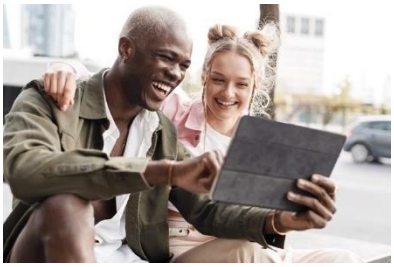

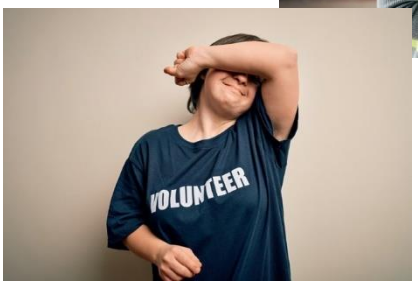

Connecticut DDS

Moving On Program

Current State Review

January 24, 2022

DDS

Deloitte.

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1.0 Executive Summary

1.1 Introduction & Background

With American Rescue Plan Act (ARPA) funds, the Connecticut Department of Developmental Services (DDS) launched the Moving On Program. It is in line with the DDS mission to enable individuals to live, learn, and work in more independent settings with appropriate levels of support. This Current State Review is part of the Moving On Program. It considers the existing system of intellectual and developmental disabilities (I/DD) home and community-based services (HCBS) in Connecticut and identifies efforts in other states to innovate in the I/DD HCBS space. The review includes existing policies, service delivery, and reimbursement methodology with an emphasis on transformational initiatives.

1.2 Research Framework & Approach

A total of 12 states were identified as potential candidates for the Current State Review in consultation with DDS and national experts. Of those 12 states, DDS selected five states to research in-depth. States were selected based on the following criteria:

- States similar in total population size to Connecticut and/or with programs of similar size to Connecticut.
- States implementing innovative or unique supports for adults with I/DD, especially regarding residential and day/employment supports, assistive technology, and community integration.
- States that have undergone HCBS transformation efforts that could lend lessons learned to Connecticut.

The selected states are Arkansas, Delaware, Maine, Missouri, and Pennsylvania. Additional states in the initial review were Arizona, California, Maryland, Minnesota, Ohio, Oregon, and Washington.

The Deloitte team conducted research through interviews with state and provider staff. Interviews included selected I/DD agencies, sister agencies within Connecticut and externally, and providers to gather details on their program operations and transformation efforts.

A literature review supplements interview findings for additional information and context. Research sources include the Centers for Medicare and Medicaid Services (CMS) website, state websites and reports, CMS approved waivers, and other publicly available materials. Please see 3.4 Resources for a full list of interviews and resources.

Connecticut's I/DD waivers already offer significant flexibility to provide supports in individualized, independent settings. This research included conversations with Connecticut providers utilizing these flexibilities to offer more options to the people they serve. The Moving On Program creates an opportunity for DDS to partner with all providers operating congregate settings to encourage more use of these flexibilities and create more community-focused and person-centered options for individuals receiving supports.

1.3 Key Considerations and Recommendations for Connecticut

The table below includes a list of options that Connecticut can prioritize throughout planning and implementing the Moving On transformation effort. The table also includes considerations based on lessons learned by states and agencies through similar transformation efforts. Connecticut's existing I/DD waivers create a comprehensive and flexible services and supports offering. Given this, recommendations focus on how DDS can encourage further adoption and availability of existing approaches that emphasize independence and choice rather than creating new waiver services. Examples of existing approaches include self-direction, Project SEARCH, and supported living with remote options. Stakeholder input sessions will prioritize specific service approaches for Moving On Program guidance, support, and potentially outcome-based payment updates. Please note any recommendations requiring changes to a waiver require additional state and federal approval beyond DDS. These would be difficult to include as part of Moving On given the ARPA funding period and waiver amendment approval timelines.

Ongoing engagement and support from stakeholders, including individuals who receive supports, their families, and case managers, will be key to a successful transformation. The recommendations include approaches to engage stakeholders proactively and collaboratively.

Theme	Key Considerations & Recommendations

Individuals who Receive Services as the Primary Focus	**Considerations**
	• Connecticut DDS is committed to keeping transformation and transition efforts **person-centered** by including **concerns and values that are most important to the individuals** and their families or guardians.
	  ○ Provider transformation plans must consider the personal needs and preferences of individuals who choose to participate in transition activities (e.g., housing preferences, choice in providers, social and emotional impacts of shifting housing or employment supports and/or change in routine).
	  ○ DDS continues to consider and address concerns from individuals and families, such as worries about funding for moving expenses or to furnish a new apartment.
	• Across state implementations, there is an emphasis on **proactive, clear, and accessible communication** between individuals who receive supports, their families, and providers.
	  ○ This is especially important related to transitions such as providing specifics around changes in supports and funding for transitions.
	  ○ This makes it more feasible to get buy-in and support from key stakeholders throughout the implementation process.
	• An individual who receives supports may have different priorities and preferences from their family or other loved

Theme	Key Considerations & Recommendations
	ones. **Family input cannot replace input from individuals who receive supports**. **Recommendations** • **Enhance training for DDS case managers focused on alternative service options and new approaches that result from the DDS Moving On Program**, and partner with providers so individuals have access to the full range of supports with adequate information during person-centered planning. • Review and revise or develop additional **transition-specific shared responsibility documents** for the person-centered planning process detailing potential obstacles and planned mitigations. Require individuals and planning team to sign this document to highlight importance. Connecticut Money Follows the Person (MFP) has a document that could serve as a model. • Engage case managers and DDS staff to emphasize currently available housing options (outside of normal waiver services) in Connecticut to individuals and families. • To promote equitable access, providers should consider languages spoken by people in the areas they serve, obstacles to service delivery in areas with limited transportation options, and physical accessibility issues in development and rollout of new programs and service approaches.
Residential Supports	**Considerations** • Regional variation in available transportation and existing infrastructure must inform the selection and implementation of a transformation option. • The supply of affordable, accessible housing greatly impacts residential transitions. • A family home setting may represent less independence than a congregate living setting for some individuals and be preferred by others. **Person-centered planning remains key as part of transition planning to account for individual goals.** **Recommendations** • Continue to allow providers flexibility to collaborate with individuals who receive supports, their families, and others on creative residential approaches and tools. Specifically encourage providers to adopt and expand **clustered housing** (multiple people live and receive supports in their own homes which are geographically located to share staff and supports), **assistive technology** (equipment people can use to complete

Theme	Key Considerations & Recommendations
	tasks more independently)**, and remote supports** (receiving support from a person via technology like video chat instead of in-person). • Support and foster **relationships between providers and housing developers** for long-term growth of affordable, accessible housing. • Build on and expand **housing voucher programs** through partnerships with state and local resources to strengthen sustainable rent and utilities support. • **Provide information and a clear process to providers and case managers** on available assistive technology/remote support options and how to access them to increase the feasibility of transitions to more independent settings. Remote monitoring with safety alerts is an example of this technology. • Support coordination between provider agencies to **leverage shared supports between individuals** living in their own homes in the same area. • Promote **alternative transportation options, such as rideshares**, in areas with limited public transportation to promote community access for people following transition.
Employment Supports	**Considerations** • **Partnerships in the business community** can prove fruitful for states in creating opportunities for individuals with I/DD to find competitive, integrated employment. • Some individuals who receive supports, for example adults of retirement age, may prefer to not seek employment. The ability to choose a non-employment day service remains important. • Earned income and assets can impact eligibility for services and other benefits. **Recommendations** • Continue to allow providers flexibility to collaborate with individuals who receive supports, their families, and others on creative day service approaches. Specifically encourage providers to adopt **remote supports for Customized Employment**. • Develop annual **statewide employment goals** focused on increasing the percentage of individuals with I/DD participating in competitive, integrated employment to tie progress to specific, quantitative metrics. ○ Consider goals specifically focused on **waiver-eligible transition age individuals with I/DD** pursuing

