

Rule No. 560-X-35-.02 Description of Services

Home and Community-Based Services (HCBS) are defined as Title XIX Medicaid-funded services provided to ~~mentally retarded individuals or persons with related conditions~~ individuals with intellectual disabilities who, without these services, would require services in an ICF/~~MRIID~~. These services will provide health, social, and related support needed to ensure optimal functioning of ~~the mentally retarded individual~~ an individual with an intellectual disability within a community setting. The administering agency may provide or subcontract for any services provided in this waiver. To qualify for Medicaid reimbursement each individual service must be necessary to prevent institutionalization. Each provider of services must have a signed provider contract, meet provider qualifications and comply with all applicable state and federal laws and regulations. Services that are reimbursable through Medicaid's EPSDT Program shall not be reimbursed as waiver services. The specific services available as part of Home and Community-Based services are:

- (1) Residential Habilitation Training
 - (a) Residential habilitation training provides intensive habilitation training including training in personal, social, community living, and basic life skills.
 - (b) Staff may provide assistance/training in daily living activities such as shopping for food, meal planning and preparation, housekeeping, personal grooming and cleanliness.
 - (c) This service includes social and adaptive skill building activities such as expressive therapy, the prescribed use of art, music, drama, and/or movement to modify ineffective learning patterns, and/or influence changes in behavior recreation/leisure instruction, teaching the skills necessary for independent pursuit of leisure time/recreation activities.
 - (d) The cost to transport individuals to activities such as day programs, social events or community activities when public transportation and/or transportation services covered under the State Plan are not available, accessible or desirable due to the functional limitations of the recipient will be included in the rate paid to providers for this service.
 - (e) Residential Habilitation Training services may be delivered/supervised by a Qualified ~~Mental Retardation~~ Intellectual Disabilities Professional (Q~~MRIDP~~) in accordance with the individual's plan of care.
 - (f) Residential Habilitation Training services can also be delivered by a Habilitation Aide. The aide will work under supervision and direction of a Qualified ~~Mental Retardation~~ Intellectual Disabilities Professional.
 - (g) A Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the Department of Mental Health. Retraining will be conducted as needed, at least annually.

- (2) Residential Habilitation - Other Living Arrangement (OLA)
 - (a) Residential habilitation training in other living arrangements is a service in which recipients reside in integrated living arrangements such as their own apartments or homes. These services shall be delivered in the context of routine day-to-day living rather than in isolated "training programs" that dictate the individual transfers what is learned to more relevant applications. Habilitation may range from a situation where a staff member resides on the premises to those situations with staff monitoring of clients served at periodic intervals. The basic concept of this service is that learning to be independent is best accomplished for some individuals by living independently.

(b) The staff may provide assistance/training in daily living activities such as shopping for food, meal planning and preparation, housekeeping, personal grooming and cleanliness.

(c) This service includes social and adaptive skill building activities such as expressive therapy, the prescribed use of art, music, drama, or movement to modify ineffective learning patterns, and/or influence changes in behavior, recreation/leisure instruction, teaching the skills necessary for independent pursuit of leisure time/recreation activities.

(d) Residential habilitation training services for individuals in other living arrangements may be delivered/supervised by a QMRIDP in accordance with the individual's plan of care.

(e) Residential habilitation training can also be delivered by a Habilitation Aide. The aide will work under supervision and direction of a QMRIDP.

(f) A Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the Department of Mental Health. Retraining will be conducted as needed, but at least annually.

(g) The cost to transport individuals to activities such as day programs, social events or community activities when public transportation and/or transportation services covered under the State Plan are not available, accessible or desirable due to the functional limitations of the client will be included in the rate paid to providers for this service.

(3) Day Habilitation

(a) Day Habilitation is assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the recipient resides.

(b) The provider for Day Habilitation services can be reimbursed based on eight levels of services.

(c) Services shall normally be furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, unless provided as an adjunct to other day activities included in the recipient's plan of care. Day Habilitation services shall focus on enabling the individual to attain his or her maximum functional level, and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care.

~~(d) This service offers another mechanism by which a participant can attend day habilitation part of a day, and work in a supported employment setting with an individual job coach during the same day.~~

(ed) Transportation cost associated with transporting individuals to places such as day programs, social events or community activities when public transportation and/or transportation covered under the State Plan is not available, accessible or desirable due to the functional limitations of the recipient will be included in the rate paid to providers for this service. Day Habilitation service workers may transport consumers in their own vehicles as an incidental component of this service. Providers of day habilitation must be certified by the Department of Mental Health.

