

## **Appendix F: Rates and Definitions**

## **Qualified Service Package for Persons with Mental Illness Assertive Community Treatment (ACT)**

### **Definition**

Assertive Community Treatment (ACT) is a recovery focused, high intensity, community-based service for individuals discharged from multiple or extended stays in hospitals, or who are difficult to engage in treatment. The service utilizes an interdisciplinary team to provide intensive, integrated, rehabilitative community support, crisis, and treatment interventions/services that are available 24-hours/7days a week.

ACT includes a comprehensive array of rehabilitative services integrated with medical care, most of which is provided in non-office settings by a mobile multidisciplinary team. The team provides community support services interwoven with treatment and rehabilitative services and regularly scheduled team meetings to no fewer than 60 active participants.

The ACT team provides nearly all the treatment needed by the participant. ACT community and clinical services are guided by the participant's strengths and preferences. The service involves an assertive approach, individually tailored programming, ongoing monitoring, variable support, *in vivo* service, relating to participants as responsible citizens, utilizing a variety of community resources and collaborating with the family. Community-based treatment enables the team to become intimately familiar with the participant's surroundings, strengths and challenges, and to assist the participant in learning skills applicable to his/her actual living environment. The team is persistent in engaging the participant, doing whatever is necessary to keep the individual involved in community life and active in treatment.

ACT services are targeted to individuals with the most complex and persistent psychiatric problems (including those with co-occurring psychiatric and substance use disorders) seen among persons living outside institutional settings. ACT service recipients also are likely to have interlocking social, economic and legal problems that complicate their behavioral health treatment. ACT service users often have erratic behaviors, are frequent users of crisis services, are often difficult to engage in care, have poor adherence to treatment plans, have had multiple hospitalizations, have not benefited from the traditional array of community-based services and, were it not for ACT care, would likely require hospitalization or care in some other institutional setting.

**Rate:** \$35.00/qtr. hr

### **Provider Qualifications/Conditions for Participation**

**Certificate:** The Joint Commission (TJC).

**Other Standards:** ACT clinical staff shall hold either a master's degree in a behavioral health-related specialty (may include special education or rehabilitation) to function as a licensed clinical ACT provider. Paraprofessionals on an ACT team must have a bachelor's degree OR have two years experience in the provision of mental health services (may include special

education and/or services to persons with developmental disabilities), OR be a Certified Peer Specialist.

As ACT service provider must meet the State of Connecticut certification standards to provide both Clinical Services and ACT services as defined by the Department of Mental Health and Addiction Services (DMHAS).

**Entity Responsible for Verification:** DMHAS

**Frequency of Verification:** At start of services and at recertification.

**Unit of Service:** 15 minutes

**Covered services**

ACT services of at least 15-minutes duration provided to the participant by a direct-care member of the ACT team in the participant's home and in other community settings. These services include:

- (1) Mental health services, including:
  - Comprehensive Assessment that contains a psychiatric history, risk assessment, functional history, mental status examination, and diagnosis; and assessments of physical health; use of drugs and alcohol; education and employment; social development and functioning; activities of daily living; family structure and relationships; and environmental supports.
  - Treatment and rehabilitation planning, including a timeline of past events
  - Service coordination.
  - Crisis assessment and face-to-face or telephonic crisis intervention and monitoring
  - Symptom assessment and management.
  - Development of skills for recognizing stressors, and building coping mechanisms and recovery strategies.
  - Medication prescription, administration, monitoring and education (Note: these services may be provided in an office setting).
  - Counseling and psychotherapy.
- (2) Co-occurring substance abuse services, using the Integrated Dual Disorders Treatment (IDDT) model.
- (3) Clarification of goals and motivational support for pursuing goals related to employment, education, community involvement, and use of natural supports (Note: documentation shall be maintained in the file of each participant receiving work and education-related services that such services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).
- (4) Residential supports, such as motivating the participant to find and lease an apartment, and assistance with tenancy issues and problems.

- (5) Skill building and support for Activities of Daily Living, including:
  - Teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, nutrition, meal planning and preparation, housekeeping and basic household tasks, dressing, personal grooming and hygiene, management of financial resources, shopping, use of leisure time, interpersonal communication, personal safety, child care and parenting, basic first aid, and problem solving.
  - Other skill development activities directed at reducing disability, restoring functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence as identified in the waiver Recovery Plan.
  - Social/interpersonal relationship and leisure-time skill training.
- (6) Education, support, and consultation to family members (and significant others) of the participant, provided these activities are directed exclusively toward the treatment of the participant.
- (7) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (8) Travel with a participant or family member when the ACT Service provider is also engaged in a qualifying waiver service activity.
- (9) Group treatment, involving not more than four persons receiving care, focusing on any of the activities listed in items #1-G through #5-C, above. (NOTE: Group rates are 30 percent of the individual ACT rate. See applicable rate schedule for details).

### **Limitations**

Coverage of ACT services shall be subject to the following limitations:

- (1) ACT services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) ACT services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician who is a member of the ACT team.
- (3) ACT is a comprehensive team intervention with most behavioral health services provided by the ACT team. The Department will not pay for ACT services concurrently with other Medicaid funded behavioral health services except to support a transition period (of up to 30 days) across levels of care. The Department will pay for ACT services provided concurrently with inpatient psychiatric services, detoxification services, opioid treatment, neuropsychological testing, partial hospitalization, day treatment, intensive outpatient treatment, transitional care management, recovery assistance, short term supervision and support, and supported employment services.

- (4) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one direct-care member of an ACT team for services to a participant during a specific time period (i.e., billable unit of time).
- (5) The Department shall not pay for:
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the Department.
  - Services or components of services provided solely for social, recreational, educational or vocational purposes.
  - Costs associated with room and board for participants.

