Workforce and Talent Management

Training Curriculum Series

Home and Community Based Services Waiver (HCBS)

Instructor's Manual

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Agency Requirements for MSC Course Delivery

The MSC curricula found on OPWDD's website www.opwdd.ny.gov may be delivered by provider agencies that meet certain specified conditions.

For information, please go to:
http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/documents/msc_agency_requirements_train

If you have any questions, please contact OPWDD Talent Development and Training at (518) 473-1190.

Instructor Requirements for MSC Delivery

Instructors must be an employee of, or affiliated with, an approved Agency/Provider Association operated or certified by OPWDD or other organization associated with the OPWDD service system.

In order to present training in Home and Community Based Services (HCBS) Waiver, instructors must have a minimum of two years experience with people with developmental disabilities and providers of developmental disabilities services.

Instructors must have a minimum of two years of Medicaid Service Coordination work experience, or in another title with comparable working knowledge of Medicaid Service Coordination.

Instructors must be permitted by their agency sufficient time to participate in the requirements of this role.

Instructors must regularly monitor OPWDD's online curriculum for updates.
The Instructor or the Instructor's agency is responsible for retaining the signed, original sign-in documents for a period of six years from the date of training.

If you have any questions, please contact OPWDD Talent Development and Training at 518-473-1190.

Table of Contents

Overview and Introduction……..……page 01
Course Outline
Purpose
Course Objectives
Format
Materials
Introduction

OPWDD Vision, Mission and Guiding Principles……..page 04

SECTION ONE: The Individualized Service Environment……..…page 06

SECTION TWO: How the ISE is Characterized……..…page 07

SECTION THREE: Purpose of the HCBS Waiver……...page 09

SECTION FOUR: History and Background…….…....page 11

SECTION FIVE: Individual Eligibility……..……..…page 15
Developmental Disability
Eligibility for ICF/MR Level of Care
Enrollment in Medicaid
Choose HCBS Waiver participation rather than ICF/MR Care
Live in either Own Home, Family Care Home, IRA, CR, Supervised/Supported Apartments

SECTION SIX: Providers of Waiver Services…….…page 18

SECTION SEVEN: Waiver Services……..page 19
Waiver Habilitation Services
Prevocational Services
Supportive Employment
Respite
Adaptive Devices
Environmental Modifications
Plan of Care Support Services (PCSS)

Family Education and Training (FET)
Consolidated Supports and Services (CSS)
Financial Management Service (FMS)
Intensive Behavioral Services
New Services in the Waiver
Pathways to Employment
Community Transition
Self-directed Options

SECTION EIGHT: Access to Waiver Enrollment……..……page 38

SECTION NINE: Aspects of the HCBS Waiver……..page 40

SECTION TEN: Self-Advocacy or Choice of Advocate……..…page 42

SECTION ELEVEN: Role and Responsibilities of the Service Coordinator Regarding the HCBS Waiver……page 43

Symbol Legend:

Prepare for next slide

Overview and Introduction

Course Outline:

- OPWDD Vision, Mission and Guiding Principles
- The Individualized Service Environment
- Purpose of the HCBS Waiver
- History and Background
- Providers of Waiver Services
- Individual Eligibility
- Waiver Services
- Access to Waiver Enrollment
- Aspects of the HCBS Waiver
- Self-Advocacy or Choice of Advocate
- Role and Responsibilities of the Service Coordinator Regarding the HCBS Waiver

Purpose:

This course is an introduction to the Home and Community Based Services (HCBS) Waiver. It is the New York State Office for People with Developmental Disabilities' (OPWDD) primary funding mechanism for supporting the Individualized Service Environment (ISE). This material includes an overview of the ISE, a history and overview of the waiver, waiver services and the Service Coordinator's responsibilities regarding the waiver.

Course Objectives:

- Understanding the HCBS waiver, its history, scope and major aspects

- Understanding the HCBS waiver services and the Service Coordinator's responsibilities regarding the waiver

Format:

- Facilitated discussion with participants

- Discussion and question/answer. Encourage participants to ask questions as you go along with the training. Answer questions throughout or direct participants that a particular question will be answered later in the session.

Materials:

- Participant Manual (set up as PowerPoint slide handout pages)
- PowerPoint (optional)

Introduction:

- Personal introduction by instructor (name, background, experience)

- Course introduction, purpose and objectives
  - "Welcome, and thank you for coming."
  - Discuss: This is a required MSC course. The format is presentation style with questions and answers throughout.
  - Discuss:
    - As service coordinators, you are responsible for helping the person with disabilities to develop, implement, and maintain an Individualized Service Plan. As part of delivering these three products or services, you must know:
      - How to help the person access the waiver and waiver services
      - How waiver services can help the person with disabilities
      - How to keep the person enrolled in the waiver
      - Your responsibilities regarding the waiver
  - Review: At the end of this training you will have information about the HCBS Waiver that will impact your ability to access, use, and monitor waiver services for people with developmental disabilities.
  - Present the following: Further information about the Home and Community Based Waiver can be found in the "Key to Individualized Services" (available at your agency). "The Key" is a policy manual for the HCBS Waiver and sets expectations for the Individualized Service Environment (which we will review next in our agenda). In addition, information regarding specific services is included in OPWDD Administrative Memorandums (ADMs) and on OPWDD's website at www.opwdd.ny.gov.

- Review logistics/ground rules
  - i.e.: The session will end at _____with a break in-between.
  - Please be sure you signed in on the sign-in sheet.
  - Rest rooms are located _____.
  - Everyone should have a copy of the participant manual. It is put together as "slides" with a section for taking notes.

- Icebreaker (optional)

Icebreaker

- To get an idea of the participants' background, you might ask (by a show of hands) their role - e.g. "How many are MSCs? MSC Supervisors? Res Hab staff? Day Hab staff? Quality Assurance Staff? Other (state role)?"

Review the outline for the training **(refer to participant materials slide #2)**

- OPWDD Vision, Mission and Guiding Principles
- The Individualized Service Environment
- Purpose of the HCBS Waiver
- History and Background
- Providers of Waiver Services
- Individual Eligibility
- Waiver Services
- Access to Waiver Enrollment
- Aspects of the HCBS Waiver
- Self-Advocacy or Choice of Advocate
- Role and Responsibilities of the Service Coordinator regarding the HCBS Waiver

Provide a transition to topic areas.
You might say: "Before we get into the specifics of the HCBS Waiver, let's first talk about OPWDD Vision, Mission and Guiding Principles".

OPWDD Vision, Mission and Guiding Principles

Refer to participant materials (slide #3)

Briefly discuss OPWDD's:

- Vision Statement
- Mission Statement
- Values and Guiding Principles

Key points:

- Mission Statement: We help people with developmental disabilities live richer lives.

- OPWDD's Mission and Governing Principles are supported by the Home and Community Based Waiver in principle and in practice reality.

- OPWDD expects the waiver to be implemented using the person-centered approach to helping people with disabilities. The waiver is a tool and a funding source to help people with disabilities live the life they want to live.

- The HCBS Waiver is based on the values of individualization, inclusion, independence, and productivity.

    1. **Put the person first** - People with developmental disabilities are at the heart of everything we do, and this person-first ethic is embodied in the way we express ourselves, and in the way we conduct our business.

    2. **Maximize opportunities** - OPWDD's vision of productive and fulfilling lives for people with developmental disabilities is achieved by creating opportunities and supporting people in ways that allow for as many as possible to access the supports and services they want and need.