Theme	Key Considerations & Recommendations

	competitive employment directly following high school. This encourages a focus on active employment planning for young adults.
	• Support providers to **leverage and expand their networks of business partners**, to place and train individuals receiving supports and provide more opportunities for long-term success.
	  ○ Leverage Project SEARCH as a model.
	  ○ Consider partnering with local colleges and trade schools to provide internships that could lead to employment of participants, expanding the options for integrated employment for individuals with I/DD.
	  ○ Highlight employer benefits, such as **Work Opportunity Tax Credits**, to encourage participation.
	• Coordinate between providers and CT Bureau of Rehabilitative Services to increase access to **tailored benefits counseling** including use of Achieving a Better Life Experience (ABLE) savings accounts to support transitions into employment. Consider the addition of benefits counseling to employment supports waiver definitions.
	• Consider a **dedicated employment supports staff person** to support the needs of individuals in **areas where lack of transportation** is a barrier to competitive, integrated employment.
	  ○ Work from home opportunities can help fill some of these gaps, where appropriate for an individual based on the person-centered plan.
	• Work with providers to establish "**employment clubs**" for employed individuals with I/DD to share their experiences, celebrate their jobs, and build a community around employment. Individuals interested in employment could also learn from people in these groups.
	• Share lessons learned from DDS Moving On Program with DDS representatives to the Pathways to Competitive Employment grant workgroups led by the Bureau of Rehabilitative Services workgroup. This could include the role of assistive technology in supporting successful employment.

Provider Engagement	**Considerations** • Given the transformational nature of this initiative, and reported high staff turnover, **initial and ongoing training and communications for providers and DDS staff** is key to support sustainability of operational changes. • **Staffing and workforce capacity concerns** in provider organizations can create hesitancy to embrace transformational change.

Theme	Key Considerations & Recommendations
	○ Communications should emphasize any standardization of new processes that will ease the burden on provider staff and make it clear how incentives can be earned and used. ○ Providers will need the appropriate administrative and operational staff to successfully implement change. **Recommendations** • Provide **non-financial recognition and incentives** to exemplary providers to motivate through competition and achieve improved service delivery. For example, providing a designation for meeting clearly defined standards which providers can include on their website. These would be in addition to financial incentives. • Host facilitated calls where **providers can share updates related to Moving On efforts to identify and spread promising approaches and promote coordination**. ○ This learning collaborative approach is successful for DMHAS. Additionally, in Moving On stakeholder input sessions, providers voiced support for a forum to share ideas and leading practices. ○ Could be especially relevant for staffing updates given ongoing workforce concerns. For example, providers could coordinate to hold a shared training to help staff prepare to provide supports in new settings. ○ A similar approach and forum **could be relevant for case managers** as they manage transitions and communicate with families. • Track provider Moving On outcomes with a **standardized scorecard** that can be widely shared and adopted.
Assistive Technology and Remote Supports	**Considerations** • Some individuals receiving supports and providers have concerns that remote supports and assistive technology may jeopardize existing supports and replace staff. This may contribute to hesitancy to begin using technology that can increase independence. However, given staffing shortages it may also help fill gaps. • Ongoing technological advancements create new opportunities and lowers costs. Creativity in repurposing non-disability specific technology can expand options.

Theme	Key Considerations & Recommendations
	Recommendations • Leverage and expand existing programs to **educate individuals and families about options for assistive technology and remote supports**, as well as logistics for adoption, to mitigate concerns that it will replace or jeopardize eligibility for in-person supports. • Create a **technology task force** led by the incoming statewide Assistive Technology Director to develop **tailored education materials and improve implementation practices** statewide. The task force should include people who use assistive technology and remote supports and other external stakeholders like assistive technology specialists. • Provide a **trial period for remote supports adoption** and consider beginning implementation early and slowly with transitioning youth. • Identify a **staff technology champion** who can network with other states and share learnings on new technologies, as well as ways to implement and utilize assistive technology. ○ Communicate findings to providers to support the acquisition and implementation of technology enabling and promoting community integration.
Payment Methodologies	**Considerations** • DDS has committed significant ARPA funds to incentives for providers through the Moving On program. • Once established, new service approaches that emphasize independence and natural supports generally require less financial support than congregate settings. • Transformational changes must be sustainable, especially for providers. **Reducing administrative burden** when possible will help. For example, streamlining the billing process. This includes billing codes that align with service transformation and encouraging interoperability across agency platforms. • Implementing value-based payments and other incentives, including extending existing incentives, would require coordination between DDS and DSS and additional approval at the state and federal levels. **Recommendations** • Consider providing payment incentives to HCBS providers that collect and submit outcome and activity quality data for future value-based payment benchmarking. • If Moving On Program efforts result in significant measurable positive outcomes –and funds allow– consider **temporarily extending some of the transition incentives.**

Theme	Key Considerations & Recommendations
	• Incentive targets can discourage underperforming providers from improvement because the goal seems too distant. Consider specific and targeted support for this group. *Note: Development of detailed payment methodology recommendations, including potential outcome-based payments, is planned for later stages of the Moving On Program.*

2.0 Research Findings

2.1 Key Areas of Interest

I/DD HCBS Waivers: Summary of the Medicaid waivers that states leverage to provide services for individuals with I/DD and highlight any key differences relative to Connecticut. Definitions of services similar to Shared Living and Community Companion Homes, as well as additional less common services as defined in state waivers are included in the 3.0 Appendix.

ARPA Efforts & Spend Plans: Review of each state's ARPA funding spend plans, and any available quarterly reports to CMS, to identify potential promising I/DD transformations and their progress.

Residential Services: Summary of the individualized supports available in a state that are tailored to meet the needs and preferences of individuals in their homes or other residential settings. Research focused on efforts to enhance self-direction and initiatives to shift from congregate living settings to independent living.

Adult Day Supports: Summary of the supports states provide that allow individuals to fully participate in their communities, engage their interests, and improve life skills.

Employment Supports: Summary of the supports that each state provides that help individuals prepare for competitive integrated employment and match them with jobs that meet their interests, skills, and abilities.

Assistive Technology & Remote Supports: Highlights of how each state is implementing and encouraging the use of assistive technology and remote supports in employment, other adult day, or residential supports to foster independence and provide more individual choice.

Payment Methodologies: Highlights related to payment approaches or rate methodologies in each state, especially outcome-based payments or incentives during and supporting transformation.