(4) Prevocational Services

(a) Prevocational services are not available to recipients for eligible benefits under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Education of the Handicapped Act.

1. Prevocational services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented.
2. Prevocational services include teaching such concepts as compliance, attendance, task completion, problem solving and safety.
3. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).
4. When compensated, individuals are paid at a rate of less than 50 percent of the minimum wage.

(5) Supported Employment

~~(a) Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. There are two variations of Supported Employment: 1) Small Group and 2) Individual. Employment Small Group often consists of groups of individuals being supported in enclave or mobile work crew activities. Employment Small Group are services and training activities provided in regular business, industry, and community settings for groups of two to eight workers with disabilities. Employment Individual includes two distinct services: Job Developer and Job Coach. Employment Individual services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.~~

1. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed.
2. Supported employment also includes activities needed to sustain paid employment by waiver clients, including supervision and training.
3. When supported employment services are provided at a work site in which persons with disabilities are employed, payment will be made only for the adaptations, supervision and training required by waiver recipients as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business settings.
4. ~~Supported employment may be provided under the Individual Job Coach and Job Development services to further encourage full integration of waiver participants into worksites where individuals without disabilities are employed.~~

~~5. Supported employment services are not available to recipients eligible for benefits under a program funded by either Section 110 of the Rehabilitation Act of 1973, or Section 602 (16) and (17) of the Education of the Handicapped Act.~~

~~6. Transportation will be provided between the individual's place of residence and the site of the habilitation services or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.~~

(6) Occupational Therapy Services.

(a) Occupational therapy services include the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and guiding and treating individuals in the prescribed therapy to secure and/or obtain necessary function.

(b) Therapists may also provide consultation and training to staff or caregivers (such as recipient's family and/or foster family).

(c) Services must be prescribed by a physician and provided on an individual basis. The need for service must be documented in the case record. Services must be listed on the care plan, provided and billed in 15 minute increments. Occupational therapy is covered under the State Plan for eligible recipients as a result of an EPSDT screening. Therefore, this service is limited to recipients age 21 and over. Group therapy will not be reimbursed.

(d) Occupational Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.

(7) Speech and Language Therapy

(a) Speech and language therapy services include screening and evaluation of individuals with speech and hearing impairments.

1. Comprehensive speech and language therapy is prescribed when indicated by screening results.

(b) This service provides treatment for individuals who require speech improvement and speech education. These are specialized programs designed for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

(c) Therapists may also provide training to staff and caregivers (such as a recipient's family and/or foster family).

(d) Speech and Language Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.

(8) Physical Therapy

(a) Physical therapy includes services which assist in the determination of an individual's level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs.

1. Such services preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination, and activities of daily living.

2. This service also helps with progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

(b) Physical Therapists may also provide consultation and training to staff or caregivers (such as recipient's family and/or foster family).

(c) Physical Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.

(9) ~~Behavior Therapy~~Positive Behavior Support

(a) ~~Behavior therapy~~Positive Behavior Support services provides systematic functional behavior analysis, behavior support plan (BSP) development, consultation, environmental manipulation and training to implement the BSP for individuals whose maladaptive behaviors are significantly disrupting their progress in habilitation, self direction or

community integrations, whose health is at risk, and/or who may otherwise require movement to a more restrictive environment. ~~Behavior therapy~~Positive Behavior Support may include consultation provided to families, other caretakers, and habilitation services providers. ~~Behavior therapy~~Positive Behavior Therapy shall place primary emphasis on the development of desirable adaptive behavior rather than merely the elimination or suppression of undesirable behavior.

(b) A behavior support plan may only be used after positive behavioral approaches have been tried, and its continued use must be reviewed and rejustified in the case record every thirty (30) days. The unit of service is 15 minutes.

(c) The ~~Behavior Therapy~~Positive Behavior Support waiver service is comprised of two general categories of service tasks. These are (1) development of a BSP and (2) implementation of a BSP. In addition, this waiver service has three service levels: two professional and one technical, each with its own procedure code and rate of payment. The service levels are distinguished by the qualifications of the service provider and by supervision requirements. Both professional and technical level service providers may perform tasks within both service categories, adhering to supervision requirements that are described under provider qualifications.

(d) The two professional service provider levels are distinguished by the qualifications of the therapist. Both require advanced degrees and specialization, but the top level also requires board certification in behavior analysis. The third service provider level is technical and requires that the person providing the service be under supervision to perform ~~behavior therapy~~positive behavior support tasks. There is a different code and rate for each of the three service provider levels.