    3. **Promote and reward excellence** - Quality and excellence are highly valued aspects of our services. Competency is a baseline. We find ways to encourage quality, and create ways to recognize and incentivize excellence to improve outcomes throughout our system.

4. **Provide equity of access** - Access to supports and services is fair and equitable; a range of options is available in local communities to ensure this access, regardless of where in NYS one resides.

5. **Nurture partnerships and collaborations** – Meaningful participation by people with developmental disabilities strengthens us. OPWDD staff and stakeholders create mechanisms to foster this participation. The diverse needs of people with developmental disabilities are best met in collaboration with the many local and statewide entities who are partners in planning for and meeting these needs, such as people who have developmental disabilities, families, not for profit providers, communities, local government and social, health and educational systems.

6. **Require accountability and responsibility** – There is a shared accountability and responsibility among and by all stakeholders, including individuals with disabilities, their families, and the public and private sector. OPWDD and all its staff and providers are held to a high degree of accountability in how they carry out their responsibilities. We strive to earn and keep the individual trust of people with developmental disabilities and their families, as well as the public trust. Creating a system of supports that honors the individual's right to be responsible for their own life and accountable for their own decisions is of paramount importance.

Provide a transition to next topic area: The Individualized Service Environment (ISE)
You might say: "We've discussed OPWDD's Mission, Vision and Guiding Principles. Now we'll look into how we apply these principles. The next section talks about the Individualized Service Environment, also known as the ISE".

SECTION ONE: The Individualized Service Environment

Refer to Participant Materials (slide #4) and give participants time to review the information.

Discuss the ISE:

- Refer to bullet #1:
  - An unbundled network of separate and distinct supports and services which are not linked to other programs or services.
    - Elaborate: Unbundled means that services are not tied to residential models or congregate day program sites. Instead, housing and services are separate and distinct. In an ISE, people choose supports and services from a menu of options. In this way, supports and services are built around the person, not program models.

- Refer to bullet #2:
  - The waiver supports the ISE by providing a choice of distinct services rather than a package of services.
    - Elaborate: Services should reflect the individual's valued outcomes (the person's personal destinations or wants); a desired end result from the perspective of the person.

- Refer to bullet #3:
  - It is a person first and person centered approach that requires that supports and services be built around the person with disabilities.
    - Elaborate: The ISE is a person-first and person-centered approach that requires supports and services to be built around the person, not program models.

Transition to the next topic area: <u>How the ISE is Characterized</u>
<u>You might say:</u> "Now that we've discussed the ISE, we'll look at how the ISE is characterized. That means, what are the main areas the ISE addresses?"

SECTION TWO: How the ISE is Characterized

Refer to participant materials (slide #5) and give time for participants to review the information:

- Refer to bullet #1: Person-Centered Planning: a way to develop a personal plan
  - Elaborate: The person is the center, not the periphery, of planning.

- Refer to bullet #2: Personal Choices
  - Elaborate: Informed choices from a menu of options.

- Refer to bullet #3: Self-Direction and Control
  - Elaborate: A self-defined life where the person with disabilities is the predominant decision-maker.

- Refer to bullet #4: Active Advocacy
  - Elaborate: On-going assistance from a person with an arms-length relationship with service providers. Self-advocates may still want active advocacy.

- Refer to bullet #5: Providers of Choice
  - Elaborate: People with disabilities choose from available service providers and the people who will provide services.

- Refer to bullet #6: Supports and Services Provided at Home, at Work, and in the Community
  - Elaborate: Services must be offered in a variety of inclusionary settings and not just in segregated sites.

- Refer to bullet #7: Choice of a variety of service options, including Natural and Community Supports
  - Elaborate: Natural and Community supports are the cornerstone of the ISE and are incorporated in the person's everyday life.

- Refer to bullet #8: Individual Satisfaction
  - Elaborate: This is central to successful community living, quality improvement of services and supports, and the pursuit of the person's valued outcomes.

Add an example:

Give an example of an Individualized Service Environment of someone you know.

Transition to next topic area: The Purpose of the HCBS Waiver

You might say: "Now we'll talk about the purpose of the HCBS Waiver."

SECTION THREE: Purpose of the HCBS Waiver

Refer to participant materials (slide #6).

Discuss the purpose of the HCBS Waiver. The overall purpose of the HCBS Waiver is to provide the supports people need to live in their communities. It offers an alternative to institutional care. Refer to the three bullets on the slide. Give participants time to review the information.

- Refer to bullet #1: To use innovative service alternatives not normally provided through more traditional programs. These distinct and individualized services help people to remain at home and in the community.
    - Elaborate: Waiver services are designed as stand-alone services in that they are not linked to other programs or services. Each agency that provides waiver services bills Medicaid separately for each waiver services provided. For example, residential habilitation and day habilitation are two separate services and are not "bundled" together. Individuals can choose one service from Agency A and the other from Agency B. The separation of services supports a person's choice from a menu of options to create his or her own ISE. The waiver is not a certified site nor is it a program model for delivering services.
- Refer to bullet #2: It is OPWDD's primary funding mechanism for supporting the Individualized Service Environment.
    - Elaborate: The Waiver is currently OPWDD's primary funding mechanism for supporting the ISE. The vast majority of OPWDD services are funded through the waiver.
- Refer to bullet #3: Waiver funding is 50% Medicaid Federal dollars and 50% State dollars.
    - Elaborate: This ratio is used to determine how much funding is available for waiver services throughout the year.

Transition to the next topic area: History and Background of the Waiver
You might say: "We've briefly discussed the purpose of the Waiver, now we'll talk about the history and background of the Waiver."

Present some background waiver history:

In the early 1980's, Katie Beckett was a young child on a ventilator. She was unable to go home from the hospital, not for medical reasons, but because she would no longer have been eligible for Medicaid. Medicaid rules allowed for hospital care but not for the cost of home care even though home care would have been less expensive. Katie's story gained national attention and pressured Congress to pass legislation that allowed Medicaid to fund community based services. The Katie Beckett Waiver, established early 1981, has helped children who would have been forced by Medicaid regulations to remain in hospitals or institutions permanently, return home. The waiver "waives" certain Medicaid rules.

SECTION FOUR: History and Background

Refer to participant materials (slide #7).

Discuss the history and background of the Waiver, referring to the three bullets. Give participants time to review the information.

- Refer to bullet #1: In 1981, Congress passed legislation that allowed Medicaid to fund community services for people with long-term care needs. This was an alternative to receiving long-term care services in an institution (skilled nursing facilities, developmental centers, and long-term care hospitals).
    - Elaborate: Prior to 1981, Medicaid primarily funded long-term care services for people who lived in an institution (Skilled Nursing Facility, Psychiatric Hospital, Developmental Center, Community Intermediate Care Facility for the Mentally Retarded (ICF/MR) and long-term Care Hospital). The Home and Community Based Services Waiver allows us to reprogram institutional Medicaid dollars to support a wider range of services based in the community.

- Refer to bullet #2: This legislation was Section 1915c of the Social Security Act.
    - Elaborate: Laws regarding Medicaid are contained in the Social Security Act This section of federal regulation allows for community based services to be developed in place of traditional institutional care.

- Refer to bullet #3: People enrolled in the waiver must meet ICF/MR Level of Care.
    - Elaborate: A provision of this act allows states to offer HCBS waiver services to people whom, but for the provision of these services, would require the Level of Care provided in a long-term care facility. This is an eligibility requirement to be enrolled in the waiver. ICF/MR Level of Care forms are completed for admission to the waiver and for the annual re-determination.