2.2 High Level Research Findings from Other States

At a Glance: Focus Area Findings	
Focus Areas	**Notable findings**
I/DD HCBS Waivers	**Delaware's** 1915i Pathways to Employment State Plan Amendment includes expanded employment supports, such as a "Financial Coaching Plus" service that assists individuals in establishing financial goals, creating a plan to achieve them, and providing information, support, and resources needed to implement stated goals in the financial plan. As part of this service, individuals can be referred to benefits counselors. **Maine** is in the process of introducing a new "Lifespan Waiver" in 2024. It includes an expansion of Shared Living services, one of the prime drivers of growth in utilization of their residential supports. **Arkansas'** Community and Employment Supports waiver has a specific goal to transition individuals from institutional or provider-operated living settings (ICFs or group homes) to a private residence where the service recipient or their guardians is directly responsible for living expenses.
ARPA Efforts & Spend Plans	All included states allocated funds to recruit and build capacity for the HCBS provider workforce with incentives or other measures. **Delaware** is using ARPA funds to provide HCBS Innovation Pilot Grants that will encourage the development of new approaches to workforce retention, support for family caregivers, addressing health-related social needs, and expanding access to independence-enhancing technologies.
Residential Services	**Maine** adults with I/DD are taking advantage of community-based Shared Living at nearly the same rate as group home settings for the first time since the program began in 2017. As part of Final Settings Rule compliance, **Maine** allowed providers to apply for a bridge payment to transform a specific setting and utilize an individual transition plan to track compliance. **Pennsylvania** has expanded use of residential supports like housing transition and tenancy, as well as their Life Sharing program.

At a Glance: Focus Area Findings	
Focus Areas	**Notable findings**
Adult Day Services	**Pennsylvania** has a specific Community Participation Supports service focused on building natural supports and community engagement. Individuals are intended to gain skills and connections and transition off this service. **Delaware's** community participation offering is highly individualized, with participants working with one staff member to ensure personal goals and interests are actively pursued through community engagement. It includes the development of natural supports with a goal of replacing the paid supports with these.
Employment Supports	**Missouri's** Empowering Through Employment Initiative engaged in a provider education campaign and non-monetary incentive structure, including recognition ceremonies and public designations for providers exceeding benchmarks, to grow the number of individuals with I/DD receiving employment or prevocational supports by 187%. **Maine** has a comprehensive strategy to grow competitive employment, including hiring two statewide Certified Employment Specialists focused on outreach to rural/underserved areas and investing in programs for young adults between 18-25 years old.
Assistive Technology and Remote Supports	**Missouri** added a dedicated assistive technology position to the Missouri Provider Relations team and widely expanded the adoption of remote supports. **Maine** will provide grant opportunities for individuals to gain an Assistive Technology Professional certification to increase awareness and utilization of assistive technology. **Pennsylvania** established a Technology Task Force to develop strategies to incorporate and expand technology use for individuals with I/DD.
Payment Methodologies	**Missouri** will implement several value-based incentive payment programs in fiscal year 2023, including payments for providers that assist waiver participants to transition to remote supports. **Pennsylvania** received CMS approval for an outcome-based supplemental payment for residential providers to support transitions from group homes to more independent residential supports (Life Sharing and Supported Living). This is similar to the Moving On Program but is smaller in scope.

At a Glance: State by State Comparison						
	Pennsylvania (PA)	**Arkansas (AR)**	**Delaware (DE)**	**Maine (ME)**	**Missouri (MO)**	**Connecticut (CT)**
Charting the LifeCourse	✓		✓	✓	✓	✓
Technology First State	✓		✓		✓	✓
Employment First State or I/DD Agency	✓	✓	✓	✓	✓	✓
State Employment Leadership Network (SELN) Member			✓		✓	✓
Money Follows the Person (MFP) Demonstration	✓	✓		✓	✓	✓

2.3 Arkansas

I/DD Waivers

Arkansas utilizes one Medicaid 1915(c) waiver explicitly for I/DD services called the **AR Community and Employment Support (CES) waiver (0188.R06.00).** Its stated purpose is to support individuals with autism and I/DD to live in the community and prevent institutionalization**.** This waiver provides respite, supported employment, supportive living, specialized medical supplies, adaptive equipment, community transition services, consultation, environmental modifications, and supplemental support services for individuals with autism or I/DD of all ages.

Of note, the CES waiver aims to support beneficiaries with major life activities, particularly competitive, integrated employment, and it includes comprehensive care coordination services. One of the waiver's primary objectives is "to transition eligible persons who choose the CES Waiver option from residential facilities to the community."

Arkansas served 5,200 individuals under a previous version of the waiver but had a large waitlist of individuals requesting services. In response, Arkansas committed $40 million to eliminate the waitlist for I/DD waiver services by June 2025. As part of this process, Arkansas' Division of Developmental Disabilities Services (AR DDS) added parents and legal guardians as allowable providers in self-direction of services to reduce workforce capacity concerns. Under the CES waiver approved in May 2022, slots for 3,200 individuals will be added over a three-year period. Arkansas expects lower costs for new entrants due to managed care savings.

The **Arkansas Health and Opportunity for Me (ARHOME) waiver** is a Medicaid section 1115 demonstration. It is not I/DD specific. In November 2022, CMS approved an amendment to pilot innovative approaches to address housing and food insecurity, as well as other health-related social needs. According to a CMS press release, the key activities in the approved amendment relate to providing **"medically necessary housing and nutrition support services" to waiver beneficiaries**. Although ARPA funds cannot be used for room and board, this represents an important policy development to consider for long-term sustainability of programs.

ARPA Efforts & Spend Plans

Arkansas allocated enhanced Federal Medical Assistance Percentage (FMAP) ARPA funding for HCBS to the following:

- **Workforce retention:** $112 million
- **Enabling technology:** $12 million
- **Enhancing and expanding HCBS services:** $27 million

The ARPA workforce retention efforts allow Arkansas providers to apply for funds to offer incentives for hiring and retaining staff able to provide complex care to help reduce turnover and improve continuity of care. The state's enabling technology efforts aim to provide better access to HCBS services to promote improved independence and self-determination. As part of the initiative, Arkansas will provide funding for "client consultation, training, and capacity building" to support providers and Medicaid beneficiaries.

Arkansas's priorities for expanding and enhancing HCBS services mirror Connecticut's. For example, the Arkansas HCBS Spend plan notes that the state aims to "design a process to streamline faster access to HCBS services when a client is discharging from a more restrictive setting." While there are limited

publicly available updates on implementation of this effort, some of the items Arkansas identified for potential funding are:

- **Environmental and home modifications** that exceed the current limits on services or for individuals who do not have access to funding for those supports.
- Funding for renovation and infrastructure of structures to serve individuals with complex needs.
- **Appropriate furnishing and household needs** that are necessary to facilitate a successful transition from a restrictive setting to a home and community-based setting.

Residential Supports

Arkansas utilizes the Provider-led Arkansas Shared Savings Entities (PASSE) program to serve Medicaid beneficiaries with complex behavioral health needs and/or I/DD. These are managed care entities. PASSEs manage the waiver services available to individuals including care coordination, respite, supported employment, supportive living, community transition services, and supplemental support. There are three PASSEs in Arkansas. As part of implementing the PASSE model, Arkansas will add a new provider type that creates a dual certification to serve both people with I/DD and people with behavioral health. There has been significant early interest in this program which is slated to launch in January 2023.

