

## Residential Habilitation

**Definition:** Residential Habilitation is care, supervision and skills training provided to a participant in a non-institutional setting. The type, scope and frequency of care, supervision, and skills training are described in the participant's Support Plan and are based on assessed needs and preferences. Residential Habilitation services must support the highest level of independent living possible in an appropriate, integrated setting. The care provided as part of Residential Habilitation may include assistance with personal care, medication administration, and other activities that support the participant in a residential setting. The level of supervision provided must be proportionate to the specific needs and preferences of the participant.

Residential Habilitation may include:

- adaptive skills training such as independent living, communication, self-direction and health care.
- assistance and training with activities of daily living and personal care skills.
- community inclusion.
- access to and use of transportation.
- educational supports.
- social and leisure skill development.
- other areas of interest /priorities chosen by the participant.

Residential Habilitation does not include:

- cost of room and board, facility maintenance, upkeep and improvement.
- payments to members of the individual's immediate family.
- routine care and supervision which would typically be provided by a family or Residential Habilitation provider, or for activities or supervision for which a payment is made by a source other than Medicaid.
- waiver funded environmental modifications. Provider controlled, owned, or leased facilities, where Residential Habilitation services are furnished, must be compliant with the Americans with Disabilities Act.

**Service Limits:** Only those who are eligible for OIDD services and are determined by OIDD to be experiencing circumstances that jeopardize their health and safety will be determined to need OIDD-sponsored Residential Habilitation.

Circumstances that jeopardize health and safety are defined as:

- Life-threatening situations that require immediate action, and/or
- Situations that present imminent risk of jeopardizing the person's health, safety and welfare.

Situations that are life threatening or pose an imminent risk of becoming life-threatening are typically limited to situations in which the person:

1. Has recently been abused/neglected/exploited by the primary caregiver.
2. Is homeless (to include situations where the individual is being discharged from an alternative placement and is unable to return to a family member's home or live independently).
3. Has seriously injured self or others and continues to pose a threat to the health and safety of self or others.
4. Has been judicially admitted to OIDD.
5. Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
6. Has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver's physical or mental status and lack of an alternative caregiver. Care is being provided now, but the need for services is imminent, because the caregiver will soon be unable to provide care and no other caregivers are available.

Additionally, all efforts to address the situation using other services and supports, including Home and Community Based (HCB) Waiver services, must be exhausted. The refusal of other supports and services may not necessarily constitute the presence of circumstances that jeopardize health and safety. Residing with relatives, friends, or alone with supports must be ruled out prior to someone being considered homeless.

**Residential Habilitation Units:** For CTH I, CTH II, SLP II and CRCF, one unit of residential habilitation equals one calendar day. For SLP I, one unit equals 15 minutes of service.

Participants receiving Residential Habilitation cannot receive Companion Services except for those in a SLP I setting receiving hourly Residential Habilitation. Companion services cannot be provided simultaneously with hourly residential habilitation services in a SLP I.

Participants receiving Residential Habilitation may not receive Personal Care services, Support Center, Respite or Environmental Modification services through the ID/RD Waiver. If the Residential Provider chooses to contract with providers of these services, the residential provider is responsible for the cost.

**Arranging for and Authorizing Services:** The need for Residential Habilitation services must be established prior to planning for and authorizing the service. For Residential Habilitation, the justification must be two-fold. The participant's need for residential habilitation must be clearly documented in formal and informal assessments, the support plan, case notes and other pertinent records. The participant must be experiencing circumstances that jeopardize their health and safety as specified in this chapter and outlined in OIDD Directive **700-09-DD-Determining Need for Residential Services**. The participant must exhaust all services and supports available prior to requesting Residential Habilitation. If the participant is determined to need care, supervision, and skills training and desires to receive Residential Habilitation services, the Waiver Case Manager (WCM) must submit a Residential Service Request to OIDD.

#### **New/initial request for Residential Services:**

Requests must be submitted via Therap SComm to **DDSN, Residential Request/Residential Service Request**. At a minimum, the following information/forms must be available for review:

- Residential Services Request/Notification (Attachment 1).
- Documentation the WCM completed a recent face-to-face visit with the participant in the home or current location (e.g., hospital, homeless shelter, etc.).
- Documentation the WCM explained the following to the participant and/or representative:
  - The minimum criteria for residential habilitation (as defined in this document),
  - The process to be followed for a decision to be made,
  - The possible decisions that could be made by DDSN, and
  - The right the participant has to request reconsideration of or appeal a decision with which he/she disagrees.
- Assessment of Need for Residential Services/Residential Habilitation (Attachment 2)
- Documentation of continued contact with the participant while the request is pending.

Within three (3) business days of submission, OIDD will review the request to ensure all required information is available. DDSN will acknowledge receipt and indicate the following:

- The request is thorough and complete and has been submitted for evaluation by the Residential Review Committee.
- The request is not complete and is being returned for additional information. The request will not be submitted for to the Residential Review Committee.
- The request has been received but is in pending status as additional information is needed.