### **Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare, and problem solving to address concerns.
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery.
- (3) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization of services.
- (4) Completion of progress notes or billing documentation.
- (5) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among ACT team members, including for the purpose of treatment planning.
- (6) Time spent performing routine services such as cleaning, cooking, shopping or child care designed to provide relief or respite for the primary caregiver.
- (7) No-shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable.
- (8) ACT services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments.
- (9) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.

## **Community Support Program (CSP)**

### **Definition**

Community Support Program (CSP) consist of mental health and substance abuse rehabilitation services and supports necessary to assist the individual in achieving and maintaining the highest degree of independent functioning. The service utilizes a team approach to provide intensive, rehabilitative community support, crisis intervention, group and individual psycho-education, and skill building for activities of daily living.

CSP includes a comprehensive array of rehabilitation services most of which are provided in non-office settings by a mobile team. Services are focused on skill building with a goal of maximizing independence. Community-based treatment enables the team to become intimately familiar with the participant's surroundings, strengths and challenges, and to assist the participant in learning skills applicable to his/her living environment. The team services and interventions are highly individualized and tailored to the needs and preferences of the individual.

**Rate:** \$24.25/qtr. hr

### **Provider Qualifications/Conditions for Participation**

**Certificate:** Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC).

**Other Standards:** CSP staff shall hold either a bachelor's degree in a behavioral health-related specialty (may include special education or rehabilitation) OR have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) OR be a Certified Peer Specialist.

A CSP provider must meet the State of Connecticut certification standards to provide CSP services as defined by the Department of Mental Health and Addiction Services (DMHAS).

**Entity Responsible for Verification:** DMHAS

**Frequency of Verification:** At start of services and at recertification.

**Unit of Service:** 15 Minutes

### **Covered services**

CSP services of at least 15-minutes duration provided to the participant by a direct-care staff member of the CSP team in the participant's home and in other community settings. These services include:

- (1) Rehabilitation assessment and development of the rehabilitation plan.

- (2) Re-evaluation and adjustment of the rehabilitation plan.
- (3) Crisis response services either face-to-face or telephonic.
- (4) Psycho-education services for rehabilitation from psychiatric or substance abuse disorders.
- (5) Clarification of goals and motivational support for pursuing goals related to employment, education, community involvement, and use of natural supports. (Note: documentation shall be maintained in the file of each participant receiving work or education-related services that such services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.)).
- (6) Residential supports, such as motivating the participant to find and lease an apartment, and assistance with tenancy issues and problems.
- (7) Skill building and support for Activities of Daily Living, including:
  - Teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, nutrition, meal planning and preparation, housekeeping and basic household tasks, dressing, personal grooming and hygiene, management of financial resources, shopping, use of leisure time, interpersonal communication, personal safety, child care and parenting, basic first aid, and problem solving.
  - Other skill development activities directed at reducing disability, restoring participant functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence as identified in the waiver Recovery Plan.
  - Teaching of recovery skills in order to prevent relapse such as symptom recognition, coping with symptoms, emotional management, relaxation skills, self administration and appropriate use of medications, and preparation of illnesses related advance directives.
  - Development of self-advocacy skills for the purpose of accessing natural supports, self-help, and other advocacy resources.
  - Health and wellness education.
- (8) Education, support, and consultation to family members (and significant others) of the participant, provided these activities are directed exclusively toward the rehabilitation treatment of the participant.
- (9) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (10) Travel to an appointment with a participant or family member when the CSP provider is also engaged in a qualifying waiver service activity.

- (11) Group treatment, involving not more than four persons receiving care, focusing on any of the activities listed in items #4 through #7 above. (NOTE: Group rates are 30 percent of the individual CSP rate. See applicable rate schedule for details).

### **Limitations**

Coverage of Community Support Program services shall be subject to the following limitations:

- (1) CSP services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) CSP services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider.
- (3) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one direct-care member of a CSP team for services to a participant during a specific time period (i.e., billable unit of time).
- (4) With the allowable exception of a transition period to CSP (up to 30 days), individuals receiving residential rehabilitation services paid for by Medicaid in a group home are excluded from CSP.
- (5) The Department shall not pay for:
  - Psychiatric evaluation and treatment, medication management, individual, group and family psychotherapy.
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the Department.
  - Services or components of services provided solely for social, recreational, educational or vocational purposes.
  - Costs associated with room and board for participants.

### **Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns.

- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery.
- (3) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization of services.
- (4) Completion of progress notes or billing documentation.
- (5) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among CSP team members, including for the purpose of treatment planning.
- (6) Time spent performing routine services such as cleaning, cooking, shopping, or child care designed to provide relief or respite for the family.
- (7) No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable.
- (8) CSP services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments.
- (9) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.

# Peer Support

## Definition

Peer Support – Is available as a step-down from more intensive waiver services such as Assertive Community Treatment (ACT) or Community Support Program (CSP), when an ACT or CSP level of care is no longer needed. Peer support includes face-to-face interactions that are designed to promote ongoing engagement of persons covered under the waiver in addressing residual problems resulting from psychiatric and substance use disorders, and promoting the individuals strengths and abilities to continue improving socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with behavioral health services providers and others in support of the participant.

**Rate:** \$13.50/qtr.hr

## Provider Qualifications/Conditions for Participation

Agency based: A Peer Support specialist shall:

- Be at least 18 yrs old.
- Possess at least a high school diploma or GED.
- Possess a valid Connecticut driver's license.
- Be certified as a Peer Support Specialist in accordance with requirements set by the Department of Mental Health and Addiction Services (DMHAS).
- Meet requirements for ongoing continuing education set by DMHAS.
- Demonstrate ability to support the recovery of others from mental illness and/or substance abuse.