Refer to participant materials (slide #8). Give participants time to review the information.

- Refer to bullet #1: NYS obtained the HCBS Waiver on 8/29/91.
    - Elaborate: On 8/31/91 NYS was authorized to provide waiver services to 4,500 people in 4 DDSOs (JN Adam – now Western; Letchworth – now Hudson Valley; Long Island; and Wassaic – now Taconic). In 1/92 the waiver was

expanded to all DDSOs.

- Refer to bullet #2: It was the 48th state to obtain the HCBS Waiver.
  - Elaborate: In the 1980's NYS successfully focused on the deinstitutionalization of thousands of people to primary congregate care sites and programs in the community. During this time period various approaches to funding individualized community services were explored resulting in the decision to request the HCBS Waiver.

- Refer to bullet #3: NYS is currently one of the largest providers of waiver services in the country.
  - Elaborate: NYS has over 70, 000 people enrolled in the Waiver. More than half of the people in the waiver live in non-certified settings.

- Refer to bullet #4: OPWDD's most recently renewed HCBS Waiver went into effect on 10/1/2009.
  - Elaborate: The most recent five year wavier period took effect on October 1, 2009 and extends the waiver through September 30, 2014 or until the People First Waiver supersedes it.
  - This waiver outlines what services OPWDD currently offers to participants as well as what services will be developed.

Transition to slide #9 (more history and background). Refer to the three bullets. Give participants time to review the information.

You could then say:
"Today we are discussing OPWDD's HCBS Waiver. Just to make you aware, there are a number of other waivers administered by New York State. NYS has other types of waivers that serve long-term care populations."

- Refer to bullet #1: Care at Home Waivers (OPWDD and the Department of Health)
  - Elaborate: Care at Home Waivers with OPWDD are for children with developmental disabilities under the age of 18 with complex health care needs. Contact your local DDSO, Care at Home Waiver Coordinator for further information. Care at Home Programs for Physically Disabled Children under the age of 18: NYS Department of Health. Referrals are made to your local County Department of Social Services, Care at Home Coordinator. In NYC call (212)-630-1747.

- Refer to bullet #2: Traumatic Brain Injury Waiver (Department of Health)
  - Elaborate: The Traumatic Brain Injury Waiver (TBI) serves adults whose onset of brain injury occurred between the ages of 18 and 64. NYS Department of Health contracts with not-for-profit agencies. Refer to TBI Contact List if needed.
  - NOTE: Children who sustain a TBI before the age of 18 are eligible for OPWDD services under the HCBS waiver.

- Refer to bullet #3: HCBS Waiver for Children and Adolescents with Serious Emotional Disturbances (Department of Mental Health)
  - Elaborate: HCBS Waiver for Children and Adolescents with Serious Emotional Disabilities under the age of 18 with complex health and mental health needs. NYS Office of Mental Health, Bureau of Children and Families, (518)-474-8394.

* There are additional waivers available, such as the Bridges to Health waiver administered by OCFS for children with developmental disabilities who reside in foster care.
The MSC should research the various waivers in an effort to determine which will give the individual the best services to meet his/her needs.

Transition to the next slide #10 (history and background, continued). Give participants time to review the information.

You could then say:
"This is why it's called a 'waiver'."

- There are certain rules which pertain to all Medicaid services unless they are "waived" by CMS. The HCBS waiver "waives" certain Medicaid rules in the Social Security Act so that states can creatively use Medicaid long-term care dollars to support people in the community (ISE).

Transition to the next slide #11 (more history). Give participants time to review the information.

Discuss: This slide discusses two rules of the Social Security Act (SSA) that are "waived" in New York State.

- Refer to bullet #1: Comparability: Medicaid services must be offered on a comparable basis to all Medicaid-eligible persons in the state and available to all

Medicaid recipients who need it. When this rule is waived, separate and distinct Medicaid services can be provided to a separate and pre-defined group.

- Elaborate: Under the Social Security Act, all people who have Medicaid can access any Medicaid State Plan Service as long as they have a need and are eligible for the service. In addition, they are expected to receive the same comparable service regardless of provider or geographic location. When this rule is waived only a pre-defined target group of people with a Medicaid card can access certain services that other people in the state, even though they too have a Medicaid card, cannot access.
- In the case of the OPWDD waivers, this rule is waived so only individuals with a developmental disability can receive services.

- Refer to bullet #2: Parental Income: Parent's income and assets are counted for the child's Medicaid eligibility determination. When this rule is waived, only the child's income and assets are counted.
  - Elaborate: Deeming of Parental Income: For children with a developmental disability under the age of 18 who live with their parents, parental income is not counted in evaluating the financial basis for Medicaid eligibility when the child meets the ICF/MR level of care. The DDSO will provide guidance to service coordinators and parents who want to enroll a child with disabilities in the HCBS Waiver.

Transition to the next topic area: Individual Eligibility
You might say: "We've reviewed some of the history of the waiver, now we'll look at how individuals become eligible for services under the HCBS Waiver."

SECTION FIVE: Individual Eligibility

Refer to participant materials (slide #12). Give time for participants to review the information.

Discuss:
To receive a waiver service a person must be enrolled in the waiver. This section talks about how a person becomes eligible to be enrolled in the Waiver. The next two slides discuss individual eligibility. Note: The waiver enrollment process of each DDSO will vary slightly. Explain that they should contact the specific DDSO where the individual resides for further guidance.

- Developmental Disability
- Eligibility for ICF/MR Level of Care
- Enrolled in Medicaid
- Choose HCBS Waiver Participation rather than ICF/MR Care
- Live in either:
    - Own home
    - Family Care Home
    - Individualized Residential Alternative (IRA)
    - Community Residence (CR)
    - Supervised or Supported Apartments

Explain in further detail:

Developmental Disability:
Explain: The person needs a diagnosis of a developmental disability, which must be documented before the age of 22. (Trainer note: if needed, provide the resource to the definition of developmental disability on the OPWDD Web Site).

Eligibility for ICF/MR Level of Care:
Explain: As was noted earlier, the waiver is for people who would otherwise be eligible for an ICF/MR.

Briefly discuss the Level of Care and the service coordinator's responsibility: The initial Level of Care form is completed upon application for enrollment in the waiver and a re-determination Level of Care form is completed each year thereafter. Service Coordinators must have the current Level of Care form in the service coordination binder (Enrollment

Section) and must have available for surveyors all earlier forms. To be qualified to complete a Level of Care form, staff must have a minimum of one year of experience in the performance of assessments and development of plans of care for persons with developmental disabilities.

Enrollment in Medicaid:
Explain: Children under the age of 18 may not have Medicaid upon application for enrollment in the waiver. The DDSO will provide guidance for how to apply. See pages 2-5 of the "Key to Individualized Services" for details if needed.

Choose HCBS Waiver participation rather than ICF/MR Care:
Explain: This choice is made during the application process for the waiver and is documented on the "Documentation of Choices" form (02.03.97). See the appendix to Chapter 1 of the "Key to Individualized Services" for a copy of the form if needed. Service coordinators must keep this form, regardless of how old it is, in the enrollment section of the current service coordination binder. Federal surveyors look for this form.

Live in either: Own home, Family Care Home, Individualized Residential Alternative (IRA), Community Residence (CR), Supervised or Supported Apartments.

Explain: People enrolled in the waiver cannot live in the following locations:

- Any site certified by another state agency other than OPWDD. This includes foster homes certified by DOH and family care homes certified by the Department of Mental Health.