PASSEs manage the waiver services of Medicaid beneficiaries, including the following residential services:

- **Care coordination**: includes collaborating on care planning and goals, medication management, and service coordination through a person-centered service plan.
- **Supportive living**: an array of individually tailored habilitative services and activities to enable members to reside successfully in their own home, with family or in an alternative living setting (apartment, or provider owned group home). Supportive living services must be provided in an integrated community setting.
- **Community transition services**: helps with set-up expenses for clients transitioning from an institutional or provider-operated living arrangement, such as an intermediate care facility or group home, to a living arrangement in a private home where the person receiving supports or their guardian is directly responsible for the person's living expenses. Expenses include security deposits, essential household furnishings (furniture, food preparation items, bed/bath linens, etc.), set-up fees for utility services, pest removal and one-time cleaning prior to occupancy, and moving costs. These explicitly do not include room and board costs, food expenses, regular utility charges, or recreational appliances.

Waiver services are similar to the services Connecticut offers waiver beneficiaries, with AR's Supportive Living capturing many of the same offerings that Connecticut includes in In Home Supports (IHS), Community Companion Homes (CCH), Continuous Residential Supports (CRS), and Community Living Arrangements (CLA). The community transition services offering also demonstrates that Arkansas is already supporting transitions to less-restrictive settings through Medicaid services.

Non-Employment Day Supports

The Arkansas Adult Developmental Day Treatment (ADDT) program offers programs including:

- Adult Habilitative services
- Prevocational services
- Nursing services
- Occupational, physical, and speech therapy services

According to Arkansas DDS, adult habilitative services provide "instruction in areas of cognition, communication, social/emotional, motor, and adaptive, including self-care; or to reinforce skills learned and practiced in occupational, physical or speech therapy." In addition to the listed services, Arkansas provides optional therapeutic services (not included in core services) to waiver beneficiaries that include occupational, physical, and speech therapy as outlined in a recipient's Individual Program Plan.

ADDT's focus on skills-based development in day supports is similar to Connecticut's approach in programs like Day Support Options and Individual Day Supports.

Employment Supports

In Arkansas, any individual approved for services under the Community and Employment Supports (CES) waiver has "access to skills training or assistance performing duties at a job from a licensed DD community provider." To grow independence and incentivize workforce participation, Arkansas utilizes the **State Agency Model Employer (SAME) program** to collaborate across Arkansas state agencies to support opportunities for individuals with I/DD to acquire integrated, competitive employment in the state. This cross-sector program aims to demonstrate the value of individuals with I/DD in the workplace and illustrate successes to serve as an example to transform hiring practices.

SAME provides an approach that works with employers and state agencies to create welcoming workplace environments for individuals with I/DD, supports employers in creating flexible hiring processes, and implements "job customization to address unmet agency needs."

Unlike Connecticut, **Arkansas does not enumerate specific employment support services** like Individual Supported Employment (ISE) or Group Supported Employment (GSE) but outlines a general Supported Employment approach and emphasizes that the supports will be customized for any individuals receiving CES waiver services. Supported Employment is a tailored array of services that includes:

- Vocational/job related discovery and assessment
- Person centered employment planning
- Job placement and job development
- Negotiation with prospective employer
- Job coaching
- Benefits support
- Training and planning
- Transportation

This approach allows flexibility in the supports provided to any individual, including those that choose to be self-employed. However, the general approach can also lead to confusion with variation between provider offerings under the same name.

Arkansas started the Blue Umbrella program as an extension of DDS. Blue Umbrella is a gift shop that sells handmade items from local Arkansans with I/DD and all proceeds go to the artist. The program also serves as a temporary training environment for customer service and retail-based skills for people preparing to transition to long-term competitive employment. This program operates on a small scale.

Assistive Technology and Remote Supports

Unlike Connecticut, Arkansas does not integrate an assistive technology program into services through AR DDS. However, there is a state assistive technology program, iCAN, designed to make technology available and accessible to any individuals who need it (not exclusive to the I/DD population).

Payment Methodologies

The State of Arkansas' Division of Developmental Disabilities Services (AR DDS) operates the CES 1915(c) HCBS waiver program. Providers are paid through PASSE, which are full-risk managed care entities. Global capitation payments are paid monthly and cover cost of services and administration. PASSE care coordination services fall under the 1915(b) Waiver.

2.4 Delaware

I/DD Waivers

In Delaware, Medicaid funded I/DD services are overseen by the Division of Developmental Disabilities Services (DDDS). Delaware has one Medicaid 1915(c) waiver for individuals with autism and/or I/DD called the **DDDS Lifespan Waiver (0009.R08.06)**. This waiver provides common HCBS services like day habilitation, personal care, prevocational services, residential habilitation, respite, supported employment (individual), supported employment (small group), assistive technology for individuals not otherwise covered by Medicaid, behavioral consultation, community transition, home or vehicle accessibility adaptations, nurse consultation, and specialized medical equipment and supplies not otherwise covered by Medicaid for individuals over the age of 12. Delaware's recently approved amendment to the Lifespan waiver included "enhancements to better meet the needs of individuals as well as attract and retain support staff for those services."

Delaware's **Pathways to Employment** 1915(i) waiver provides services to support competitive integrated employment for individuals with I/DD. The program includes services such as employment navigator; financial coaching; benefits counseling; non-medical transportation; orientation, mobility, and assistive technology; small group supported employment; individual supported employment; and personal care (including an option for self-direction). Employment Navigators are state staff who provide participants with access to employment services and other supports. Navigators also coordinate between services including other medical, social and educational services, regardless of funding source. Several of the services in the waiver are often provided through vocational rehabilitation in other states rather than in HCBS waivers (e.g., benefits counseling, non-medical transportation for employment purposes, and career exploration and assessment). Another notable part of the waiver is that participants must "live in their own home or the home of a family member (owned or leased by the participant/participant's family member for personal use) to receive Pathways services."

ARPA Efforts & Spend Plans

Delaware's ARPA spend plan was focused in three core areas:

- Retaining and building the HCBS workforce
- Improving access and increasing capacity of HCBS services
- Improving the HCBS delivery system

According to the state's October 2022 (FFY 2023 Q2) HCBS Spend Plan Narrative, more information about HCBS Innovation Pilot Grants will be included in the January 2023 update. However, the pilot grants will focus on the following areas of system delivery: workforce retention, support for family caregivers, health-related social needs, and expanded access to independence-enhancing technologies. While these efforts are still in the planning stages, the pilots may have the potential of supporting innovative practices.

It is important to note that in comparison to Connecticut's spend plan, Delaware's has more emphasis on activities related to substance use/opioid use disorders and assessments/planning studies of the state's care delivery system.

Residential Supports

Delaware DDDS offers the following residential services:

- **Supported living:** up to 40 hours/week of personal care to an individual in their own home or apartment that still requires assistance to enable them to live as independently as possible in the community.
- **Community transition:** this service is available for individuals who are either transitioning from an institutional setting to a community setting or from a provider-managed setting to their own private residence in the community. It covers an exhaustive list of one-time expenses and services to establish a home in the community. Allowable expenses listed in the DDDS Lifespan Waiver include, essential furnishings (i.e., bed frame, mattress, mirrors), items to increase stability in the bathroom, small appliances (i.e., blow dryer, vacuum cleaner, coffee maker), kitchen items (i.e., dishes, flatware, cookware, hand towels), initial supply of cleaning supplies and laundry, initial supply of bathroom supplies, moving expenses, security deposits, set-up fees and deposits for utility access, pest eradication, cleaning service prior to occupancy, and lock and key.
- **Residential Habilitation:** designed to assist individuals in acquiring skills related to activities of daily living, such as personal grooming and hygiene, bed making and household chores, eating and food preparation, community inclusion and social and adaptive skills necessary to enable individuals to live in the community. This service can either be provided by an agency in a neighborhood group home or apartment or by a Shared Living Provider, a single primary caregiver, in their private home. The Delaware Shared Living approach has similarities to Connecticut's Community Companion Home Service.