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator.
- Report changes in the participant's condition or needs.
- Maintain confidentiality.
- Meet the participant's needs as delineated in the waiver Recovery Plan.
- Implement cognitive and behavioral strategies.
- Function as a member of an interdisciplinary team.
- Respond to fire and emergency situations.
- Accept supervision in a manner prescribed by the Department or its designated agent.
- Maintain accurate, complete and timely records that meet Medicaid requirements.
- Use crisis intervention and de-escalation techniques.
- Provide services in a respectful, culturally competent manner.
- Use effective Peer Support practices.

## **Unit of Service: 15 Minutes**

### **Covered services**

Peer Support services of at least 15-minutes duration provided face-to-face with the participant in his/her home and in other community settings. These services include:

- (1) Coaching and support related to:
  - Continued use of recovery skills.
  - Involvement in community activities and positive relationships with family and friends.
  - Attention to personal hygiene and appropriated dress.
  - Involvement in vocational, volunteer or educational activities.
  - Follow through on personal obligations and commitments.
  - Self advocacy during self-help, peer support and community meetings.
  - Self advocacy during meetings with providers to facilitate linkage, communication and improved continuity of care.
  - Development of natural supports.
  - Filing complaints and follow-up with proposed resolution as needed, finding resources.
  
- (2) Assisting with avoidance of:
  - Behaviors that might lead to a psychiatric crisis.
  - Risky behaviors (e.g., unprotected sex, smoking/excessive use of tobacco products, unsafe driving/driving without seatbelt, unsafe relationships, criminal activities).
  - Substance abuse.
  - Overspending.
  - Unnecessary conflict.
  
- (3) Mentoring and advice to facilitate development of effective decision making and problem solving skills.
  
- (3) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
  
- (4) Travel with the participant when the Peer Support provider is also engaged in a qualifying waiver service activity.

### **Limitations**

Coverage of Peer Support services shall be subject to the following limitations:

- (1) Peer Support services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.

- (2) Peer Support services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider.
- (3) Individuals receiving Assertive Community Treatment (ACT) or Community Support Program (CSP), both of which have a peer support component, are excluded from waiver Peer Support services, except during a brief transition phase (not to exceed 30 days) between ACT or CSP and Peer Support.
- (4) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Peer Support services to a participant during a specific time period (i.e., billable unit of time).
- (5) The department shall not pay for:
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the department.
  - Services or components of services provided solely for social, recreational, educational or vocational purposes.

### **Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns.
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery.
- (3) Telephone contact with the participant.
- (4) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization of services.
- (5) Completion of progress notes or billing documentation.
- (6) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning.

- (7) No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable.
- (8) Peer Support services of less than fifteen minutes duration for procedures whose billing codes are defined in 15-minute increments.
- (9) Time spent engaged in activities required by a credentialing or oversight entity such as gathering and submitting care plan or service data or other information.

## Recovery Assistant

### Definition

Recovery Assistant – A flexible range of supportive assistance provided face-to-face in accordance with a Waiver Recovery Plan that enables a participant to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include: performing household tasks, providing instructive assistance, or cuing to prompt the participant to carry out tasks (e.g., meal preparation; routine household chores, cleaning, laundry, shopping, and bill-paying; and participation in social and recreational activities), and; providing supportive companionship. The Recovery Assistant may also provide instruction or cuing to prompt the participant to dress appropriately and perform basic hygiene functions; supportive assistance and supervision of the participant, and; short-term relief in the home for a participant who is unable to care for himself/herself when the primary caregiver is absent or in need of relief.

**Rates: Agency based - \$5.50/qtr. Hr.; Individual - \$3.25/qtr. hr**

### Provider Qualifications/Conditions for Participation (Both Individual and Agency-Based)

#### A Recovery Assistant shall:

- Be at least 18 yrs old.
- Possess at least a high school diploma or GED.
- Possess a valid Connecticut driver's license.
- Be Bonded for \$10,000, if performing money management for the participant.
- Be registered with the Department of Mental Health and Addiction Services (DMHAS) as having completed an approved Recovery Assistant training program and meet any continuing education and/or training requirements set by DMHAS.

#### Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator.
- Report changes in the participant's condition or needs.
- Maintain confidentiality.
- Meet the participant's needs as delineated in the waiver Recovery Plan.
- Implement cognitive and behavioral strategies.
- Function as a member of an interdisciplinary team.
- Respond to fire and emergency situations.
- Accept supervision in a manner prescribed by the Department or its designated agent.
- Maintain accurate, complete and timely records that meet Medicaid requirements.
- Use crisis intervention and de-escalation techniques.
- Provide services in a respectful, culturally competent manner.

**Unit of Service: 15 Minutes**

**Covered services**

Recovery Assistant services of at least 15-minutes duration provided to the participant in his/her home and in other community settings. These services include:

- (1) Performing the following tasks if the participant (by reason of physical or psychiatric disability) is unable to perform them, or assisting, or cueing the participant to perform them.
- (2) Meal planning and preparation, shopping, housekeeping (e.g., changing linens, washing dishes, vacuuming/dusting, laundry, mending clothing repairs), basic household tasks (e.g., regulating home temperature, storing food appropriately, resolving issues about bill paying).
- (3) Dressing, personal grooming and hygiene (e.g., bathing, dressing, and oral care).
- (4) Appropriate use of emergency medical services.
- (5) Assisting or cueing the participant to perform or become engaged in:
  - Family, social, and recreational activities.
  - Appropriate use of natural community supports (e.g., social clubs, faith-based supports).
  - Appropriate use of routine medical/dental services.
  - Use of medications as prescribed, including self administration of medications.
  - Healthy habits (e.g., healthy diet, exercise, and behaviors designed to alleviate stress).
  - Fulfillment of personal commitments, and adherence to scheduled appointments/meetings (e.g., clinical, vocational, educational, and judicial/court).
- (6) Assisting or cueing the participant to avoid:
  - Risky behaviors (e.g., unprotected sex, smoking/excessive use of tobacco products, unsafe driving/driving without seatbelt, unsafe relationships, criminal activities).
  - Substance abuse.
  - Overspending.
  - Unnecessary conflicts.
- (7) Supportive and problem solving-oriented discussions with the participant.
- (8) Establishing and maintaining a helpful, supportive, companionship relationship with the participant that involves such activities as:
  - Escorting the participant to necessary medical, dental, or personal business appointments.
  - Reading to or for the participant.
  - Engaging in or discussing recreational, hobby, or sport-related activities.

