

## **Service Definition Frequently Asked Questions**

### **General Questions**

#### **Which waivers are affected by these changes?**

Only Comprehensive and Community Support waivers are affected.

#### **When will the other waivers have parallel service definitions?**

The other waivers should have parallel service definitions within 18 months.

#### **When should the new service definitions be used in the Individual Support Plans (ISP)?**

Services need to be transitioned within 18 months (by December 31, 2017) of waiver effective date. Ideally this transition would happen at the time of the annual plan review; however, if providers are unable due to staffing issues to meet the new definitions they can continue under the old service definitions and amend the plan at a later date as long as it is within the 18 month transition period. Likewise, if a service has not been added to a provider's contract at time of Individual Support Plan (ISP) renewal, the provider should continue under the old code until new contracts are signed. The new service definitions should be used for annual renewals, amendments or initial plans developed after July 1, 2016 which require Comprehensive or Community Support waiver participation.

#### **How should we determine what service a person should request?**

As always, specific services should be determined through an analysis of need. The support coordinator will be instrumental in helping to determine the appropriate service.

#### **Which situations will the Utilization Review (UR) Committee review and which will they not?**

The rule of thumb: Plans that include modifications due to a change in service definition or due to associated rate increases will not have to be reviewed by the UR Committee. Any plan that includes new services not due to waiver service definition changes, or which include an increase in units for services, will require UR committee approval. Please see the document "UR Approval Process" for examples.

#### **How do we submit a plan to UR without a provider?**

Plans are expected to reflect the need of the individual and not be restricted due to perceptions of provider availability shortcomings. The plan should describe the need and explain the circumstance that would prevent access to a current provider. This information should not be included on the budget sheet.

#### **If there is no service provider, will the cost of the service be counted against the waiver cap?**

No, because the need would not be noted on the budget sheet until there was a possibility of an available provider. If, when a provider is found, the budget cost exceeds the cap for the service then the standard exceptions process is to be followed.

#### **Can the on-site/off-site modifier be removed across the board in July?**

No, the Division cannot remove the modifier across the board until all individuals using these services have transitioned to the new definitions.

**The Service Changes Crosswalk has Day Habilitation, Community Integration, and Individual Skill Development listed as T2021 with difference to be designated by the modifier. Where are the modifiers found?**

Contact the PR Lead at the Regional Office for that information.

**Should plans submitted before July 1, 2016 be reviewed in UR using the new service definitions?**

No, plans submitted before July 1 should be reviewed in UR using the previous service definitions. Plans submitted after July 1 should be reviewed in UR using the new service definitions.

**Employment**

**Give an example of when it would be appropriate to provide Job Development without the individual served being present.**

There are times when a job developer may meet individually with a business to develop a relationship, explore the needs of the business, discuss types of employment positions available, and/or conduct a task analysis to assist with customizing employment. This consultative service may be completed without the individual served being present.

**Who should be referred to Vocational Rehabilitation (VR)?**

Per VR regulations, appropriate referrals are individuals who have a documented diagnosis which results in a substantial impediment to employment and where documentation supports the current ability to be successfully employed. Waiver funded employment services should be accessed if the individual expresses an interest (need) in exploring employment and documentation is not present to demonstrate the current ability to be successfully employed.

**Who should not be referred to Vocational Rehabilitation (VR)?**

VR does not provide prevocational services for individuals over the age of 24; therefore, individuals needing prevocational services who are 25 years of age and older should not be referred to VR. Also, as VR does not provide Group Supported Employment, individuals should not be referred to VR if this is their assessed employment need.

**When can pre-vocational services be used?**

Pre-vocational services can be provided for an individual who has a need to further develop habilitative skills which are precluding the pursuit of a competitive and integrated employment goal. The specific skill needing to be developed, as it relates to the identified job goal, should be identified when requesting this service as well as the intervention strategies and necessary skill thresholds to achieve.

**Is training available on benefit analysis and planning? If so, how do we contact trainers?**

Benefit analysis and planning (evaluation of earned income on benefits) is an activity which is billable as part of career planning. The Regional Employment First Specialist is a resource to assist with further training in the use of tools and resources for conducting benefits planning.

8/19/16

## **Can you volunteer at a job where others are paid in an effort to gain employment skills?**

According to the United States Department of Labor, Fair Labor Standard Act, individuals may not serve as unpaid volunteers at “for-profit” agencies unless specific exemptions are present which are associated with an educational Individualized Education Plan (IEP) or an approved service through an IPE as part of VR services. Generally speaking, “volunteering” is relegated to “public sector” employers or religious/charitable/non-profit organizations. Information on volunteering and unpaid employment experiences can be found at [www.dol.gov](http://www.dol.gov).

## **Applied Behavioral Analysis (ABA) Services**

### **When should behavioral services be used?**

A person should strongly consider accessing behavioral services if:

- There are restrictions in the ISP due to safety/behavioral concerns
- There are multiple psychotropic medications prescribed
- There have been placement changes because of behavior problems, he/she is considered difficult to support, or staff won't work with him/her
- Multiple psychiatric or ER hospitalizations due to behavior problems or out of control behavior
- Episodes of aggression, property destruction or self-injury
- Police involvement
- Elopement
- Not making progress in learning/being taught functional skills

### **What if an individual needs services but there is no provider in the area?**

The support team should identify the need in the ISP and include the request for behavioral services in the UR request. This will allow tracking and identifying service provider needs and work on recruiting providers and make estimates for budgetary planning.