These services are similar to the services that Connecticut offers waiver beneficiaries. Delaware's "supported living" services compare to "individualized home supports" in Connecticut. Whereas Delaware provides supported living services to up to 40/hours a week, Connecticut provides similar supports based on an individual's level of need, up to 48 hours/week. The community transition services offering demonstrates that Delaware is already supporting transitions to less-restrictive settings.

Non-Employment Day Supports

Delaware DDDS offers the following day supports:

- **Day Habilitation:** designed to assist with increasing and maintaining independence with adaptive skills, socialization, activities of community living or daily living. Activities should include community engagement. It also specifically includes an option for Community Participation.
    - **Community participation:** designed to help in specific goal attainment or personal interests in one's own community. It is similar to CT Individualized Day Supports (non-vocational) but includes a strong emphasis on facilitating the building of relationships. Paid staff support is expected to decrease as natural supports become adequate for support in community activities. This service is highly individualized, with no more than two individuals working with a staff member to ensure personal goals and interests are actively pursued. This service must be delivered in the community in a non-residential setting.
- **Personal care:** this service can be self-directed, where the service-recipient and/or family identify who will provide the care, which can include activities of daily living such as bathing, household chores, shopping, or transportation to community activities or appointments.

These services are similar to those that Connecticut offers waiver beneficiaries. It is notable that Delaware specifically includes community engagement in its definition of day services.

Employment Supports

Details regarding employment supports in Delaware can be found in the I/DD Waivers section above (Pathways to Employment).

According to data collected for the 2022 *Case for Inclusion* report, the percentage of residents with I/DD in integrated employment was significantly higher in Delaware (32%) compared to the national average (20%). However, Connecticut has an even higher percentage of residents working in integrated employment (42%).

Assistive Technology and Remote Supports

Available, but nothing of note to report.

Payment Methodologies

In Delaware, DDDS is responsible for the development of statewide waiver service rates while the Division of Medicaid and Medical Assistance administers the final review and approval. In 2019, DDDS re-evaluated direct support professional rates by looking at the "market basket," which is defined as "a set of goods and services combined to determine the cost of a product or service."

When re-evaluating the direct support professional rate, the market basket consisted of four components:

- **Direct Support Professional Wages:** Differs between three categories:
    - Direct Support Professional Residential Habilitation and Facility-Based Day Services ($14.11/hour).
    - Direct Support Professional Non-Facility Based Day Services ($15.06/hour).
    - Supported Employment, Community Participation and Supported Living ($18.84/hour).
- **Employment Related Expenses (ERE)**: Health insurance, workers compensation, unemployment compensation, state/federal payroll taxes, criminal background checks and training.

- **Program Indirect Expenses (PI):** Supports the delivery of the service but are non-salary expenses, such as program administration, program rent, program utilities, supplies, and technology.
- **General and Administrative Expenses (G&A):** Operational costs but are not directly related to the production of the goods or services, i.e., payroll and accounting, legal counsel, audit fees, and managerial salaries.

All four components were used in a formula to determine a direct support professional benchmark rate for services.

2.5 Maine

I/DD Waivers

Maine has two 1915(c) waivers for individuals with I/DD.

The **Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver (0159.R07.00)**. The stated goal of the waiver is to provide a comprehensive array of services to enable adults with I/DD or Autism Spectrum Disorder to lead "healthy, independent, and productive lives while they live, work and participate in their communities." The services included in this waiver encompass typical HCBS offerings like home and community support, career planning, assistive technology, and specialized medical equipment and supplies. More specialized services include non-traditional communications consultations and assessments, and crisis assessments/interventions.

The **Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver (0467.R03.00)** seeks to provide supports to adults with I/DD or autism spectrum disorder that meet the ICF-IID level of care. The services are for adults who either live with their families, on their own, or with a residential provider. The stated goal of the waiver is to ensure that individuals have "the highest possible level of independence." This waiver is less comprehensive than **0159.R07.00,** and includes only the typical home and community supports, employment supports, and technology services.

In addition to the existing waivers, **Maine plans to implement the "Lifespan Waiver" in July 2024** to increase access to the Shared Living service, according to Elizabeth (Betsy) Hopkins, Associate Director of the Department of Developmental Disability and Brain Injury Services. Maine saw a **46% increase in individuals with I/DD receiving residential services since 2017, driven in large part by a greater adoption of Shared Living services**. This proposed waiver would also provide a reimbursement mechanism for the agency and providers.

ARPA Efforts & Spend Plans

Maine identified three priorities in the spend plan:

1. **Timely access:** stabilizing the workforce to ensure timely access to services (68% of spending).
2. **Service delivery:** stimulate innovative service delivery to promote greater independence among HCBS populations (18% of spending).
3. **Quality and accountability:** Improving the quality and accountability infrastructure for HCBS (14% of spending).

The second priority, innovative service delivery, seeks to "**increase independence and community participation and prevent the use of unnecessarily restrictive settings.**" Activities within this initiative include those that "promote competitive integrated employment, improve transition services for youth

entering adulthood, and develop new models of support that will enable individuals to strengthen their associations with and participate in their communities." This initiative includes HCBS for individuals with I/DD, and many of these efforts are similar to the goals of the DDS Moving On Transformation initiative.

Residential Supports

The Maine Department of Health and Human Services (DHHS) significantly increased investments in programs that support improved access to housing. As mentioned in the I/DD Waivers section, between State Fiscal Year 2017 and July 1, 2022, the number of adults with I/DD receiving residential services increased by 46%, driven by greater adoption of Shared Living services. Notably, **Maine adults with I/DD are now taking advantage of community-based Shared Living at nearly the same rate as group home settings for the first time since the program began in 2017**.

Maine's definition of Shared Living combines elements of Connecticut's Community Companion Home (CCH) service and Shared Living service. The individual lives with and receive supports from a certified direct support professional who may be a relative. The provider also shares their family life with the individual receiving supports. The home may be owned, leased, or rented by either the individual receiving supports or the direct support professional. Maine only supports multiple people with I/DD living in the same setting for Shared Living if the individuals are family members or have a long-standing relationship or friendship.

As part of seeking compliance with the HCBS Final Settings Rule, Maine allowed providers requiring additional support to apply for a bridge payment to transform a specific setting. Betsy Hopkins noted that this supported providers to transform service delivery models to prioritize serving waiver members in their community and fostered self-determination. Providers that applied for these funds used an individual transition plan created by Maine's contractor support to track compliance with specific actions. Overall, the Office of Aging and Disability Services (OADS) utilized $5 million in funding for this project, which was allocated to providers in good standing based on a percentage of claims made the previous year.

These funds were restricted to:

- Staff training (and additional hours of pay for staff)
- New person-centered resources and tools
- Membership dues for places in the community
- Consultant services to support strategic planning

Non-Employment Day Supports

Available, nothing of note to report.