Once the request is submitted to the Residential Review Committee, it will be reviewed within five (5) business days. The Residential Review Committee includes OIDD staff appointed by the OIDD State Director. See **DDSN Directive 700-09-DD-Determining Need for Residential Services** for additional information. The Residential Review Committee may send a OIDD representative to conduct a face-to-face visit with the participant and/or a face-to-face visit with the participant's caregiver to better understand circumstances. The Case Manager will assist in arranging the visits.

Once the evaluation is completed, the Residential Review Committee will determine the following:

- The criteria for Residential Habilitation has not been met (must explain why, and if appropriate, offer alternative solutions and /or designate as Priority 1), or
- The criteria for Residential Habilitation has been met and if so, the level/type of residential services approved:
  - ICF/IID
  - Regional Center
  - Community Based
  - Residential Habilitation
  - Residential Tier

\*ICF/IID placements are not funded through the waiver.

OIDD must communicate the Residential Review Committee's decision in writing within two (2) business days. The written communication must be transmitted via certified mail to the participant and his/her representative (if appropriate). The communication must include written notice of the participant's right to appeal or request reconsideration of the decision. A copy of the certified letter will be available to the Case Manager in Therap (Oversight-document storage, type - Residential Service Request).

Residential Habilitation is offered through different tiers of service. A tier of service is a combination of the model (see ***DDSN Directive 700-09-DD-Determining Need for Residential Services***) through which Residential Habilitation is delivered and the degree of support the person will require when Residential Habilitation is delivered in that model. The Residential Review Committee will assign tiers to participants. There are nine tiers of service described below.

**High Management (Intensive Support Residential Habilitation)** is delivered through the Community Training Home II (CTH II) model which is shared by up to three (3) people who have a dual diagnosis of intellectual disability and mental illness or those who have a diagnosis of intellectual disability and display extremely challenging behaviors.

**Tier 4 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people who may have been involved with the criminal justice system and individuals with severe behaviors requiring heightened staffing levels.

**Tier 3 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people who have a diagnosis of brain injury, spinal cord injury or similar disability or those who have a diagnosis of intellectual disability/related disabilities and display extremely challenging behaviors. Includes people being discharged from a OIDD Regional Center (ICF/IID) or community ICF/IID. Also includes people who need additional supports to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the participant's ability to perform Activities of Daily Living without support from another.

**Tier 2** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes people who need additional supports (greater than included in Tier 1) to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the participant's ability to perform Activities of Daily Living without support from another.

**Tier 1** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes people who need support to live in and participate in their community. Those supports include a degree of care, supervision, and skills training provided throughout the day.

**Supervised Living Program (SLP) II** includes people who need support to live in and participate in their community. The supports delivered include a degree of care, supervision, and skills training provided

throughout the day. SLP-II is delivered in a licensed SLP-II setting that is typically single or double-occupancy residence.

**CTH Tier 2** is delivered to waiver participants who need additional supports (greater than included in CTH Tier) to enable them to live in the setting and participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the participant's ability to perform activities of daily living without support. Those additional supports are typically services/supports specifically intended to provide relief/assistance to the supports provider and are necessary due to the amount/intensity of supports the participant requires. CTH Tier 2 services are delivered to up three (3) people in the CTH-I licensed home of the support provider.

**CTH Tier 1** is delivered to waiver participants who need support to live in and participate in their community. CTH Tier 1 services are delivered to up three (3) people in the CTH-I licensed home of the support provider.

**Supervised Living Program (SLP) I** is delivered to waiver participants who need support in their own apartment or home setting. Support is provided through a 15 minute-unit and support is available 24 hours per day by phone. An annual assessment is completed for each participation to verify support needs in their own setting.

**Request for change to type, setting or tier for Residential Services:**

Each participant receiving a DDSN-sponsored Residential Service has been approved for a specific Residential Service type and setting or tier. As the state agency, OIDD must approve or be notified of any change to Residential Services being delivered prior to any change being made.

Examples include:

- From an ICF/IID (any setting) to Residential Habilitation (any tier).
- From any tier of service to another tier of service.
- From the current location for Residential Habilitation (any tier) to another location for Residential Habilitation (same type, tier and residential provider) [e.g., from Tier 1 at Miles Rd. CTH-II to Tier 1 at Rose Circle CTH-II].
- From a model for a tier of service to a different model for the same tier of service (e.g., from Tier 2 at Delta CRCF to Tier 2 at Dixie Rd. CTH-II).