### **When requesting ABA services, can you put both the assessment and treatment request together?**

No, these two services must be authorized separately, because the information on the assessment is necessary to make informed decisions about treatment.

### **Can ABT by Protocol by Tech be used if individuals are on a waitlist for Functional Behavioral Analysis (FBA) but there are no Licensed Behavioral Analysts (LBA) available?**

No. This service must be provided by a Registered Behavior Therapist who must be supervised by a Licensed Behavior Analyst. There must be ongoing behavioral services and a behavior support plan in place.

### **Are there different FBA unit caps for different environments?**

No. The services that are part of a functional assessment have the same caps regardless of the environments.

**Does the law state that individuals with co-occurring disorders and use psychotropics are required to have FBA's?**

There is no law that mandates a FBA in this situation. Using behavioral supports that are positive and focused on problem solving are best practices for individuals with co- occurring disorders and help to evaluate the effectiveness of psychotropic medications.

**Are there pre-requisites for requesting behavioral services?**

There are no pre-requisites for requesting behavioral services.

**Is Person Centered Strategies Consultation considered behavioral services? Can Support Coordinators write, train, or modify behavior support plans?**

Person Centered Strategies Consultation is for identification of barriers for good quality of life and help the person be supported in the manner to best ensure good quality of life. Only licensed professionals, with specialized training in applied behavior analysis, can provide behavioral services and write or modify behavior support plans.

**Personal Assistance (PA)**

**If increased units for PA are needed and they previously had Behavioral PA, will they go to a new rate or do they stay at the grandfathered rate?**

Additional units for individuals who received Behavioral PA as of July 1, 2016 will continue to be calculated at the earlier rate.

**Will all Behavioral PA and Medical PA move over to regular PA and be grandfathered or just Self-Directed PA?**

If the ISP planning team evaluates the individual's existing needs and determines that the current services meet those needs, there is no need to change the service, and the individual will continue with the previous provider at the previous rate. If the ISP planning team evaluates the needs and determines that a higher level of service, including nursing delegation, then they should request the new Medical PA service.

**Community Integration (CI)**

**For CI, it states that one of the goals can be supporting a person participating as a member of a social event /club. Are segregated clubs included - People First, Phelps Co Recreation, Special Olympics?**

While the focus of some groups might be on individuals with disabilities, it is not always accurate to assume that the groups themselves are entirely segregated. Special Olympics, for example, is an organization made up of a wide spectrum of individuals with and without disabilities who foster interactions with friends, family and interested parties and often have no identified disability at all. Community Integration services could be used to support participation in groups of individuals with disabilities, if that was consistent with the interest and choice of the person being served.

## **Individualized Skill Development (ISD)**

**For ISD, there is a requirement that the providers have training and a certification credential. How do you obtain credentialing and when does that take effect? Can someone access ISD from a non-credentialed provider until the system is available, and if so, for how long?**

The credentialing requirement will be a Missouri-specific program developed by the Division and will be available at no cost. Staff who need to meet the new requirement will have one year to complete the credentialing from the time credentialing information becomes available.

**Do all staff have to be credentialed or just the staff providing the service?**

All staff members are expected to be certified if they work directly with the individual to provide ISD services.

**Can those in a non-24 group home receive ISD services?**

Per the waiver application, individuals who receive Group Home may not receive this service because it is encapsulated within these aforementioned services and would cause duplication.

## **Day Habilitation**

**Can an individual have units of both Medical Exception Day Habilitation and regular Day Habilitation?**

No. An individual who has a documented need for Medical Exception Day Habilitation would receive that exception for the entire time spent receiving Day Habilitation.

Scenario: An individual wants to plan an outing where he can learn how to plan a menu, grocery shop, budget his money and open a checking account. During this outing he also wants to meet his friends to eat and play basketball. The staff takes him to the bank to open the checking account, to the park to eat with friends and play basketball and then to the grocery store to purchase food from the menu. Will the provider be expected to use ISD for the bank task, then PA for the social interaction and then back to ISD for the skill development of grocery shopping?

The answer to this type of question would depend on the needs of the individual and the intent of the service. PA is intended to provide the necessary support to ensure that the individual accomplishes a task, while ISD and CI are intended to improve the individual's ability to meet his or her own needs.

**A day service provider is currently providing medical supports through a direct care staff (not a CNA) and the direct care staff is receiving oversight from an RN. Does the provider HAVE to change the service to Day Hab Medical and hire a CNA – or can they choose to continue as regular day hab with the staff they have?**

As currently written, a person with exceptional medical support needs must receive services under Day Hab, Medical Exception using a CNA or higher certification/licensure. However, the Division is exploring a waiver amendment which would remove the CNA requirement and align the language to be consistent with residential and PAMS nursing oversight.

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**Do maximum unit limits for services apply to each service code or to the total number of units for all codes under a service? Example: Community Integration has a limit of 32 units a day/25 hours a day. However, there are two service codes under that heading. On the Medicaid Max rate sheet, each service is represented separately with a maximum number of units.**

The unit limit applies to each code, not each service type.