(e) Providers of service must maintain a service log that documents specific days on which services are delivered. Group therapy will not be reimbursed.

(f) The maximum units of service per year of both professional and technician level units combined cannot exceed ~~600~~1200 and the maximum units of service of professional level cannot exceed ~~400~~800.

(g) Positive Behavior Support can be directed by individual participants or family but must adhere to all the traditional service rules.

(10) Companion Services

(a) Companion services are non-medical supervision and socialization, provided to a functionally impaired adult. Companions may assist the individual with such tasks as meal preparation, and shopping, but may not perform these activities as discrete services.

1. The provision of companion services does not entail hands-on medical care.

2. Companions may perform light housekeeping tasks which are incidental to the care and supervision of the recipient.

3. This service is provided in accordance with a therapeutic goal in the plan of care and is not merely diversional in nature.

4. This service must be necessary to prevent institutionalization of the recipient.

(b) Companion Services can be directed by individual participants or family but must adhere to all the traditional service rules.

(11) Respite Care

(a) Respite care is given to individuals unable to care for themselves on a short term basis because of the absence or need for relief of those persons normally providing the care. Respite care may be provided in the recipient's home, place of residence, or a facility approved by the State which is not a private residence.

(b) Respite care may be provided up to a maximum of 1080 hours or 45 days per waiver year.

(c) This service cannot be provided by a family member.

(d) Out-of-home respite care may be provided in a certified group home or ICF/MR/ID. In addition, if the recipient is less than 21 years of age, out-of-home respite care may be provided in a JCAHO Accredited Hospital or Residential Treatment Facility (RTF). While a recipient is receiving out-of-home respite, no additional Medicaid reimbursement will be made for other services in the institution.

(e) Medicaid reimbursement shall not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

(12) Personal Care

(a) Personal care services are services provided to assist residents with activities of daily living such as eating, bathing, dressing, personal hygiene and activities of daily living. Services may include assistance with preparation of meals, but not the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are essential to the health and welfare of the recipient. Personal care is not available to residents of a group home or other residential setting.

(b) Personal care attendants may transport consumers in their own (the attendant's) vehicles as an incidental component of the personal care service. In order for this component to be reimbursed, the personal care attendant must support the consumer's need to access the community and not merely to provide transportation. The Personal Care Transportation service will provide transportation in the community to shop, attend recreational and civic events, go to work, and participate in *People First* and other community building activities. Additional payment will be made for mileage and the provider's cost of an insurance waiver to cover any harm that might befall the consumer as a result of being transported.

(c) The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and is in-serviced on safety procedures when transporting a consumer.

(d) Personal Care Transportation shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation which would include public transportation where available. Transportation by a personal care attendant is not intended to replace generic transportation nor to be used merely for convenience.

(e) Personal care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. This service must be billed under a separate code to distinguish it from other personal care activities.

(f) Personal care may be self-directed to allow participants and their families to recruit, hire, train, supervise, and if necessary to discharge, their own personal care workers.

(13) Environmental Accessibility Adaptations

(a) Environmental accessibility adaptations are those physical adaptations to the home, required by the recipients' 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 recipient would require institutionalization.

1. 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 necessary for the welfare of the recipient, but shall exclude those adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add square footage to the home are also excluded from this Medicaid reimbursed benefit. All services shall be provided in accordance with applicable State or local building codes.

(b) Environmental Accessibility Adaptations may be directed by individual participants or family but must adhere to all the traditional service rules.

(14) Specialized Medical Supplies

(a) Medical supplies are necessary to maintain the recipient's health, safety, and welfare and to prevent further deterioration of a condition such as decubitus ulcers. These supplies do not include common over-the-counter personal care items such as toothpaste, mouthwash, soap, shampoo, Q-tips, deodorant, etc.

(b) These medical supplies will only be provided when authorized by the recipient's physician and shall meet applicable standards of manufacturer, design and installation. Providers of this service will be those who have a signed provider agreement with Medicaid and the Department of Mental Health. Medical supplies are limited to a maximum of \$1,800.00 per recipient per year. The operating agency must maintain documentation of items purchased for the recipient.

(c) Specialized Medical Supplies may be directed by individual participants or family but must adhere to all the traditional service rules.

(15) Skilled Nursing

(a) Skilled nursing services are services listed in the plan of care which are within the scope of the Alabama Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. Service consists of nursing procedures that meet the person's health needs as ordered by a physician. Services will be billed by the hour. There is no restriction on the place of service.