- An ICF/MR, psychiatric hospital, long term care hospital, developmental center, or skilled nursing facility on a permanent basis. Termination from the waiver must occur in these situations. However, a temporary stay in one of these locations may be allowed with a suspension of waiver services. Refer to page 2-10 of the "Key to Individualized Services" if needed.

Talk about: ***Termination Conditions***
You could say: "We've discussed individual eligibility for the HCBS Waiver. Now we'll look at reasons an individual will no longer be enrolled in the waiver. "

Refer to participant materials (slide #13). Give time to review the information.

Termination Conditions: This information is self-explanatory. For further information, refer to "The Key to Individualized Services", Chapter 2, "Individual Enrollment".

Refer to slide:

Termination Conditions: The service coordinator is responsible for initiating the process of terminating the enrollment of the person in the waiver by notifying the DDSO when any of the following occurs:

- The person chooses not to receive waiver services any longer .
- The person is no longer eligible for Medicaid.
- The person is permanently admitted to an ICF, developmental center, or other long-term care Medicaid funded facility. NOTE: if person is admitted on a temporary basis (e.g. a rehab facility or hospital), a person's waiver eligibility can be suspended instead of terminated.

Transition to the next topic area: Providers of Waiver Services
You might say: "We've discussed individual eligibility and termination, now we'll look at NY State's HCBS Waiver and who can provide services under the waiver."

SECTION SIX: Providers of Waiver Services

Explain: "Now we're going to talk about who can provide waiver services."

Refer to participant materials (slide #14) and give participants time to review the information.

- Refer to bullet #1: Providers must be an incorporated not-for-profit agency or the DDSO.
  - Elaborate: Waiver services are provided by incorporated not-for-profit agencies or the DDSO.

- Refer to bullet #2: A voluntary agency provider has a Waiver Provider Agreement with the NYS Department of Health.
  - Elaborate: The NYS Department of Health (DOH) is the single state Medicaid agency in NYS. They are accountable for oversight of the HCBS Waiver although OPWDD manages and implements the waiver. In regards to provider authorizations, OPWDD submits a recommendation for approval to DOH where a final determination is made and a provider ID is issued.

- Refer to bullet #3: Memorandum of Understanding between OPWDD and DOH.
  - Elaborate: This Memorandum of Understanding defines OPWDD's responsibilities to implement the waiver and the oversight responsibilities of DOH.

- Refer to bullet #4: All providers must comply with NYS Regulations:
  - Part 635: General Quality Control and Administrative Requirements
  - Part 633: Protection of Individuals Receiving Services
  - Part 624: Reportable Incidents, Serious Reportable Incidents and Abuse

Elaborate:
"Part 635 contains the waiver regulations. The Division of Quality Management (DQM) uses these regulations during surveys."

Transition to the next topic area: Waiver Services
You might say: "We've talked about the purpose of the waiver, its history and background, individual eligibility and termination, as well as who can provide waiver services. Now we will talk about the specific types of waiver services provided by NYS under OPWDD."

SECTION SEVEN: Waiver Services

Slide #15: discuss the types of Waiver Services. "Let's start with the first 4 (Habilitation, Respite, Adaptive Devices, and Environmental Modifications). These are the original waiver services from 1991. Additional information on these services can be found in the 'Key to Individualized Services'. Note: There was a new Habilitation Service as of 11/1/10 – Community Habilitation. We will discuss this service in a few minutes."

1. Habilitation
    - Residential
    - Day
    - Prevocational
    - Supported Employment
2. Respite
3. Adaptive Devices
4. Environmental Modifications

Point out:
As of 10/99 new waiver services were added:

They are:

5. Plan of Care Support Services (PCSS)
6. Family Education and Training (FET)
7. Consolidated Supports and Services (CSS)
8. Financial Management Services (FMS)
9. Transitional Supports

PCSS and FET became effective 6/1/00. CSS is still in a pilot stage; however, an ADM outlining billing and documentation requirements was issued in 2009. FMS was previously referred to as FEA (Fiscal Employer Agent).

Discuss:
In developing the new waiver in 2009, OPWDD obtained input from various stakeholders on the service needs of individuals. Through this process, new service needs were identified. Two of these services were implemented in 2010.

10. Intensive Behavioral Services: Short-term, focused professional service to ameliorate exceptionally difficult behaviors to enable individuals to remain in a lease restrictive

setting. The program is currently being piloted (as of 7/1/10) with a limited number of agencies participating.

11. Community Habilitation: Implemented on 11/1/10 and replaced the previous "At Home Res Habilitation" service. The goal of this service is to promote community integration and provide a flexible, individualized service which offers individuals supports to increase their skills and independence in non-certified settings.

Refer to participant materials (slide #16). This is self-explanatory.
You could say:
"The service coordinator must ensure that each person enrolled in the waiver receives at least one waiver service in a 12-month period."

Transition to the next topic area: Waiver Habilitation Services
You might say: "Now that we know the types of HCBS Waiver Services available from OPWDD, we'll look more closely at each of the services: what they are and what they offer."

Waiver Habilitation Services

Refer to participant materials (slide #17) which discusses Waiver habilitation services (res hab, day hab, community hab). Give time for participants to review the information.

Discuss:
Waiver habilitation services have a common purpose or focus:

1. Successful community living at home and away from home
    - Explain: Both res hab and day hab provide services that help people live in the community and be members of their community. As a general guideline, it is expected that at least 51% of a person's day hab services should be provided away from the home.

2. The pursuit of the person's specific requests or valued outcomes
    - Explain: Valued outcomes are the person's specific requests that generate from the collaborative planning process. They are wants, needs or aspirations that are important to the person. Outcomes can be dreams or simple day-to-day choices. For example, "Living in a safe

home with a trusted friend"; "being understood"; "joining the fire department"; or "learning how to speak up for myself".

Transition to participant materials (slide #18) which discuss Habilitation: Residential Habilitation (Res Hab), Day Habilitation (Day Hab), and Community Habilitation (Community Hab). Give participants time to review the information.

- Refer to bullet #1: Residential Habilitation is provided primarily in the person's home and in the community when the person resides in a certified setting. When the services are provided in the community, it occurs at a time that is usually considered part of the person's "non-working" hours.

- Refer to bullet #2: Day Habilitation is provided primarily away from a person's home in a certified community setting. However, day hab services cannot occur at the same time as residential habilitation or any other habitation service.

- Refer to bullet #3: Community Habilitation is provided in a non-certified community setting, including a person's home.

Elaborate:
"The only difference between residential and day habilitation is the setting in which the service is provided. Residential habilitation is provided primarily at home; day habilitation is provided primarily away from home in a certified setting. And CH is provided in non-certified settings."

- Day Hab is generally provided in certified locations except if the service is Without-Walls and takes place in the community. WOW services are usually affiliated with a certified DH site.

- Community habilitation is provided in non-certified community settings to individuals residing in non-certified settings. In the future, the service may be expanded to be available to individuals residing in certified settings, with specific parameters to be identified.

- Community Habilitation was implemented on 1/1/10. Community habilitation is provided in a non-certified community setting, including a person's home.

- The goal of this service is to promote community integration and provide a flexible, individualized service which offers individuals supports to increase their skills and independence in non-certified settings.

Make the point:
Authorized habilitation services for CH are similar to those authorized for DH and RH, however, the location of the services is different.

Transition to the next topic area, which discusses the scope of habilitation (RH, DH, CH).
You might say: "Now that we know what the services are, let's talk about the scope of these services. "

Refer to participant materials (slide #19). Give participants time to review the information.