Employment Supports

In June 2020, Maine repealed its subminimum wage provision, so all employees in the state are paid at least minimum wage regardless of disability status.

Employment supports include:

- **Career planning:** up to 60 hours to explore interests, skills, and abilities and to spend time learning in at least three businesses.
- **Work support:** provides on the job support to assist in learning job duties, building connections with supervisors and co-workers, and maintaining employment.
- **Employment specialist:** provides support to build connections on the job and increase skills.

In addition, Maine is engaged in a **three-year initiative to assist waiver members to gain or maintain competitive employment** by increasing the capacity of staff providing direct support to individuals seeking competitive integrated employment. The initiative will use ARPA funding to hire two Certified Employment Specialists for local Career Centers and Vocational Rehabilitation Offices, and they will provide direct services to waiver members. This effort primarily focuses on rural counties where waiver members are under-employed, with case managers helping to identify individuals with the greatest need.

Maine is also working to overcome barriers to employment, particularly for waiver members living in poverty, by expanding self-employment supports and associated resources for these individuals through partnerships with small businesses and community groups. This effort will also include the development of resources to assist individuals with significant disabilities to explore self-employment. Support for these individual efforts will continue through the Career Planning and Work Supports Department.

In addition, there are ongoing efforts to increase the number of waiver-eligible transition age individuals with I/DD who pursue competitive employment directly following high school. The current goal is for these individuals to obtain at least 20 hours of employment per week, with supports from HCBS waiver services as needed. This strategy is in line with overall efforts by OADS to require active employment planning for this population. The goal is for 50% of waiver participants to engage in employment or employment preparation services within the first six months of receiving services.

Assistive Technology and Remote Supports

In the summer of 2022, OADS and DHS announced it would provide grant opportunities for individuals to gain an Assistive Technology Professional certification to help increase the number of staff who can complete assistive technology assessments. Adults in Maine with I/DD are only eligible to receive waiver funding for assistive technology once they have received an assistive technology evaluation. The state is seeking to increase awareness around what opportunities assistive technology can provide, and how they may be integrated to meet an individual's needs. Connecticut has similar efforts in progress.

Maine CITE is the state's assistive technology program which is administered by the Maine Department of Education and funded by the Administration for Community Living. Services include device demonstrations, device loans, device reutilization, alternative financing, training (individual/group), and public awareness.

Maine plans to invest $10 million in grants to encourage innovation in housing technology and other supports to facilitate independent living, according to Betsy Hopkins. There were 34 applicants and

allocation announcements are expected in early 2023 with awards likely between $250,000 to $500,000. The state was unable to share additional information with applications under review.

Payment Methodologies

In Maine, DHHS, Office of MaineCare Services (OMS), and OADS are responsible for rate determination and oversight. There are many considerations in provider rate setting, and the Maine State Waiver List highlights, "historic cost and budget data, comparisons to rates paid for similar services in other programs, and targeted rate studies." While there are established governing bodies given responsibility of rate determination, it is important to note that "some rates are subject to review and amendment by the State of Maine Legislature."

Waiver services are primarily reimbursed on a prospective, fee-for-service basis. The rates for Home Support Respite, Shared Living/Adult Foster Care, Community Support, Work Support, and Employment Specialist Services were previously determined by analysis of claims data, analysis of costs associated with costs of each service, provider survey, and analysis of similar positions within Maine and across other states.

2.6 Missouri

I/DD Waivers

Missouri administers five 1915(c) HCBS Waivers through the state's Medicaid agency, and the Department of Social Services' MO HealthNet Division (MHD). Waiver descriptions include language about how participants and families are given choice and emphasize individual initiative, autonomy, and independence in making life decisions. Some highlights include a **Comprehensive Waiver (MO.0178)** that provides all residential supports, and a **Community Support Waiver (MO.0404)** that encompasses services supporting individuals with I/DD to continue living in their community settings. The **Partnership for Hope Waiver (MO.0841)** is specifically designed to prevent or delay institutional services for individuals who require minimal supports to continue living in the community. In Missouri, the Division of Developmental Disabilities (DDD) is part of the Department of Mental Health (DMH).

ARPA Efforts & Spend Plans

Missouri's initial HCBS Spending Plan estimate totaled $216.8 million in July 2021 and was broken into several sub-categories of spending. Key items include:

- **HCBS provider payment rate and benefit enhancements** including efforts to standardize the DDD residential habilitation rates and temporary rate increases for compensation of direct care support professionals.
- **Workforce recruitment and support** activities including additional provider payments to increase recruitment and retention of in-home workers/direct support professionals and increase performance incentives, along with efforts to develop career paths to support staff by creating certifications.
- **New and/or additional HCBS** to increase the number of individuals who would gain eligibility to services and explore increased annual home modification spending limits across waivers.
- **Quality improvement activities** related to pursuing additional provider review measures like compliance reviews, annual performance reports, and a provider scorecard.
- **Expanding the use of technology** and employing cross-system data integration efforts to include exploring improved case management system options and increasing interoperability of systems across state agencies.

- **Adopting enhanced care coordination** particularly as it relates to individuals paying the most for HCBS services and providing supports to reduce costs while collaborating with the HCBS provider.

Like Connecticut, Missouri's ARPA funding is focused primarily on workforce development and recruitment, along with expansion of HCBS service coverage. There is also an emphasis on improving the overall case/care management process for Missouri through technology and enhanced training opportunities for providers.

Residential Supports

Missouri outlines several specific residential supports in their Comprehensive and Community Support waivers including:

- **Group Home:** provide care, supervision, and skills training in activities of daily living, home management and community integration. This includes assistance and support in the areas of self-care, sensory/motor development, interpersonal skills, communication, community living skills, mobility, health care, socialization, money management and household responsibilities.
- **Individualized Supported Living**: individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice.
- **Community Transition Services**: non-recurring, set-up expenses for individuals who are transitioning from a congregate living setting to a living arrangement in a private residence. Allowable expenses include essential household furnishings, security deposits, utility set-up fees, health and safety assurance (i.e., pest eradication, allergen control). The services must be necessary for the person to move from an institution or provider operated living arrangement with the need identified in the person's plan. Total transition services are limited to $3,000 per individual over their lifetime.

Missouri instituted **the In-Home Quality Campaign to provide training for Missouri In-Home Providers** to "increase the knowledge of aides for in-home agencies and to decrease the number of non-emergency trips by clients to emergency rooms and hospitals."

Beyond DDD, Missouri's HCBS program also strives to have people with disabilities remain in the least restrictive environment of their choice as long as possible. The Department of Seniors and Disability Services (DSDS) began a Level of Care (LOC) Transformation process in 2017 to update the outdated eligibility criteria for this program to more effectively allocate Medicaid resources. Two key pieces to the LOC Transformation project include 1) updating the Nursing Facility LOC eligibility to reflect the appropriate criteria to determine the needs of the individual and 2) focusing on ensuring timely, consistent and accurate assessment. Through a national search of best practices and robust stakeholder feedback, DSDS identified the foundation to an updated LOC model to measure need rather than symptoms. The goal of the transformation process was to create a new LOC model that ensures the right supports are provided to the right individual at the right time.

Non-Employment Day Supports

Available, nothing of note to report.