(b) This service may also be self-directed when provided to a participant or family which is self-directing personal care services. Service includes training and supervision related to medical care and/or assistance with ordinarily self-administered medications to be provided by the personal care worker.

(16) Specialized Medical Equipment

(a) Specialized medical equipment includes devices, controls, or appliances specified in the plan of care, which enable recipients to increase their ability to perform activities of daily living or to perceive, control or communicate with the environment in which they live. Included items are those necessary for life support, and equipment necessary for the proper functioning of such items and durable and non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with waiver funds shall be in addition to any medical equipment furnished under the State Plan and shall exclude those items that are not of direct medical or remedial benefits to the recipient. Invoices for medical equipment must be maintained in the case record. This service must be necessary to prevent institutionalization of the recipient. All items shall meet applicable standards of manufacturer, design and installation. Costs are limited to \$5,000 per recipient, per year.

(b) Specialized medical equipment may be directed by individual participants or family but must adhere to all the traditional service rules.

(17) Community Specialist Services

(a) Community Specialist Services include professional observation and assessment, individualized program design and implementation, training of consumers and family members, consultation with caregivers and other agencies, and monitoring and evaluation of planning and service outcomes. The functions outlined for this service differs from case management in that these functions will incorporate person-centered planning, whereas case management does not.

(b) The provider must meet QMRIDP qualifications and be free of any conflict of interest with other providers serving the consumer. A community specialist with expertise in person centered planning may also be selected by the consumer to facilitate the interdisciplinary planning term meeting.

(c) Targeted case managers will continue to perform traditional duties of intake, completion of paperwork regarding eligibility, serving in the capacity of referral and resource locating, monitoring and assessment.

(d) The planning team shall first ensure that provision of this service does not duplicate the provision of any other services, including Targeted Case Management provided outside the scope of the waiver.

(e) The community specialist will frequently be involved for only a short time (30 to 60 days); in such an instance, the functions, will not overlap with case management. If the consumer or family chooses to have the community specialist remain involved for a longer period of time, the targeted case manager will visit the consumer every 180 days and call at 90-day intervals to ensure services are being delivered and satisfactory.

(f) The community specialist will communicate with the case manager quarterly to remain abreast of the client's needs and condition.

(g) A community specialist who facilitates the planning meeting for a person shall not have any conflict of interest with any provider who may wish to serve the person.

(h) This service may be self-directed for participants who self-direct Personal Care. The community specialist will inform and consult, intervene, and trouble shoot any problems the participant may have with self-directing their services.

(i) This service is a cost-effective and necessary alternative to placement in an ICF-MRID. A unit of service is 15 minutes.

(18) Crisis Intervention

(a) Crisis intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

(b) Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers, and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation.

(c) Crisis intervention will respond intensively to resolve crisis situations and prevent the dislocation of the person at risk such as individuals with ~~mental retardation~~ intellectual disabilities who are occasionally at risk of being moved from their residences to institutional settings because of family's inability to cope with short term, intense crisis situations. This service is a cost-effective alternative to placement in an ICF-~~MR~~IID.

(d) Crisis intervention services are expected to be of brief duration (8 weeks, maximum). When services of a greater duration are required, the individual shall be transitioned to a more appropriate service program or setting.

(e) Crisis intervention services require two levels of staff, professional and technician.

(f) A unit of service is 15 minutes and must be provided by the waiver planning team, directed by a graduate psychologist or licensed social worker.

(g) When the need for this service arises, the service will be added to the plan of care for the person.

(h) A separate crisis intervention plan will be developed to define in detail the activities and supports that will be provided.

(i) All crisis intervention services shall be approved by the regional community service office of the DMH prior to the service being initiated.

(j) Crisis intervention services will not count against the \$25,000 per recipient per year cap in the waiver, since the need for the service cannot accurately be predicted and planned for ahead of time.

(k) Specific crisis intervention service components may include the following:

1. Analyzing the psychological, social and ecological components of extreme dysfunctional behavior or other factors contributing to the crisis;

2. Assessing which components are the most effective targets of intervention for the short-term amelioration of the crisis;

3. Developing and writing an intervention plan;

4. Consulting and, in some cases, negotiating with those connected to the crisis in order to implement planned interventions, and following up to ensure positive outcomes from interventions or to make adjustments to interventions;

5. Providing intensive direct supervision when a consumer is physically aggressive or there is concern that the consumer may take actions that threaten the health and safety of self and others;

6. Assisting the consumer with self care when the primary caregiver is unable to do so because of the nature of the consumer's crisis situations; and

7. Directly counseling or developing alternative positive experiences for consumers who experience severe anxiety and grief when changes occur with job, living arrangement, primary caregiver, death of loved one, etc.