Discuss habilitation (RH, DH, CH): The scope is:

- Skill acquisition (what will the person be taught to do?)
- Support (what will staff do for the person?)
- Exploring new experiences
- Certain clinical services
- Protective oversight/safeguards for health and safety
- Transportation associated with certain service delivery

Elaborate:
"The scope of habilitation is broad but is centered on services that support the person's valued outcomes in addition to every-day supports for successful community living."

Examples are:

- Training or support in making informed choices
- Training or support to strengthen community inclusion
- Training or support in building relationships
- Communication skills
- Using money and managing personal finances
- Personal Safety Skills
- Staff providing hands-on assistance where needed (doing for the person)
- Skills to promote health and fitness

Elaborate further with an example:

Valued Outcome: To get a job in a retail store near his/her home

- Day habilitation will help a person find a store in his neighborhood, make an application, and teach communication and personal safety skills.
- Residential habilitation will help him to get up on time and get ready for the day, teach him how to schedule his time around his job, how to bank his paycheck, and provide supports when setbacks occur.

Instructor Note:

Please add other examples from your own experience. Focus on those that provide supports as well as skill development. You may want to use an example for people with severe and profound disabilities or ask the class to offer examples from their own experiences.

Discuss:

Clinical services that are part of habilitation are:

- Social Work
- Psychology
- Nursing
- Nutrition
- Occupational therapy
- Speech Therapy/Audiology
- Physical Therapy
- Recreation Therapy

Transition to next slide #20 which has three bullets that discuss Habilitation (RH, DH, CH) in regard to Habilitation Plans (Hab Plans).

- Refer to bullet #1: Habilitation plans are required and are completed after collaborative personal planning has begun and the person's valued outcomes have been identified.

- Refer to bullet #2: As with all habilitation, RH, DH, and CH staff plan collaboratively with the person, service coordinator, and others and the service must be provided according to a habilitation plan.

- Refer to bullet #3: Collaborative planning is facilitated by the service coordinator.

Discuss:

- Habilitation staff are part of collaborative personal planning with the person, service coordinator, and others. Habilitation services are an extension of this planning and the resulting Individualized Service Plan (ISP).

- Habilitation staff write the habilitation plan and provide services according to this plan and the habilitation plan should clearly tie back to the valued outcomes in the ISP.

- The service coordinator receives the habilitation plan and attaches it to the ISP.

Transition to next topic area: Prevocational Services
You might say: "We will now discuss Vocational services offered through the Waiver and their purpose and scope."

Prevocational Services:

Refer to participant materials (slide #21): Prevocational Services

- Refer to bullet #1: The purpose is to teach proper job habits needed in work settings but not how to do the job itself.
    - Elaborate: Prevocational service address the vocational interests of a person who may be interested in joining the "world of work" but whose skills are such that he or she is not expected to obtain competitive employment within the next year.

- Refer to bullet #2: The scope includes:
    - Skill acquisition (what the person will be taught to do?)
    - Support (what will staff do for the person?)
    - Exploring new experiences
    - Protective oversight/safeguards for health and safety

Refer to participant materials (slide #22).
You could say: "The next slide discusses examples of the scope of prevocational services."

They are:

- Refer to bullet #1: Teaching proper job habits

- Elaborate with examples:
  - compliance with supervisor's instructions
  - how to relate to co-workers
  - consistent daily attendance

- Refer to bullet #2: Problem solving
  - Elaborate with examples:
    - Following directions

- Refer to bullet #3: Using public transportation

- Refer to bullet #4: Following directions

- Refer to bullet #5: Consistent daily attendance

Move on to next slide #23, continuing with the discussion of prevocational services. Give time for participants to review the information.

- Refer to bullet #1: The person must demonstrate an earning capacity of less than 50% of the federal minimum wage or prevailing wage.
  - Elaborate: The Federal minimum wage or prevailing wage is determined in accordance with certification standards promulgated by the US Department of Labor.

- Refer to bullet #2: As with all habilitation, prevocational staff plan collaboratively with the person, service coordinator, and others and the service must be provided according to a prevocational plan.
  - Elaborate: The service coordinator must include the prevocational service under "Waiver Services" in the ISP and obtain the prevocational plan (which is attached to the ISP).

- Refer to bullet #3: Prevocational services usually occur in sheltered workshops, but can take place in the community.

Transition to next topic area: Supported Employment
You might say: "Now we'll move on to another HCBS Waiver Service, Supported Employment, discussing the service and the scope of the service."

Supportive Employment:

Refer to next three slides (#24, #25 and #26) which discuss Supported Employment. Give participants time to review the slides.

Refer to slide #24:

- Refer to bullet #1: Services assist people in finding and keeping employment that the person finds meaningful.
  - Elaborate: Supported employment provides appropriate staff and or materials to individuals to obtain and maintain paid employment. This includes help to obtain employment, retain employment and reach a level of stabilization, and continuing or periodic services.

- Refer to bullet #2: The scope is the same as those for prevocational services:
  - Skill acquisition (what will the person be taught to do?)
  - Support (what will staff do for the person?)
  - Exploring new experiences
  - Protective oversight/safeguards for health and safety

Refer to slide #25: Examples of Supported Employment include:

- Job coaching and supervision
- Teaching work skills
- Assessment and reassessment of the person's skills
- Adaptive devices needed at the work site
- Mobility and transportation training
- Socially appropriate behaviors

The next slide (#26) continues with the discussion of supported employment.

- Refer to bullet #1: Takes place in integrated work settings which provide regular interactions with people who do not have disabilities and who are not paid to provide services to people with a developmental disability.
  - Elaborate: The service coordinator must include the supported employment service under "Waiver Services" in the ISP and obtain the supported employment plan (which is attached to the ISP).

- Refer to bullet #2: As with all habilitation, supported employment staff plan collaboratively with the person, service coordinator, and others and the service must be provided according to a supported employment plan.

  SEMP and PV appear very similar in scope and description. The two major differences are location of the service and the pay scale involved.

Transition to next topic area: Respite

You might say: "The next HCBS Waiver service we will talk about is Respite. We will define respite and then talk about where respite can occur and who would provide this type of service."

Respite:

Refer to participant materials (slide #27). Respite

Discuss:

- Refer to bullet #1: A service that provides short-term relief to caregivers who are responsible for the primary care and support of individuals.
  - Elaborate: Caregivers include family members, Family Care provider, or live-in house staff. People who receive 24 hour shift staff for services and supervision cannot receive waiver respite. Respite may be needed by caregivers to deal with an illness, emergencies, or a needed vacation.

- Refer to bullet #2: Services are provided by the hour.
  - Elaborate: Respite is intended to make sure that the person's basic needs are met. Any person providing respite must have training or experience, which is tailored to the needs of the person who is being cared for, and which is satisfactory to the person, advocate/family, and DDSO.

- Refer to bullet #3: Can occur in a person's home or in an approved site, such as a free-standing respite center
  - Elaborate: Respite can be provided by the hour or for an overnight stay. When respite is delivered in a person's home, it may be provided for as many as 24 hours in one day. Respite may be provided in existing IRA Temporary Use Beds (TUBs) only with the consent of the people living in the IRA.