Employment Supports

The Employment First Missouri initiative was created as a collaboration between DDD and the Institute for Community Inclusion (ICI) at the University of Massachusetts-Boston. This initiative provides training

and technical assistance to service providers on improving employment supports service delivery across the state.

The Governor of Missouri announced the commencement of the **Missouri as a Model Employer initiative** in 2019. This policy supports and encourages individuals with disabilities to fully participate in the community and economic life of Missouri and engage in competitive integrated employment. This initiative directs the State to set annual goals for continuing to increase the percentage of individuals with I/DD in the workforce. To support statewide efforts, Missouri designated State Disability Employment Coordinators to advise agencies on disability policy and compliance with federal laws around recruitment and hiring of individuals with I/DD.

DDD offers employment focused supports to eligible individuals, outlined by the state as:

- **Career planning**: Assistance in identifying an individual's talents, skills, abilities, interests and needs for achieving integrated employment.
- **Prevocational services:** Soft skills training and work experiences intended to teach personal skills necessary to prepare for employment.
- **Job development:** Assistance with business outreach and finding the right employer match for an individual's unique interests and preferences.
- **Supported employment:** Services provided at a job site to support workplace relationships and job performance.
- **Benefits planning:** Information, education, and consultation to help an individual assess how competitive integrated employment will impact their finances and benefits. It also includes information and assistance with accessing and maintaining work related public benefit programs.

A key piece of DDD's employment strategy is the **Empowering Through Employment (ETE) Initiative** that supports providers to better assist the growing number of individuals interested in securing community-based employment. It began in 2016. Duane Shumate, Director of Employment and Community Engagement at DDD, highlighted that this program has **achieved over an 187% jump in statewide employment authorizations** for individuals with I/DD (based on 2020 data). Part of this jump was driven by a provider education campaign publicizing that very few service recipients had employment goals or supports in their individual service plan compared to survey data on service recipients interested in employment. The ETE team shared these findings through meetings and outreach. This emphasis shifted provider priorities away from compliance to focus on individualized needs based on goals and aspirations. **To reward providers who demonstrated success with this initiative, DDD established a recognition system for meeting and exceeding established goals and milestones. This non-monetary incentive system includes DDD press releases, a ribbon designation indicating the provider's employment levels, and celebratory events including provider staff and people who gained employment through the efforts.**

According to Duane, this recognition approach motivated providers to outperform other providers serving the same areas. It also supports more informed choice for individuals and families when selecting a service provider because they can choose one based on demonstrated employment outcomes. However, one drawback to the approach is that providers identified as very far below target metrics often became less likely to push forward with the initiative. Additionally, the workload and time commitment for press releases and travel to in-person events was greater than initially expected.

Meaningful and accurate data is critical for setting employment goals. In Missouri, the available employment data was inaccurate and incomplete—the state was unable to find accurate data on the number of people employed, hours worked, and wages. This made it difficult to track goals related to these metrics. To improve data collection, DDD has a recently approved waiver amendment to establish pay for reporting to incentivize providers to submit quarterly data reports.

One unintended outcome of these efforts was the identification of some gaps in DDD supports. Notably, Missouri did not have a formal service definition for benefits planning prior to this effort, and few people could access the service. In response, **the state developed a service definition for benefits counseling with credentialing requirements to include a focus on education on how to manage increased income and maintain eligibility for services and other benefits**. Missouri currently pays 50% of credentialing costs to build up capacity statewide. This supports and supplements, and does not supplant, benefits counseling from Vocational Rehabilitation Services.

Assistive Technology and Remote Supports

Missouri's I/DD Home and Community-Based waivers now include assistive technology as a service option. Holly Reiff shared that Missouri added a dedicated assistive technology position to the Missouri provider relations team. This resulted in the development and expansion of the **Remote Support (RS) offering**. The state's efforts to expands the use of RS have been twofold, focusing on both individuals with their families and providers. For individuals, remote supports are a way to build independence by decreasing reliance on in-person staff and taking ownership over tasks. Missouri's remote supports include a monitoring system which uses environmental sensors to prompt individuals to action. Examples include **sensors to detect pressure and motion on areas including doors and stoves** that alert individuals when an action is needed. If individuals do not respond, staff are then alerted to assist. Pressure sensors near beds can automatically turn on lights when an individual gets out of bed to minimize fall risks and humidity sensors allow for tracking personal hygiene for reminders.

To engage individuals and their families in interest to use remote supports, Missouri has adopted strategies such as providing a test period as part of the waiver service. Over one or two weeks, the individual uses remote supports while still receiving day supports to foster familiarity. Additionally, programs encourage early, slow adoption for youth preparing to transition to adult services, for example teenagers for an hour after school. Remote supports represent help for the workforce shortage and a cost-saving mechanism for providers, as they decrease the number of on-site staff needed to provide supports. While still providing appropriate and necessary services in alignment with person centered service plans, Missouri saw a significant reduction in staff hours with cost savings to the state through an increased emphasis on remote supports.

Payment Methodologies

Missouri received CMS approval to implement several value-based incentive payment programs in fiscal year 2023. Initial funding for these payments comes from the enhanced FMAP available through ARPA. Most relevant to the Connecticut efforts, DDD will manage, monitor, and make final determinations on payment criteria for the following Missouri I/DD waiver providers:

1. Employment Services providers who submit data that report outcomes and activities relating to Career Planning, Prevocational, Job Development, Supported Employment, and Benefits Planning.
2. Respite and Agency Individualized Supported Living Service providers who successfully assist participants with implementing Remote Supports.

3. Agency Individualized Supported Living service providers who successfully implement Tiered Supports.

The remote supports incentive is a shared savings program for I/DD providers transitioning people from in-person staff hours to remote, which results in an overall reduction in budget. The payments will be equivalent to 15% of the savings realized.

According to Jessica Bax, Director of DDD in Missouri, Tiered Support (TS) and the state's Health Risk Screening Tool (HRST) were targeted for incentive payments because they are linked to quality outcomes. Missouri learned through research that their Value Based Program success is dependent upon independently verified data and tools with evidence-based quality outcomes.

Missouri's Tiered Supports is a framework for consultation with focus on teaching and coaching agency teams so they can better support individuals. According to Rhiannon Evans, Statewide Targeted Prevention Coordinator, the Tier Supports program provides regular training opportunities, workshops, and consultative meetings with provider staff to help engage stakeholders. The Tier Supports Team includes statewide leads, Area Behavior Analysts, and Regional Office Agency Tiered Supports Consultants. Tiered supports is based on a continuous cycle to define the problem, analyze why it is occurring, coach others on what to do about it and evaluate if what they are doing is working.

Jessica Bax shared the state is working on developing a data analytics platform that will bring together data from sources such as Medicaid and Medicare claims, HRST, and the state's case management system with the goal of providing information on the return on investment for I/DD services, both in terms of services and in terms of risk and cost.

Missouri participated in a technical support opportunity for "Value-Based Payment for Home and Community-Based Services" through the Medicaid Innovation Accelerator Program. Through this technical support, state staff are building the knowledge base and capacity to begin increasing state adoption of strategies that tie together quality, cost, and outcomes in support of HCBS. The knowledge and strategies the state gains from this opportunity may provide the basis for building provider capacity in non-disability specific settings by incentivizing providers that promote and support services in these settings.