- (9) Other activities directed at reducing disability, restoring participant functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence.
- (10) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (11) Travel with a participant when the Recovery Assistant is also engaged in a qualifying waiver service activity.

### **Limitations**

Coverage of Recovery Assistant services shall be subject to the following limitations:

- (1) Recovery Assistant services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) Recovery Assistant services shall be based on the waiver Recovery Plan.
- (3) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one Recovery Assistant for services to a participant during a specific time period (i.e., billable unit of time).
- (4) Individuals receiving residential rehabilitation services paid for by Medicaid in a group home are excluded from Recovery Assistant services, except during a brief transition phase to a lower level of care (not to exceed 30 days).
- (5) The Department shall not pay for:
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the Department.
  - Services or components of services provided solely for educational or vocational purposes.
  - Costs associated with room and board for participants.

**Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
- (3) Telephone contact with the participant;
- (4) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization of services;
- (5) Completion of progress notes or billing documentation;
- (6) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning;
- (7) No-shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
- (8) Recovery Assistant services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments; and
- (9) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.

## Short-Term Supervision and Support

### Definition

Short-term supervision and support – Consists of face-to-face mental health and substance abuse services provided to individuals within the home and community. The service involves brief, concentrated interventions to stabilize psychiatric conditions or behavioral and situational problems including substance abuse, prevent escalation of psychiatric symptoms, reduce the risk of harm to self or others, avert loss of housing, and wherever possible to avoid the need for hospitalization or other more restrictive placement. Services and interventions are highly individualized and tailored to the needs and preferences of the participant, with the goal of maximizing independence and supporting recovery.

**Rate:** \$12.00/qtr. Hr.

### Provider Qualifications/Conditions for Participation

**Certificate:** Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC)

**Other Standards:** Short-term supervision and support staff shall have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities)

Meet the State of Connecticut certification standards to provide Short-Term Supervision and Support services defined by the Department of Mental Health and Addiction Services

**Entity Responsible for Verification:** DMHAS

**Frequency of Verification:** At start of services and at recertification

Agency based: A Short-term Supervision and Support staff member shall:

- Be at least 18 yrs old.
- Possess at least a high school diploma or GED.
- Possess a valid Connecticut driver's license.

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator.
- Report changes in the participant's condition or needs.
- Maintain confidentiality.
- Meet the participant's needs as delineated in the waiver Recovery Plan.
- Implement cognitive and behavioral strategies.
- Function as a member of an interdisciplinary team.
- Respond to fire and emergency situations.
- Accept supervision in a manner prescribed by the Department or its designated agent.
- Maintain accurate, complete and timely records that meet Medicaid requirements.

- Use crisis intervention and de-escalation techniques.
- Provide services in a respectful, culturally competent manner.
- Use effective and evidence-based Short-term Supervision and Support practices.

**Unit of Service:** 15 Minutes

### **Covered services**

Short-term supervision and support services of at least 15-minutes duration provided to the participant in his/her home and in other community settings. These services include:

- (1) Observation, evaluation and monitoring in order to reduce the participant's risk of harm to self or others, and to determine whether additional supports are necessary.
- (2) Practical problem-solving advice and assistance designed to address and remediate the antecedent causes of an emerging psychiatric or behavioral crisis.
- (3) Crisis intervention and supportive counseling designed to stabilize functioning, reduce stress, calm the participant and prevent further deterioration.
- (4) Communication with supervisory staff to report the participant's condition and whether any additional assistance is needed.
- (5) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (6) Travel with a participant when the Short-term Supervision and Support provider is also engaged in a qualifying waiver service activity.

### **Limitations**

Coverage of Short-term Supervision and Support services shall be subject to the following limitations:

- (1) Short-term Supervision and Support services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) Short-term Supervision and Support services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider.
- (3) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Short-term Supervision and Support services to a participant during a specific time period (i.e., billable unit of time).
- (4) The Department shall not pay for:
  - Time spent by the provider solely for the purpose of transporting participants.

- Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
- Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
- Programs, services or components of services that are not included in the fee established by the Department.
- Services or components of services provided solely for social, recreational, educational or vocational purposes.
- Costs associated with room and board for participants.

### **Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery.
- (2) Telephone contact with the participant.
- (3) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization.
- (4) Completion of progress notes or billing documentation.
- (5) Individual or group supervision, routine case reviews and rounds, ad-hoc consultation with supervisors and discussion or consultation among CSP team members, including for the purpose of treatment planning.
- (6) No-shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable.
- (7) Short-term supervision and support services of less than fifteen minutes duration for procedures whose billing codes are defined in 15-minute increments.
- (8) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan or service data or other information.

# Supported Employment

## Definition

Supported Employment Services – Consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings; particularly work sites where persons with disabilities are employed. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptation, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

**Rate:** \$15.75/qtr. Hr.

## Provider Qualifications/Conditions for Participation

**Certificate:** Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC).

**Other Standards:** Requirements set by DMHAS.

**Entity Responsible for Verification:** DMHAS

**Frequency of Verification:** At start of services and at recertification.

Agency based: A Supported Employment staff member shall:

- Be at least 18 yrs old.
- Possess at least a high school diploma or GED.
- Possess a valid Connecticut driver's license.

