

## **CAP MR/DD Service Definition**

**Title:** Home and Community Supports

**Service Definition:**

Home and Community Supports is a habilitation service. Home and Community Supports enables the individual to acquire and maintain skills that will allow him/her to function with greater independence in the community. Home and community supports provide habilitation, training and instruction coupled with elements of support, supervision and engaging participation to reflect the natural flow of training, practice of skills, and other activities as they occur during the course of the participant's day. Support combined with supervision of the participant's activities to sustain skills gained through habilitation and training is also an acceptable goal of home and community supports. This service is not to be used for participants receiving Residential Supports

Home and Community Supports consist of an integrated array of individually designed habilitative services and supports that are described in the Person Centered Plan. This service is distinctive from personal care services by the presence of training activities in combination with support, supervision, and monitoring as described in the Person Centered Plan. This service can be delivered in a participant's private home or in a variety of community settings to which the participant chooses to attend

**Service Limitations:**

Individuals who live in licensed residential settings or unlicensed alternative family living arrangements may only receive the community component of this service. However, it should be noted that the Residential Support definition also includes the ability to provide training and habilitation and support in the community for activities such as shopping, access to transportation, etc. that are related to home living.

Therefore, the community component of Home and Community Supports does not replace the Residential Support provider's responsibility to provide support to individuals in the community, but is intended to support those who choose to engage in community activities that are not provided through a licensed day program. Community activities such as shopping, going to the park, etc. are the responsibility of the Residential Supports provider.

Additionally, this service is not to be used at the same time of day as Adult Day Health, Day Supports, Personal Care, Respite, Specialized Consultative Therapy, Transportation, Transportation, or Individual and Care Giver Training

**Staff Qualifications:**

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200

- Have a high school diploma or GED
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the plan of care.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a valid North Carolina or other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

**Documentation:**

Home and Community Supports will be documented by use of a grid. A grid is a form that is designed to identify the goal(s) that is being addressed and with a key developed specifies the intervention/activity provided and a separate key developed which reflects the assessment of consumer's progress toward goal(s) during that episode of care.

A grid shall include:

- the full date the service was provided (month/day/year);
- the goals that are being addressed;
- a number or letter as specified in the key which reflects the intervention/activity;
- a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals;
- duration, when required; and
- initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.

The grid shall provide space where additional information may be documented as needed.

**Provider Qualifications:**

Home and Community Supports must be delivered by practitioners employed by or have a contract with mental health, developmental disabilities or substance abuse provider organizations that:

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);

- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.