- Refer to bullet #4: Can be provided in existing IRA temporary use beds with the consent of people residing in the IRA.
    - Elaborate: Effective October 1, 2003, respite delivered in Free-Standing Respite Centers is an HCBS Waiver Service. Free Standing Respite (FSR) centers provide day and overnight care outside a person's home. It is "free standing" in that it operates in a space separate and distinct from any certified facility. Only individuals residing with family, legal guardians and family care providers (primary care givers) may use the FSR. The program does not serve individuals whose primary residence is a certified facility other than a family care home. The FSR does not serve individuals with developmental disabilities in "crisis" who require intensive treatment. The primary purpose of a stay at an FSR is to allow the primary care giver relief from the responsibilities of daily care giving.

- Refer to bullet #4: Services in a FSR may be provided by either a RN or LPN because of medical or health concerns.

Transition to the next topic area: Adaptive Devices
You might say: "The next HCBS Waiver service we will discuss is adaptive devices. "

Adaptive Devices:

Refer to participant materials (slide #28), Environmental Modifications. Give time for participants to review the slide.

Introduction: Adaptive devices and Environmental Modifications are generally funded as contracts through the DDSO; once the service is approved, the MSC may need to assist in researching costs of the device and /or obtaining bids for the modifications.

- Refer to bullet #1: Adaptive Devices are aids, controls, appliances, or supplies of either a communication or adaptive type which are necessary to enable the person to increase or maintain his or her ability to live at home and in the community with independence and safety.
    - Elaborate: Examples are:
        - Personal emergency response systems
        - Augmentative communication devices
        - Voice, light or motion activated electronic devices
        - Adaptive switches/devices

- Dining and meal preparation aids or appliances
- Specially adapted locks
- Motorized wheelchairs
- Computer hardware and software

- Refer to bullet #2: Adaptive Devices assist the person in the performance of self-care, work personal growth, and or physical exercise.
  - Elaborate: Items that have been worn out through normal everyday use may be replaced.

- Refer to bullet #3: Those devices covered by State Plan Medicaid under durable medical equipment must be accessed first before requesting waiver funding.
  - Elaborate: Other sources for Assistive Devices are the NYS Dept. of Education (e.g. Access-VR, formerly VESID, and Special Education Services), The NYS Commission for the Blind and Visually Handicapped, and programs administered by the NYS Dept. of Health (Early Intervention and Physically Handicapped Children's Program).

Transition to the next topic area: Environmental Modifications
You might say: "Next we'll discuss the HCBS Waiver Service, Environmental Modifications."

Environmental Modifications:

Refer to participant materials (slide #29) Environmental Modifications Give time for participants to review the slide.

- Refer to bullet #1: Environmental Modifications are adaptations to the home that are necessary to increase or maintain a person's ability to live at home with independence.

  - Elaborate: Examples are:
    - Ramps
    - Lifts for porch, stairs, and/or bathroom
    - Widened doorways/hallways
    - Hand railing/grab bars
    - Automatic or manual door openers/door bells
    - Bathroom/kitchen modification
    - Braille identification systems

- Tactile orientation systems
- Bed shaker alarm devices
- Window protection
- Reinforced wall
- Durable wall finished
- Open-door signal devices

- Refer to bullet #2: Environmental Modifications address needs related to physical, behavioral, or sensory disabilities, and help ensure that a person's health, safety, and welfare needs are met.
  - Elaborate: Items that have worn out through normal everyday use may be replaced.

- Refer to bullet #3: Modifications covered by State Plan Medicaid must be accessed first before requesting waiver funding.
  - Elaborate: Other sources for Environmental Modifications are the NYS Dept. of Education, the NYS Office of Advocate for Persons with Disabilities, the NYS Commission for the Blind and Visually Handicapped, programs administered by the NYS Dept. of Health (Early Intervention and Physically Handicapped Children's Program), and the NYS Commission on Quality of Care for the Mentally Disabled (Client Assistance Program and Protection and Advocacy Services for the Developmentally Disabled).

Transition to the next topic area: Plan of Care Support Services (PCSS)
You might say: "Next we'll talk about another HCBS Waiver service, Plan of Care Support Services, also known as PCSS."

Plan of Care Support Services:

Refer to participant materials (slides #30 and #31), Plan of Care Support Services. Give time for participants to review the slide.

Discuss:
Plan of Care Support Services are provided to people who are enrolled in the HCBS Waiver and do not have MSC. It provides two essential services, usually performed by a service coordinator that maintain the person's waiver enrollment. These services are:

Slide #30:

- Refer to bullet #1: Review and update of the Individualized Service Plan at least every 6 months.
  - Elaborate:
    - PCSS is required for people who are enrolled in the HCBS Waiver and whose decision not to receive MSC was approved by the DDSO. During the first 3 months of waiver enrollment the person must receive MSC to develop and implement the ISP. After this three-month period the person can apply to the DDSO to withdraw from MSC.

PCSS requires that at least every 6 months the person providing the service:

- Meet with the individual face-to-face in his/her own home. If the individual or family requests, the face-to-face contact may occur at a mutually agreed upon site outside of the person's home.

- If the person is a Willowbrook class member and resides in a certified site, a Service Coordination Observation Report (SCOR) is completed at least twice in a year in non-consecutive quarters.

- Make whatever contacts with the advocate/family and service providers that are necessary to accurately review and update the plan if needed.

- Assure that necessary safeguards have been taken to protect the health and safety of the individual.

- Update the ISP in the same format and content defined in the "Key to Individualized Services".

- Distribute the ISP with all attachments (no Service Coordination Agreement and Activity plan).

- Refer to bullet 2: Completion of the annual ICF/MR Level of Care Eligibility Determination Form (self explanatory).

Slide #31:

- Refer to bullet #1: If the individual needs the assistance of a service coordinator to develop, implement or actively maintain the ISP, PCSS refers the person to the DDSO for re-enrollment in MSC

- Refer to bullet #2: PCSS is not service coordination. It is a limited, task specific service.

Elaborate on the following:

Additional responsibilities of the service coordinator in PCSS:

- Maintain a current PCSS record.
- Notify the DDSO if the person's eligibility for HCBS Waiver has changed.
- Staff providing PCSS must be employed by an agency with an OPWDD contract to provide MSC and meet MSC qualification for a service coordinator, including all training requirements. These requirements can be found in the MSC Vendor Manual.

Additional Notes regarding PCSS:

- Agencies bill for PCSS once every 6 months.
- Individuals receiving PCSS are not counted as part of the MSC caseload.
- Willowbrook class members cannot receive PCSS since they must receive case coordination services every month as per the Injunction.
- If a child enrolled in the waiver is also receiving enrolled in the Early Intervention Program with the Department of Health, the child must receive PCSS.

Transition to the next topic area: Family Education and Training (FET)
You might say: "The next HCBS Waiver service we will discuss is Family Education and Training, also known as FET."

Family Education and Training:

Discuss: The next slide (#32) Family Education and Training (FET). Give time for participants to review the slide.

- Refer to bullet #1: FET provides education and training to caregivers of children under the age of 18 who are enrolled in the HCBS Waiver.
    - Elaborate: FET is a service which can be received up to 2x per year. The education and training sessions available are flexible and vary by agency.

- Refer to bullet #2: The purpose is to enhance the family's knowledge, skills, and decision making capacity to help them care for a child with developmental disabilities.
    - Elaborate: The focus is to provide information, not a direct service. For example, a physical therapist may provide information about assistive technology, but my not provide physical therapy as part of this service.

- Refer to bullet #3: A broad array of topics can be provided based on the needs and wishes of the caregivers.
    - Elaborate with examples: health and personal care, legal and financial issues, self-advocacy, grief and loss, information regarding specific disabilities, sibling issues, accessing mental health care, seizure management, drug therapy, navigating the service delivery system, and estate planning.