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator.
- Report changes in the participant's condition or needs.
- Maintain confidentiality.
- Meet the participant's needs as delineated in the waiver Recovery Plan.
- Implement cognitive and behavioral strategies.
- Function as a member of an interdisciplinary team.
- Respond to fire and emergency situations.
- Accept supervision in a manner prescribed by the Department or its designated agent.
- Maintain accurate, complete and timely records that meet Medicaid requirements.
- Use crisis intervention and de-escalation techniques.

- Provide services in a respectful, culturally competent manner.
- Use effective and evidence-based Supported Employment practices.

**Unit of Service:** 15 Minutes

**Covered services**

Supported Employment services of at least 15-minutes duration provided to the participant face-to-face or telephonically in the participant's home, employment location, or other community settings. These services include:

- (1) Training, skill building and support to assist the participant with managing his/her symptoms or other manifestations of disability in the workplace or job interview.
- (2) Assessment of the participant's:
  - Individualized career development goals and employment ideas/preferences.
  - Work related skills and vocational functioning.
- (3) Assistance in developing and periodically evaluating the individualized employment services component of the participant's waiver Recovery Plan;
- (4) Support and guidance through the process of obtaining and maintaining employment, including:
  - Teaching strategies to explore career development, write a resume, conduct job networking, pursue job leads, complete job applications, obtain interviews, and succeed in obtaining and maintaining employment.
  - Training and skill building regarding proper work habits, and appropriate interactions with coworkers and the public.
  - Advocating for the participant with potential and current employers.
  - Assisting with and reinforcing work-related problem solving skills.
- (5) Reinforcement of recovery skills designed to promote job retention and success in the workplace, including:
  - Healthy habits (e.g., healthy diet, exercise, medication management and behaviors designed to alleviate stress).
  - Fulfillment of personal and work-related commitments (e.g., adherence to the work schedule, avoidance of unnecessary tardiness and absences from work).
  - Identification and use of natural supports.
- (6) Assistance to support self-employment, including:
  - Aiding the participant to identify potential business opportunities.
  - Assisting in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business.
  - Identification of the supports that are necessary in order for the participant to operate the business.
  - Ongoing assistance, counseling and guidance once the business has been launched.

- (7) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (8) Travel with a participant when the Supported Employment provider is also engaged in a qualifying waiver service activity.

### **Limitations**

Coverage of Supported Employment services shall be subject to the following limitations:

- (1) Supported Employment services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) Supported Employment services shall be based on the waiver Recovery Plan.
- (3) Documentation shall be maintained in the file of each participant receiving Supported Employment that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).
- (4) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Supported Employment services to a participant during a specific time period (i.e., billable unit of time).
- (5) The Department shall not pay for:
  - Costs associated with starting up or operating a business.
  - Sheltered work or any other similar types of vocational services furnished in specialized facilities.
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
  - Payments passed through to participants in supported employment programs.
  - Training not directly related to an individual's supported employment program.
  - Programs, services or components of services that are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the Department.
  - Services or components of services provided solely for social, recreational, educational or vocational purposes.
  - Costs associated with room and board for participants.

**Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns.
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery.
- (3) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization of services.
- (4) Completion of progress notes or billing documentation.
- (5) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning.
- (6) No-shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable.
- (7) Supportive Employment services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments.
- (8) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.
- (9) Costs associated with room and board for participants.

# Transitional Case Management

## Definition

Traditional Case Management – Services provided to persons residing in institutional settings prior to their transition to the waiver to prepare them for discharge, or during the adjustment period immediately following discharge from an institution to stabilize them in a community setting, and to assist them with other aspects of the transition to community life by helping them gain access to needed waiver and other state plan services, as well as medical, social, housing, educational and other services and supports, regardless of the funding source for the services or supports to which access is gained. The State shall claim the cost of case management services provided to institutionalized persons prior to their transition to the waiver for a period not to exceed 60 days.

**Rate:** \$15.75/qtr. Hr Limited to 60 days; 200 units

## Provider Qualifications/Conditions for Participation

**Certificate:** Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC)

**Other Standards:** Transitional Case Management staff shall hold either a bachelor's degree in a behavioral health-related specialty (may include special education or rehabilitation) OR have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) OR be a Certified Peer Specialist.

Meet any other certification standards defined by the Department of Mental Health and Addiction Services.

**Entity Responsible for Verification:** DMHAS

Frequency of Verification: At start of services and at recertification.

Agency based: A Transitional Case Manager shall:

- Be at least 18 yrs old;
- Possess at least a high school diploma or GED; and
- Possess a valid Connecticut driver's license;

Training requirement: Training programs will address abilities to:

- Follow instructions given by the participant or the participant's conservator.
- Report changes in the participant's condition or needs.
- Maintain confidentiality.
- Meet the participant's needs as delineated in the waiver Recovery Plan.
- Implement cognitive and behavioral strategies.
- Function as a member of an interdisciplinary team.

- Respond to fire and emergency situations.
- Accept supervision in a manner prescribed by the Department or its designated agent.
- Maintain accurate, complete and timely records that meet Medicaid requirements.
- Use crisis intervention and de-escalation techniques.
- Provide services in a respectful, culturally competent manner.
- Use effective Transitional Case Management practices.

**Unit of Service:** 15 Minutes

### **Covered Services**

Transitional case management services of at least 15-minutes duration include:

- (1) Referral and related activities to help an participant obtain needed services, including activities that help link eligible individuals with medical, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.
- (2) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the waiver Recovery Plan is effectively implemented and adequately addressing the needs of the eligible individual, and which may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to help determine such matters as:
  - Whether services are being furnished in accordance with an individual's Recovery Plan.
  - Whether the services in the Recovery Plan are adequate.
  - Whether there are changes in the needs or status of the eligible individual, and if so, making necessary adjustments in the Recovery Plan and service arrangements with providers.
- (3) Face-to-face, telephonic and other contacts with the participant to assist preparation for discharge from an institutional setting and adjustment to community life immediately following discharge.
- (4) Contacts with landlords and vendors designed to locate and secure suitable housing, and make preparations necessary for the arrival of the participant, including such items as assuring:
  - A lease is signed and a security deposit is made, if needed.
  - Utilities or service access is obtained (telephone, electricity, heating and water).
  - Essential home/apartment furnishings are obtained and in place.
  - Other basic essentials are obtained and are in place, including window coverings, food preparation items, bed and bath linens, and personal care items.

