occupational therapy, physical therapy, nutrition, counseling and behavior management. The service may include the development of a home treatment/ support plan, training to carry out the plan and monitoring of the individual and the provider in the implementation of the plan. This service may only be delivered in the individual's home or in the community as described in the treatment/support plan.
This service may provided by a qualified vendor, independent professional only.

Other Services

Environmental accessibility adaptations - Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes. The benefit package is limited to a maximum of $10,000 within the three year period per recipient for environmental modifications and vehicle modifications combined. Once this cap is reached, $300 per individual per year may be allowable for repair, replacement or additional modification with prior approval.

Vehicle Modification Services - Alterations made to a vehicle which is the individual's primary means of transportation, when such modifications are necessary to improve the individual's independence and inclusion in the community, and to avoid institutionalization. The vehicle may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of such services.

The benefit package is limited to a maximum of $10,000 within the three year period per recipient for environmental modifications and vehicle modifications combined. Once this cap is reached, $300 per individual per year may be allowable for repair, replacement or additional modification with prior approval.

Family training - Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care. This service is only delivered by DDS Family Support Teams.

Interpreter Services – Service of an interpreter to provide accurate, effective and impartial communication where the waiver recipient or representative is deaf or hard of hearing or where the individual does not understand spoken English. The benefit package for this waiver is limited to $1200 per year. This service may be self-directed or provided b a qualified agency.

Family and Individual Consultation and Support (FICS) - Support and Consultation provided to individuals and/or their families to assist them in directing their own plan of individual support. This service is limited to those who direct their own supports. The services included are :

- Assistance with managing the Individual Budget
- Support with and training on how to hire, manage and train staff
- Accessing community activities and services, including helping the individual and family with day to day coordination of needed services.
- Developing an emergency back up plan

- Self advocacy training and support

This service may be self-directed or provided by a qualified agency. A qualified agency can not deliver this service and be the provider of other direct supports services.

Fiscal/Employer Agent - Service/function that assists the family and/or individual to manage and distribute funds contained in the individual budget including, but not limited to, the facilitation of employment of service workers by the family or individual, including Federal, state and local tax withholding/payments, unemployment compensation fees, wage settlements, fiscal accounting and expenditure reports, etc. This service will be delivered as an administrative cost. This service is required to be utilized by individuals and families who choose to hire their own staff and self-direct their plan of care. See attachment Appendix B, Attachment 2 and 3, B36-B41 inclusive, for DDS Fiscal Intermediary Procedures.