To receive prior approval for a change in residential habilitation, the change must be requested. A request for a change must be submitted by the participant's WCM or Qualified Intellectual Disabilities Professional (QIDP) and must only be submitted with the consent of the participant, his/her legal guardian, or client representative. Thorough and complete requests must be submitted to DDSN via Therap SComm to ***DDSN, Residential Request/Residential Service Request***. All requests must explain the reason for the requested change (e.g., provider's request, participant's request, participant's desire for a less restrictive setting). Documentation that supports the reason for the change must be submitted or available. At a minimum, the following information must be submitted or available:

- Residential Services Request/Notification (Attachment 1).
- Documentation the participant has been informed of the request for change and consents to its submission.
- For anyone approved for Residential Habilitation, documentation supporting the participant is aware of the terms of the residential agreement (lease) and the how the change will impact it.
- When the Residential Habilitation provider owns/controls the residence/setting in which the participant lives, documentation the provider has or will comply with the terms of the residential agreement.
- A thorough explanation of the reason the change is being requested.
- Documentation the change is for good cause and is in the best interest of the participant.
- Documentation supporting/demonstrating the reason for the change. Documentation must be current, specific to the participant and specific to the circumstances necessitating the request for change. Examples of the types of documentation which, depending on the circumstances, could support a request for a change include but are limited to:

- A statement of an ICF/IID resident's interest in and capacity for receiving needed services outside of an ICF/IID.
- A statement of a participant's interest in receiving Residential Habilitation through a different model.
- Residential Habilitation plan(s) or Individual Program Plan(s) (IPPs) and amendments covering at least the last twelve (12) months.
- The plans must include the interventions implemented to address the circumstances necessitating the change.
- Data showing the participant's response to the planned interventions.
- Behavior Support Plan(s) covering the past twelve (12) months and data showing the participant's response to the implementation of its interventions.
- Other data/information such as T-Logs, General Event Reports (GERs), Reports of Unusual Behavior (UBRs), etc.
- Medical information, progress notes including changes to medications prescribed for behavior.
- The level and pattern of staff support provided over the past twelve (12) months in the setting/model, including alternative levels or patterns tried and the outcome.
- The level and/or pattern of staffing thought to be needed for the participant and why.

Requests for change must be submitted to OIDD via Therap SComm to ***DDSN, Residential Request/Residential Service Request***. All requests must be thorough and complete. OIDD will utilize information available in the participant's electronic health record and specific forms/information submitted to OIDD to evaluate each request. Submitted requests will be acknowledged by OIDD within three (3) business days of submission and will include an initial review to ensure the required information is available. When acknowledging the submission, OIDD will indicate if the submission is complete and will be evaluated or if information or clarification will be needed.

Within five (5) business days of the receipt, the Residential Review Committee will evaluate the submitted and available information. The Residential Review Committee may at any time request additional information or clarification. Using the submitted and available information the Residential Review Committee will decide to approve or deny the request. If approved, the Residential Review Committee must document the type Residential Services (ICF/IID or Residential Habilitation) and either the ICF/IID setting or tier of service.

OIDD must communicate the Residential Review Committee's decision in writing within two (2) business days. The written communication must be transmitted via certified mail to the participant, and his/her representative (if appropriate). The communication must include written notice of the participant's right to appeal or request reconsideration of the decision. A copy of the certified letter will be available to the Case Manager in Therap (Oversight-document storage, type - Residential Service Request).

**Providers:** Residential Habilitation providers must be approved by and contracted with the SC Department of Health and Human services (DHHS) as Residential Habilitation providers or Supported Living Providers. Residential Habilitation must be provided in facilities that are licensed by SCOIDD or the SC Department of Health and Environmental Control (SCDHEC) and are classified as Community Training Homes I or II (CTH I or II), Supervised Living Programs II or III (SLP II or III), Community Residential Care Facilities (CRCF), or in facilities operated by the approved provider which are classified as Supported Living Programs I (SLP I).

**NOTE:** Providers are permitted to bill up to 73 days of "leave" per plan year. In this situation, "on leave" refers to time spent away from the residence while still admitted to the program. Examples of leave reasons would include hospitalization, vacation and/or time spent with family and friends outside of the residential program. When a Waiver participant is "on leave" from the residential program, authorizations for Residential Habilitation services must remain active. During leave time, Residential Habilitation service authorizations must not be suspended.

**Conflict Free Case Management:** In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same participant. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of

either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Monitoring Services:** WCMs must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant/representative's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. OIDD recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant.
- the service adequately addresses the needs of the participant.
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations.
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitoring include:

- Is the participant satisfied with his/her current residence?
- Is the apartment/home clean (sanitary)?
- Is the apartment/home in good repair?
- How often does the participant go home?
- Are there health/safety issues?
- Is there contact with family? What is the frequency?
- Does the participant have friends outside of the residential program?
- What type of recreational activities does the participant participate in?
- What types of recreational activities does the residential program offer?
- Does the participant feel comfortable interacting with staff?
- Are there any new needs regarding Residential habilitation?
- How does the participant handle his finances?
- How much spending money does the participant get?
- How does the residential program account for the participant's money?
- What are the opportunities for choice given to the participant?
- Are the training areas identified consistent with the participant's overall life goals?
- Is the participant making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?
- What is the level of supervision required?
- What type of care and skills training is the participant receiving? Is the participant satisfied?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See Chapter 9 for specific details and procedures regarding written notification and the reconsideration/appeals process.