- (5) Introducing the participant to other professionals or paraprofessionals involved in the waiver Recovery Plan.
- (6) Providing information, education and training for the participant regarding:
  - Household budget, living costs, and lease and utility arrangements.
  - Security features and the safe operation of appliances in the home.
  - Availability and how to access Community resources.
- (7) Assisting with or making arrangement for setting up the new home, including procuring, moving, and arranging finishing, appliances, and other household items.
- (8) Supervised visits with the participant to the participant's home, or to locate a suitable home during the transition from an institutional setting.
- (9) Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator.
- (10) Travel with a participant or family member(s) when the Transitional Case Manager is also engaged in a qualifying waiver service activity.

### **Limitations**

Coverage of Transitional Case Management services shall be subject to the following limitations:

- (1) Transitional Case Management services are limited to a period of 180 days and two hundred (200) ¼ hour service units. However, additional limitations on the volume and duration of these services may be specified in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits.
- (2) Transitional Case Management services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider.
- (3) A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Transitional Case Management services to a participant during a specific time period (i.e., billable unit of time).
- (4) The Department shall not pay for:
  - Transitional Case Management while the participant is receiving Medicaid funded Targeted Case Management services.
  - Time spent by the provider solely for the purpose of transporting participants.
  - Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature.
  - Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history.
  - Programs, services or components of services that are not included in the fee established by the Department.

- Services or components of services provided solely for social, recreational, educational or vocational purposes.
  - Costs associated with room and board for participants.
- (5) With the allowable exception of a transition period (up to 30 days), individuals receiving residential rehabilitation services paid for by Medicaid in a group home are excluded from Transitional Case Management.

### **Non-billable Activities**

The following activities are not billable, but have been factored into payment rates:

- (1) Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
- (2) Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
- (3) Telephone contact with the Department or its designated agent for the purpose of requesting or reviewing authorization;
- (4) Completion of progress notes or billing documentation;
- (5) Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning;
- (6) No-shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
- (7) Transitional Case Management services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments; and
- (8) Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan or service data or other information.

### **Additional Services Include**

Home Accessibility Modifications limited to \$10,000 annually

Specialized Medical Equipment limited to \$10,000 annually

Non-Medical Transportation (agency based) \$1,000 max per year

Non-Medical Transportation (individual) \$1,000 max per year

## **Chronic Care Aging Disability Qualified Service Package for Persons in Elderly and Physical Disability Target Groups**

The following services are approved under the Home Care Program for Elders Waiver – 0140.90.R1.04 and will be offered under the MFP demonstration of the new Chronic Care Aging Disability waiver.

### **Case Management:**

**Rate Agency: \$4.75/day**

**Service Definition:** Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and to other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendix A.

### **Homemaker**

**Rate: Agency or individual hired by participant \$4.00/qtr hr**

**Service Definition:** Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

In addition, laundry services may be provided by professional cleaning companies.

### **Respite Care**

**Rate: Agency or individual hired by the participant \$167 per day limited to 20 units per year**

**Service Definition:** 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.

Respite will be provided in the following locations:

Individual's home or place of residences, foster home, Medicaid certified NF, Other community care residential facility approved by the State that its not a private residence; specifically, Licensed Home for the Aged, Adult Family Living Provider.

### **Adult Day Health**

**Rate: Agency - \$65.00**

**Service Definition:** Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Physical, occupational and speech therapies indicated in the individual’s plan of care will be furnished as component parts of this service.

Transportation between the individuals’ place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services.

### **Transportation**

**Rate: Agency - \$20.00/trip limited to 25 trips per year; Individual- .42/mi (Max \$500 per year)**

**Service Definition:** 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), and shall not replace them.

Social and Community Service transportation is provided to fund access to appropriate social or recreational facilities. Transportation services under the waiver shall be offered in accordance with the individual’s plan of care. Wherever possible, family neighbors, friends or community agencies which can provide this service without charge will be utilized.

### **Chore services**

**Rate: Agency \$4.00 Individual \$2.59**

**Service Definition:** Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores 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. These services will be provided only in cases where neither the individual nor anyone else in the household, is capable of performing or financially providing for them and where no other relative, caregiver, landlord community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

### **Personal Emergency Response Systems (PERS)**

**Rate: Agency or Individual \$57.20 per month**

**Service Definition:** Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

### **Adult Residential Care**

**Rate: Agency or individual \$37.27 per day**

**Service Definition:** Adult foster care; (Adult family living) Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State Law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. The total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed 4. Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to an inherent in the providing of adult foster care services.

### **Assisted Living**

**Service Definition:** Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include: Home health care, medication administration, transportation specified in the plan of care, and periodic nursing evaluations.

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

Assisted living services shall be limited to services areas covered by Pilot projects established by Public Act 97-2 of the June 18<sup>th</sup> Special Session. Special Sessions Public Act 98-239 and Public Act 02-7. All other services shall be available State-wide. Separate payments will not be made for homemaker, attendant care, personal care, companion, or chore services. Since the activities included under these services are integral to and inherent in the provision of Assisted Living.

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family.

#### **Home delivered meals**

**Rate: 2 meals \$8.57**

**Service Definition:** Home Delivered Meals are "Meals on Wheels" include the preparation and delivery one (1) or (2) meals for persons who are unable to prepare or obtain nourishing meals on their own. Payment under the home care program is not available for more than 2 meals a day.