- Refer to bullet #4: FET can be provided to one family or in groups of no more than eight families.
    - Elaborate with examples:
        - Sessions can occur at any location including the family's home.
        - Caregivers of children enrolled in the HCBS Waiver can attend a maximum of two, 2-hour sessions in a 12 month period.
        - The backgrounds of instructors will correspond to the subject matter of the sessions. Instructors are properly certified in their specialties as appropriate (e.g. service coordinators must meet the MSC qualification, clinicians must be properly licensed by the State Education Department, or working under the supervision of a licensed clinician).

Instructor Note: FET is not available to caregivers of children not enrolled in the waiver. There is no "non-waiver enrolled" service for FET.

Transition to the next topic area: Consolidated Supports and Services (CSS)
You might say: "Now we'll talk about the HCBS Waiver service Consolidated Supports and Services, also known as CSS."

Consolidated Supports and Services:

Discuss: Slide #33 Consolidated Supports and Services (CSS). Give time for participants to review the slide.

- Refer to bullet #1: The funding source for certain costs for people who self-determine their services.
  - Elaborate: With the exception of service coordination and plan of care support services, all long-term care related support services are accounted for through this service. This gives the person the ability to choose unconventional sources for services and supports instead of using traditional services like residential or day habilitation.

- Refer to bullet #2: People have increased authority to control resources.
  - Elaborate: Individuals participating in self-determination have increased authority to direct how the resources will be spent with the help of freely chosen circles of support. Circles of support consist of paid or unpaid members who are committed to assisting the person with disabilities and making decisions.

- Refer to bullet #3: Supports and services are beyond being person-centered, they are self-directed.
  - Elaborate: The major thrust of self-determination is to give people with disabilities control over the decisions regarding services and designated financial resources in pursuit of personal goals and valued outcomes.

- Refer to bullet #4: Is provided according to a CSS plan.
  - Elaborate: A Consolidated Support and Service Plan must be attached to the ISP. ADM #2009-02 can be found on the OPWDD website; the ADM provides information regarding the proper documentation of the service to support billing.

Transition to the next topic area: Financial Management Service (FMS)
You might say: "Now we'll discuss the HCBS Waiver service Financial Management Service, also known as FMS."

Financial Management Service (FMS):

Discuss: Slide #34 Financial Management Service (FMS). Give time for participants to review the slide.

- Refer to bullet #1: Provides the support and services to assist people who are managing their own service funds, for example CSS.

- Refer to bullet #2: The service involves an OPWDD approved not-for-profit agency performing the following services as authorized in a plan/budget:
    - Billing
    - Payment
    - Reporting
    - Selected employment-related services.

Transition to next topic area: Intensive Behavioral Services
You might say: "Now we'll discuss the HCBS Waiver service, Intensive Behavioral Services."

Intensive Behavioral Services

The next slide #35 discusses Intensive-Behavioral Services. Give time for participants to review the slide.

Discuss (as per slide): This service is intended to address the critical need for intensive behavioral supports in the home for individuals at risk of placement in a more restrictive residential setting.

Elaborate:

- Intensive Behavioral Services – short-term, focused professional service to ameliorate exceptionally difficult behaviors to enable individuals to remain in a less restrictive setting.

- The program is currently being piloted (as of 7/1/10) with a limited number of agencies participating. Agencies are only approved to participate if they already have sufficient clinical staff to support the service.

- Individuals must meet a certain level of need as determined using a specifically designed tool. The DDSO makes the final determination on eligibility based on the results of the determination tool.

- Under this service, a behavior plan is developed and then a limited number of hours are available for the clinician to work with the family or service providers to teach them actions prescribed in the behavior plan to reduce behaviors.

Transition to next topic area: New Services in the Waiver
You might say: "Now we'll discuss newer services that are included in the waiver."

Discuss: Slide #36 the new services in the waiver. Give time for participants to review the slide.

Waiver service #12: Pathways to Employment
Waiver service #13: Community Transition
Waiver service #14: Self-directed Options
a) Support Brokerage
b) Financial Management Services – agency with choice

Pathways to Employment:

- Review bullet #1: Pathways to Employment: Exploring the work world and seeking jobs for recent HS graduates and Day Hab participants.
  - Elaborate: OPWDD believes that anyone interested in working should have the opportunity to work. Pathways will be an additional service option to help individuals achieve this goal.
  - Additional Information will be forthcoming as the service is developed.

Community Transition:

- Review Bullet #2: Community Transition: start up household costs for people moving form institution and from provider operated settings (e.g. IRAs) into non-certified living arrangement.

  - Elaborate: Community Transition will provide financial supports to establish a household for someone moving out of a provider operated setting into their

own home. It is expected that the funds can be used for things like lease deposits, furniture, kitchen utensils, etc.

- This service will replace an existing program which provides start-up funding for a person moving from an ICF into an independent living arrangement. This service has not been regularly utilized.

Self-directed Options:

- Review bullet #3: Self-directed options:
  - Elaborate:
    - a) Support Brokerage (currently offered as part of CSS)
      - Specialized supports, such as hands-on help finding house or apartment
    - b) Financial Management Services – Agency With Choice
      - Single agency involves person in decisions about staffing, types of services and management of budget

Transition to next topic area: Access to Waiver Enrollment
You might say: "Now that we've discussed all the services under the HCBS Waiver, we'll now look at access to waiver enrollment and the service coordinators role in helping a person access the waiver."

SECTION EIGHT: Access to Waiver Enrollment

Refer to participant materials (slide # 37). This discusses Access to Waiver Enrollment. Give participants time to review the information.

Discuss slide: (3 bullets)

- Review bullet #1: The service coordinator helps the person to apply for the HCBS Waiver and maintains copies of all enrollment forms in the person's service coordination binder.

- Review bullet #2: The service coordinator first contacts OPWDD to request services funded by OPWDD.

- Review bullet #3: The appropriate DDSO or the Regional Office reviews requests.

Elaborate:

- When requesting services for an individual, the request should demonstrate a reasonable indication of need for the services in order to remain in the community.

- Regardless of the type of support or service requested, or individual eligibility, each request will be considered within the framework of the DDSO/Regional Office decision related to the Community Services Plan (CSP).
    - The CSP review process applies to all requests for OPWDD services – for HCBS waiver services as well as all other services.

Instructor Note:

- You may want to include the local process for requesting services and waiver enrollment or ask a CSP representative at your DDSO to present information to the group.

- You may want to distribute a list of names and phone numbers for referral purposes

Review slide # 38 (self-explanatory). Give participants time to review the material.

- If the request for services funded by OPWDD results in a referral to the HCBS Waiver, the following basic steps are taken:
    - Completion of the HCBS application packet

- Packet is forwarded to the DDSO (regional office of OPWDD)
- DDSO reviews Preliminary Individualized Service Plan
- DDSO assesses priorities and availability of funding
- DDSO documents individual's choice of HCBS services
- DDSO issues a Notice of Decision (NOD) to the person with disabilities

Transition to next topic area: Aspects of the HCBS Waiver
You might say: "We've just reviewed how a person accesses the waiver. Next we'll look at certain aspects of the HCBS waiver that you should know."

SECTION NINE: Aspects of the HCBS Waiver

Discuss: The next 3 slides (#39, #40 and #41) aspects of the HCBS waiver. Give participants time to review the information.