(19) Benefits and Career Counseling

(a) The Benefits and Career Counseling service is designed to assist people and family member(s) with respect to waiver services and employment. The Benefits and Career Counselor provides intensive work incentive counseling services to beneficiaries of SSDI/recipients of SSI.

(b) The Counselor must be a certified Work Incentives Counselor (CWIC) through the Social Security Administration. The Counselor will receive beneficiary referrals from the primary Information and Referral Triage (CWIC) based on the beneficiary county of residence. Based on the identified needs, an array of benefits counseling and work incentive services will be developed, provided, and documented. These services may include but are not limited to: Intensive benefits counseling, Benefits Summary and Analysis, Work Incentive Plan, Ongoing Benefits Planning and documentation of those services.

(20) Community Experience

(a) Community Experience has three distinct categories: Individual, Group, and Self-Directed. Community Experience services are non-work related activities that are customized to the individual(s) desires to access and experience community participation. Community Experience is provided outside of the person's residence and can be provided during the day, evening, or weekends. The intent of this service is to engage in activities that will allow the person to either acquire new adaptive skills or support the person in utilizing adaptive skills in order to become actively involved in their community.

(b) Community Experience Individual services are provided to an individual participant, with a one-to-one staff to participant ratio which is determined necessary through functional and health risk assessments prior to approval. Additionally, a behavioral assessment will need to support this specialized staffing if related to behavioral challenges prior to approval. Community Experience Group services are provided to groups of participants, with a staff to participant ratio of one to two or more, but no greater than four (4) participants.

(c) Community Experience Self-Directed service is for individuals who choose (and are approved) to self direct services and would otherwise need day supports and services (i.e. day habilitation) to obtain identified goals.

(21) Housing Stabilization

(a) The Housing Stabilization Service enables waiver participants to maintain their own housing as set forth in the participant's approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:

1. Conducting a Housing Coordination and Stabilization Assessment identifying the participant's preferences related to housing and needs for support to maintain housing, budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.

2. Assisting participant with finding and securing housing as needed. This may include arranging or providing transportation.

3. Assisting participant in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
4. Developing an individual housing stabilization plan based upon the Housing Coordination and Stabilization Assessment as part of the overall Person Centered Plan.
5. Participating in Person-Centered plan meetings at redetermination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized housing stabilization portion).
7. Communication with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. If at any time the participant's housing is placed at risk (i.e., eviction, loss of roommate or loss of income), Housing Stabilization Services will provide supports to retain housing or locate and secure new housing or sources of income to continue community based supports which includes locating new housing, sources of income. etc.

(22) Individual Directed Goods and Services

(a) Individual Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the service plan and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; the item or service is not illegal or otherwise prohibited by Federal and State statutes and regulations, and the participant does not have the funds to purchase the item or service or the time or service is not available through another source.

(b) Goods and Services are required to meet the identified needs and outcomes in the individual's person centered plan, or the most cost effective to meeting the assessed need, assures health, safety, and welfare, and are directly beneficial to the individual in achieving at least one of the following outcome: Improved cognitive, social, or behavioral functioning; maintain the individual's ability to remain in the community; enhance inclusion and family involvement; develop or help maintain personal, social, or physical skills; decrease dependency on formal supports services, and increase independence.

(23) Supported Employment Emergency Transportation

(a) Supported Employment Emergency Transportation is the provision of service to permit waiver participants access to and from their place of employment in the event that the support team is unable to facilitate transportation arrangements quickly or there is a risk of the participant missing a day of scheduled work. The provision of this service must be necessary to support the person in work related travel and cannot be reimbursed for merely transportation.

(b) Transportation must be provided by public carriers (i.e. charter bus or metro transit bus) or private carriers (i.e. Taxicab). The recipient may use a commercial transportation agency.

(24) Personal Emergency Response System

(a) Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency. PERS may also include cellular telephone service used when a conventional PERS is less cost-effective or is not feasible. This service may include installation, monthly fee (if applicable), upkeep and maintenance of devices or systems as appropriate.

(b) The use of these technologies requires assurance that safeguards are in place to protect privacy, provide informed consent, and that documented needs are addressed in the least restrictive manner. The person centered plan should identify options available to meet the need of the individual in terms of preference while also ensuring health, safety, and welfare.

(c) Personal Emergency Response System can be directed by individual participants or family but must adhere to all the traditional service rules.

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