

CAP MR/DD Service Definition

Title: Home Supports

Service Definition:

The intent of this service is to meet the habilitation and personal care needs of adult (**18 years or older**) participants who choose to live with their family and receive supports from their family and whose family wishes to provide services to the participant in the family home. Home Supports is designed to provide flexibility and reflect the natural flow of the participant's day.

Home Supports provide assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a non-institutional setting. Habilitation, training and instruction are 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. This service is distinctive in that it includes habilitation and training activities, as well as care and assistance with activities of daily living when the participant is dependent on others to ensure health and safety. Interactions with the participant are designed to achieve outcomes identified in the Person Centered Plan. Support and supervision of the participant's activities to sustain skills gained through habilitation and training are also acceptable goals of Home Supports.

Service Location/Limitation:

- Home Supports is provided in the participant's natural home with biological or step-parents, guardian of the person or other family member who resides in the natural home with the participant. Home Supports is not provided in out of home placements.
- Payments for Home Supports are not made for room and board.
- Payments will not be made for the routine care and supervision that would be expected to be provided by a family for activities or supervision for which a payment is made by a source other than Medicaid.
- Participants receiving Home Supports may not receive Personal Care Services, Home and Community Supports, or Residential Supports.
- Participants who receive Home Supports may receive Respite Services.

Staff Qualifications:

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

- Staff must have a high school diploma or GED. Staff who do not have a GED or a High School Diploma but were providing CAP-MR/DD personal care services prior to the implementation of this waiver will have a transition period of 18 months to meet the minimum education requirement. 18 months after the implementation of this waiver all staff who provide personal care services will meet the minimum education requirement of a GED or High School Diploma.
- Staff must meet client specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service 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 as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a North Carolina or valid driver's license, a safe driving record and an acceptable level of automobile liability insurance.

Documentation:

Home Supports is documented by the use of a grid. A grid is a form that is designed to identify the goal(s) being addressed and contains an accompanying key which specifies the intervention/activity provided. The grid also 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 Support Services must be delivered by practitioners employed by 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

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.