#### **Mental Health Counseling**

**Rate: Agency or individual - \$53.19**

**Service Definition:** Mental Health Counseling Services are professional counseling service provided to help resolve or enable the eligible individual to cope with individual, family, and/or environmentally related problems and conditions. Counseling focuses on issues such as problems in maintaining a home in the community, relocation within the community, dealing with a long term disability, substance abuse, and family relationships.

**The following services will be offered under the Chronic Care waiver and are authorized under either DDS or ABI 1915(c) waivers in the State of Connecticut**

#### **Independent Support Broker (Family and Individual Consultation and Support under DDS waiver)**

**Rate: Billed in qtr units; \$50.01/hr**

**Service Definition:** 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 developing a natural community support network.
- 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.
- Assistance with negotiating rates and reimbursements.
- Developing an emergency back up plan.
- Self advocacy training and support.

### **Participant Directed Service**

#### **Qualifications:**

Prior to Employment:

- 21 yrs of age
- Criminal background check
- Registry check
- Demonstrated ability, experience and/or education to assist the individual and/or family in the specific areas of support as described by the Individual Plan.
- Five years experience in working with people with physical disabilities or who are elderly involving participation in an interdisciplinary team process and the development, review and/or implementation of elements in an individual's plan of care.
- One year of the General Experience must have involved supervision of direct care staff in OR responsibility for developing, implementing and evaluating individualized supports for people with physical disabilities or who are elderly in the areas of behavior, education or rehabilitation.

**Substitutions Allowed:** College training in programs related to supporting people with disabilities (social service, education, psychology, rehabilitation etc.) may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four years.

- Demonstrate competence in knowledge of DSS policies and procedures: abuse/neglect; incident reporting; human rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques
- Demonstrate understanding of the role of the service, of advocacy, person-centered planning, and community services
- Demonstrate understanding of individual budgets and DSS fiscal management policies

## **Personal Care**

**Rate: Individual Max 18 hrs/day (72 units) \$3.45/qtr. Hr. Agency with choice - \$130.00 per day**

**Service Definition:** One or more persons assisting a person with a disability with tasks that the disabled individual would typically do for him/herself in the absence of a disability. Such tasks can be related to personal needs as well as community and work-related needs, and assistance may be performed at home, in the community or at work. Such services may include physical or verbal assistance to the consumer in accomplishing any Activity of Daily Living (ADL), Instrumental Activities of Daily Living (IADL). Personal Assistance Services also includes alternative and/or cost-effective methods of obtaining assistance that substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance, e.g. a microwave oven, sending out laundry, etc. ADLs include bathing, dressing, toileting, transferring, feeding. IADLs include meal preparation, medication administration.

### **Limits on the amount duration or scope:**

- (1) The department assigns a base number of hours to each classification group.
- (2) The department will deduct from the base hours to account for the participant's informal supports.
- (3) The assessment tool determines the adjustment for informal supports by determining the amount of assistance available to meet the participant's needs, assigns it a numeric percentage, and reduces the base hours assigned to the classification group by the numeric percentage.

## **Private Household Employee**

### **Qualifications:**

A personal care provider shall:

- Be at least 18 years of age.
- Have experience doing personal care.
- Be able to follow written or verbal instructions given by the consumer or the consumer's conservator.
- Be physically able to perform the services required.
- Follow instructions given by the consumer or the consumer's conservator.
- Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan.
- Be able to handle emergencies.
- Be able to function as a member of an interdisciplinary team.

**Environmental Accessibility Adaptations:****Rate: Maximum benefit over 5 year period not to exceed \$10,000.**

**Service Definition:** 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.

**Vehicle Modifications****Rate: Maximum benefit over 5 year period \$10,350**

**Service Definition:** Alterations made to a vehicle, which is the individual's primary means of transportation when such modifications are necessary to improve the waiver participant'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.

**Note:** Vehicle Modifications Services do not include the purchase or lease, regular maintenance or upkeep of the vehicle.

**Qualifications:**

Private contractors/business that must be approved by the State of Connecticut Bureau of Rehabilitation Services. They must possess a DMV dealer's and/or repairer's license.

**Pre-Vocational Service****Rate: Max Service Amount- 40 hrs/week; \$36.35/hour Individual or Agency**

**Service Definition:** Pre-vocational services are designed to prepare an individual for paid or unpaid employment, when the person is not expected to be able to join the workforce of participate in the transitional work program within one year (excluding supported employment programs)

Pre-vocational services do not include skill-building or job tasks for specific employment goals, but instead focus on teaching the concepts of compliance, attendance, task completion, problem-solving and safety, with the goal of enhancing attention span and motor skills. Pre-vocational services may include participant who perform volunteer work with pre-vocational supports.

When waiver participants are paid for pre-vocational services, they are paid at less than 50% of the minimum wage.

Pre-vocational services may not otherwise be available under a program funded under the Rehabilitation Act of 1073 as amended. Pre-vocational services are not provided under the waiver when participants are eligible for such services through special education.

**Provider qualifications:**

**Certificate:** Commission on Accreditation of Rehabilitation Facilities (CARF) Employment Services or, any provider that meets the State of Connecticut Standard to provide vocational services for the Bureau of Rehabilitation Services.

**Transitional Services**

**Rate: \$600 per transitional occurrence.**

**Service Definition:** Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person 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; and/or household appliances or items that are intended for purely diversional/recreational purposes.