Refer to slide #39:

- Review bullet #1: Budget Neutrality:
  - On average, the cost of furnishing home and community based services may not exceed the cost of the institutional services which otherwise would be required by the individuals to be served.
    - Elaborate: This requirement in Section 1915c of the Social Security Act was adopted to ensure that the states did not spend, on average, any more money on waiver services than they would have if the same people lived in an ICF/MR.

- Review bullet #2: Opportunities for Enrollment:
  - Any state can only serve the maximum number of people approved by the Centers for Medicare and Medicaid (CMS).
    - Elaborate: NYS was approved to serve 70,572 people by 9/2008.

Refer to slide #40:

- Review bullet: Renewals and Surveys by the Centers for Medicare and Medicaid (CMS).
  - The HCBS Waiver is renewed by CMS after the first three years of the waiver and every five years thereafter.
    - Elaborate: CMS completes a review and survey of the HCBS Waiver prior to and as part of the renewal process. NYS had its first review in 1994 and the waiver was renewed for 5 years. HCFA completed its second review in 1999-2000, and the waiver was renewed to October 2004. It was approved again in October 2004 through 2009. The most recent renewal was in 2009.

Refer to slide #41:

- Review bullets: Basic Assurances:

- In order for CMS to approve a state's home and community based waiver (first approval or renewal), the state must make certain written "assurances".

- These are reviewed in every survey and include:
  - The health and safety of individuals are protected.
  - Services are provided according to a plan of care.
  - The waiver is cost effective (budget neutrality).
  - Individuals have freedom of choice to choose waiver services or an ICF/MR, and service providers.
  - Waiver services are furnished only to individuals who would otherwise qualify for ICF/MR Level of Care.

Elaborate:

- The intent of these assurances was to give states flexibility in determining how these various assurances should be addressed, rather than spelling out detailed requirements in each area.

- These assurances stress the importance of the ISP and the four habilitation plans (residential, day, prevocational, and supported employment).

- All waiver service providers must ensure the health and safety of the individuals they serve and informed choice.

- This reinforces the importance of the annual redetermination of ICF/MR Level of Care.

Transition to next topic area: Self-Advocacy or Choice of Advocate
You might say: "The previous section talked about various aspects of the HCBS Waiver. In the next sections we'll look at self-advocacy or choice of advocate, the Individualized Service Plan (ISP) and the role and responsibilities of the service coordinator regarding the HCBS Waiver."

SECTION TEN: Self-Advocacy or Choice of Advocate

Refer to participant materials (slide #42). This discusses self-advocacy or choice of advocate. Give participants time to review the information.

- Review bullet #1: Everyone enrolled in the HCBS Waiver must have an active advocate unless the person is self-advocating.
  - Elaborate:
    - An active advocate assists a person in making decisions that affect the quality of his or her life. For example, an advocate may help a person apply for services, give advice and support, help make informed choices, and act on behalf of the individual when that person is unable to do so alone.
    - An advocate should have an "arms length relationship" with any provider currently delivering a service to the person. This enables the advocate to challenge or question service providers and avoid bias or conflict of interest. For example, parents, legal guardians, family member, community member, Consumer Advisory Board Member (for members of the Willowbrook Class), and ombudsperson.
    - If a person 18 years of age or older indicates that he or she is capable of self-advocacy, it is validated in accordance with the definition of "capable adult person" in 14 NYCRR 633.99.

- Review bullet #2: An advocate helps the person look out for his/her own interests.
  - Elaborate: The service coordinator should always be promoting the person's community membership that may result, over time, with the identification of an advocate.

- Review bullet #3: The service coordinator has the responsibility to find an advocate if the person is not self-advocating.

Transition to the next topic area: Roles and Responsibilities of the Service Coordinator Regarding the HCBS Waiver

You might say: "We've discussed the importance of advocacy for a person and the service coordinator's role in helping a person find an advocate if they are not self-advocating. Now we'll look at other specific roles and responsibilities of the service coordinator including the development of the ISP."

SECTION ELEVEN: Role and Responsibilities of the Service Coordinator Regarding the HCBS Waiver

Instructor Note:

- Some of the responsibilities that we'll discuss are in addition to those required under MSC.
- Everyone enrolled in the waiver must have an ISP. THE ISP AUTHORIZES THE PAYMENT OF WAIVER SERVICES. Required information for each waiver service must be accurate (name and type of provider, frequency, duration, and effective date of the service).

Review slide #43: The Individualized Service Plan. Give participants time to review the material.

- Refer to bullet #1: The ISP is a blueprint which identifies what a person wants and needs, appropriate services and service providers
- Refer to bullet #2: It is written by the service coordinator
- Refer to bullet #3: All people enrolled in the waiver must have a current ISP
- Refer to bullet #4: Any waiver services delivered to the person must be specified in the ISP
- Refer to bullet #5: Habilitation plans are attached to the ISP
- Refer to bullet #6: The ISP is reviewed, through collaborative planning, at least twice a year

Review the next three slides (#44, #45, and #46): Role and responsibilities of the Service Coordinator Regarding the HCBS Waiver. Give participants time to read the material.

Slide #44:

- Refer to bullet #1: Assist the person with enrollment in the waiver.

- Refer to bullet #2: Develop, implement, and maintain the person's ISP. This must involve collaborative planning with the person, advocate/family, and those assisting the person or providing services. The ISP includes what a person needs and wants.

- Refer to bullet #3: Protect the individual's health and safety.

- Refer to bullet #4: Promote informed choice, community inclusion, satisfaction with planning and services, and the Individualized Service Environment.

Slide #45:

- Refer to bullet #5: review the ISP at least twice every year.
    - Elaborate: Each year, the ISP must be reviewed at least 2x. Every six months is recommended. At least one of the reviews must be a face-to-face with the individual.

- Refer to bullet #6: Keep the ISP current and distribute copies with all attachments (residential habilitation plan, day habilitation plan, waiver prevocational plan, waiver supported employment plan, individual plan for protective oversight if the person lives in an IRA, and the service coordination activity plan).

    - Note: another waiver service that has a plan is the service of Consolidated Supports and Services (CSS), also known as Self-Determination. If an individual participates in CSS, the CSS plan must be attached to the ISP.

    - Note: The MSC Activity Plan is ONLY an attachment to the ISP if the individual has chosen to have an Activity Plan or if the individual is a Willowbrook class member (they are required to have one).

Slide # 46:

- Refer to bullet #7: Assist with access to waiver services.
    - Note: An individual has freedom of choice of service providers. They can choose a service from any qualified and available service provider. This is also true for MSC service provision.

- Refer to bullet #8: Ensure the completion of an annual re-determination of the need for the Level of Care in an ICF/MR.

- Refer to bullet #9: Secure or continue to secure an advocate for each enrolled person who requires or chooses to have one.

- Refer to bullet #10: Notify the DDSO immediately when the person should be terminated from the waiver.

- Refer to bullet #11: Maintain the person's service coordination record including waiver enrollment documentation.

- Refer to bullet #12: Ensure that every individual receives at least one waiver service in a 12-month period.

Course Summary:

You might say: "OPWDD's HCBS Waiver has been in place since 1991. Since then, more services were developed and added to the array of services available to individuals with developmental disabilities in New York State. We've talked about the HCBS Waiver and the service coordinators responsibilities under the waiver. It is important to note that NYS is looking at future ways to help people with developmental disabilities lead richer lives and is working on the implementation of a new waiver, the People First Waiver.

Information on the current HCBS waiver and new initiatives can be found on the OPWDD web site at www.opwdd.ny.gov." **(see slide #47)**

End of course.