**Department of Developmental Disabilities**  
**Qualified MFP Services**  
**Comprehensive and Individual and Family Support Waivers**

**Waiver Services**  
**Codes Units and Rates**

Service	Procedure Codes	Units/ Smallest unit increment	Vendor Rate
Residential Habilitation (SL)	T 2016	Contract	DMR Contract
Supported Living - Comp Waiver	97535	Hour / 15 minutes	32.20/hour
Individual Support Habilitation (IS) – IFS Waiver	97535	Hour / 15 minutes	32.20/hour
Personal Support	T 1019	Hour / 15 minutes	26.82/hour
Adult Companion	S 5135	Hour / 15 minutes	16.94/hour
Supported Employment Individual	T 2019	Hour / 15 minutes	58.11/hour
Supported Employment Group	T 2019	Hour / 15 minutes	10.90/hour
Supported Employment Group w/B	T2019B	Hour / 15 minutes	11.41/hour
Group Day – Day Support Option (DSO)	T 2021	Hour / 15 minutes	15.88/hour
Group Day – Shelter Workshop (SHE)	T2021	Hour / 15 minutes	7.72/hour
Group Day – SHE w/B	T2021B	Hour / 15 minutes	8.07/hour
Individualized Day	97537	Hour / 15 minutes	Negotiated (Cap of 32.20/hour)
Respite Individual (in home) Daily	S 5151	1 day	299.07/day
Respite Individual (in home) Hourly	S 5150	Hour / 15 minutes	24.92/hour
Respite Individual (out of home) Daily	S 5151	1 day	326.18/day
Respite Individual (out of home) Hourly	S 5150	Hour / 15 minutes	26.05/hour
Respite Group (in / out of home) Daily	S 5151	1 day	126.80/day
Respite Group (in / out of home) Hourly	S 5150	Hour / 15 minutes	9.44/hour
Personal Emergency Response System (Install)	1222 Z	One Time	33.98/install
Personal Emergency Response System (2 way)	1223 Z	1 month	56.63/month
Transportation	S 0215	1 mile	.43/mile
Transportation – one way trip		Trip	
Specialized Medical Equipment	T 2029	1 Unit	
Consultative Services			
Behavioral	H 2019	Hour / 15 minutes	71.02/hour
Counseling	S 9482	Hour / 15 minutes	71.02/hour
Nutrition	S 9470	Hour / 15 minutes	71.02/hour
Interpreter Services	T 1013	Hour / 15 minutes	54.63/hour
Family and Individual Consultation and Support (FICS)	T 2040	Hour / 15 minutes	51.50/hour
Intensive Staffing Support (Group Day & Respite Only)	Group Day Procedure Code + "Sup"	Hour / 15 minutes	11.41/hour
Assisted Living Com Waiver only	DSS Codes		
Level 1	1430Z	Per Diem/Daily	23.78/day
Level 2	1431Z	Per Diem/Daily	39.17/day
Level 3	1432Z	Per Diem/Daily	55.16/day
Level 4	1433Z	Per Diem/Daily	71.02/day
Core Services	1434Z	Per Diem/Daily	4.37/day
Individual Directed Goods and Services-Comp Waiver only	T2025	Manual entry/unit	Negotiated

Revised  
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**Overview**

The following pages contain procedure code lists to be used when submitting claims for the waiver programs and special services referenced in this chapter. Providers should review Chapter 7, Medical Services Policy, as applicable to the waiver program or special services for complete information on reimbursement and payment limitations.

**Acquired Brain Injury Services Procedure Code List**

Proc. Code	Description of Service	Max Service Am't	Rate
1530P	Case-Management	12 hrs/day	\$ 17.34/hr.
1532P	Chore (Agency)	8 hrs/day	\$ 3.96/qtr. hr.
1532P	Chore (Private)	8 hrs/day	\$ 2.51/qtr. hr.
1534P	Community Living Support Services (CLSS)	\$126.00/day	\$ 63.00/half day
1536P	Companion Services (Agency)	18hrs/day (72 qtr. hr. units)	\$ 3.52/qtr. hr.
1536P	Companion Services (Private)	18hrs/day (72 qtr. hr. units)	\$ 2.99/qtr. hr.
1538P	Environmental Accessibility Adaptations	\$10,000 units/year	\$ 10,000/year
1542P	Homemaker Services (Agency)	8 hrs/day (32 units)	\$ 3.96/qtr. hr.
1542P	Homemaker Services (Private)	8 hrs/day (32 units)	\$ 2.51/qtr. hr.
1546P	Independent Living Skill Development (Indiv.)	12 hrs/day	\$ 35.00/hr/indiv
1548P	Cognitive/Behavioral Programs	4 hrs/day	\$ 80.00/hr
1550P	Home-Delivered Meals (single)	Single only/day	\$ 4.65
1551P	Home-Delivered Meals (double meal)	Double only/day	\$ 8.50
1554P	Personal Care Assistant (private only)	18 hrs/day (72 units)	\$ 3.35/qtr. hr.
1556P	Personal Emergency Response System (PERS)	One-time install	\$ 33.98
1557P	Personal Emergency Response System (monthly service)	\$56.63 2-way/mo	\$ 28.32 1-way/mo
1560P	Pre-Vocational Services	40 hrs/week	\$ 35.25/hr.
1562P	Respite Care	24 hrs/day	\$ 11.25/hr.
1564P	Specialized Medical Equipment & Supplies	\$10,000/year	\$ 10,000/year
H2036	Substance Abuse Program (daily)	56 days/yr	\$ 50.00/day
H2035	Substance Abuse Program (hourly)	4 hrs/day	\$ 42.45/hr.
1572P	Supported Employment	40 hrs/week	\$ 35.29/hr.

Proc. Code	Description of Service	Max Service Am't	Rate
T1013	Sign Language or Oral Interpretive Services	Per 15 minutes	Variable rate
1574P	Transportation (Public)	4 trips/day	\$ 24.86/ 1-way trip
1575P	Transportation (Mileage--Private)	999 miles/day	\$ .25/mile
1578P	Vehicle Modification	\$10,000/year	\$ 10,000/year
1580P	Transitional Living Services	183 days/yr (1x only )	\$ 197.00/day