2.7 Pennsylvania

I/DD Waivers

The Pennsylvania Department of Human Services administers five HCBS waivers. The Office of Developmental Programs (ODP) is the I/DD office within the Department of Human Services.

The **Community Living Waiver (1486.R00.00)** provides supports around community participation and education, while also offering therapeutic services (e.g., physical therapy, occupational therapy, behavior therapy) and some advanced supported employment. The **Consolidated Waiver (0147.R06.00)** offers many of the same services, and also includes residential habilitation and housing transition and tenancy sustaining services. For both waivers, there is no maximum age for receiving services for individuals with autism and intellectual disabilities, and individuals with developmental disabilities can receive waiver services until the age of 21. Older individuals can participate in other waivers. The **PA Person/Family Directed Support (P/FDS) Waiver (0354.R04.00)** similarly offers the previously mentioned services but for individuals/families who elect to self-direct their services. The **PA OBRA**

Waiver (0235.R06.00) is the primary skills-building and employment services waiver. The **Adult Autism Waiver (0593.R03.00)** includes many of the above services for individuals with autism.

ARPA Efforts & Spend Plans

Pennsylvania's HCBS spend plan focuses on nine priority areas: increased access to HCBS; HCBS provider payment rate and benefit enhancements; supplies and equipment; workforce support; caregiver support; support to improve functional capabilities of persons with disabilities; transition support; mental health and substance-use disorder services, and support state HCBS capacity building and long-term services and supports (LTSS) rebalancing reform. Notable activities are highlighted below:

- **Increased access to HCBS:**
  - Increase funding for county staffing to meet the growth in I/DD HCBS waiver programs.
  - Expand current training contracts to include topics such as peer-to-peer training for individuals and families on topics related to re-engaging in the community, promoting self-directed services and use of technology and remote services, and developing marketing materials to promote Life Sharing and supported living models.
  - Expand available training and materials for self-directed activities and promote Life Sharing living models.
- **Workforce support**
  - One-time funding for training and credentialing for providers that serve individuals with I/DD or autism.
  - Limited time funding for DSP training and career development including adoption of CMS Core Competency Training for Direct Support Professionals, agency completion of National Association for Dual Diagnosis Accreditation, establishing a business associate program in industry to promote employment for people with disabilities, and certification through the LifeCourse Ambassador program.
  - The goals of the investments are to improve the quality of supports provided and provide models for linking pay to credentialing and certification programs.

Residential Supports

As part of the ODP *2021 Information Sharing and Advisory Committee (ISAC) Report*, Pennsylvania noted progress towards the state's goal of "Expand Options for Community Living." This seeks to expand the range of housing options in the community to foster choice in both living arrangement and roommate for individuals with I/DD. **ODP uses performance measures such as the percentage of people who choose their own home, their own roommate, and if they rent or own their own home to evaluate the success of these efforts.** There are three key accomplishments since FY17-18 listed in the report including:

1. Increased use of housing transition and tenancy services (HTTS) (six individuals to 162)
2. Increased use of Life Sharing services (17 individuals to 76)
3. Increased use of supported living services (39 individuals to 110)

Sections 3.1 Residential Service Highlights and 3.2 Additional Service Definitions include the full definition of these services.

Jeremy Yale, Bureau Director of the ODP Policy and Quality Management, credits a large part of the success and growth of these programs with ODP's collaboration and partnerships with other entities. For example, the Developmental Disability Council provided grant funding to a group to explore

sustainable models in this space, which helped develop provider training materials for those interested in piloting HTTS.

However, a tight housing market remains a major challenge, with overlapping funds from the Department of Housing and Urban Development (HUD) and local county authorities adding to the complexity. ODP is looking at creative ways to support these efforts while managing challenges and has explored several potential solutions including:

- Purchasing housing vouchers directly and distributing them through county entities.
- Seeking to identify more state resources for room and board fees.
- Redirecting funds currently used for room and board in congregate settings to instead help with housing costs for individuals living in private residences.

Non-Employment Day Supports

Pennsylvania offers a **Community Participation Supports service separate from other day habilitation and employment related supports**. It includes supports such as prevocational skills and relationship building, with an enhanced focus on community integration. Community participation supports must be provided in community settings that include people without disabilities and cannot be provided in the individual's home. The intent is that individuals receive supports in integrated settings that support full access to the greater community, including opportunities to seek employment and work in integrated settings, engage in community life, and have control over personal resources, to the same degree as individuals not receiving waiver services. **The service definition explicitly states that fading of the service is expected over time so that individuals can continue to increase independence.**

Employment Supports

In October of 2022, Pennsylvania received $14 million in a federal grant to help Pennsylvanians with disabilities earning subminimum wage transition to competitive, integrated employment. Pennsylvania is one of 14 states to receive a grant award from the Department of Education for the Subminimum Wage to Competitive Integrated Employment demonstration project. According to a news release from the *Pennsylvania Pressroom*, Pennsylvania plans to use the funding to develop a five-year plan to support more than 5,400 people who currently work in sheltered workshops, many of whom have I/DD or autism.

Connecticut also received a grant through this opportunity, the BRS CT Pathways to Integrated Employment Grant, and has transitioned away from sheltered workshops.

Pennsylvania emphasizes its *Everyday Lives* framework as an integral element to care delivery that is person-centered and rooted in self-determination. One of the key outcomes of this approach has been to increase competitive employment for individuals with I/DD (there was a 2% increase between 2020-2021).

Assistive Technology and Remote Supports

Pennsylvania DHS provides information on Assistive Technology to support individuals with disabilities and includes resources around available devices and links to information, supports, and educational resources.

Pennsylvania stood up a **Technology Task Force initiative to incorporate and expand the use of technology for individuals with I/DD**. Four work groups support this effort, focusing on the following:

- Policy & Procedures, Service Definitions, and Measurement and Evaluation
  - Key action: Develop a State Technology Guide.
- Expanding Technology in Supporting Living Services
  - Key action: Conduct a virtual roadshow to share stories and experiences.
- Strategic Partnership and Funding
  - Key action: Develop strategic partnerships and a Funding Resource Manual.
- Marketing
  - Key action: Develop and publish newsletters and other resources in plain language.

Additionally, there are several non-profits and state agencies that provide funding support for assistive technology. The Pennsylvania Assistive Technology Foundation (PATF) is a statewide non-profit that provides funding support for assistive technology by offering low or no interest loans, in addition to financial education to help individuals and families make informed decisions on purchases.

The Institute on Disability at Temple University works with individuals and their families to understand challenges within the community and to advance the vision of self-determination and independent living for people with disabilities across their lives. The Institute is home to Pennsylvania's Assistive Technology Act (AT Act) program, TechOWL PA. Within this program, there are four state level activities designed to support people with disabilities, their families, service providers and others to access and acquire assistive technology devices: device demonstration, device lending, state financing, and device reuse.

Payment Methodologies

Pennsylvania updates the fee schedule rates at least every three years to provide adequate funding to providers. This increased funding allows for the cost of implementing Federal, State, and local statutes, regulations, and ordinances. Pennsylvania is also developing workforce initiatives with value-based payments and other incentive payments.

The Office of Long-Term Living One time created sign-on and retention bonuses for direct care workers and other HCBS providers. The direct care workers and other HCBS providers provide personal care services, self-directed personal care services, and other long-term services and supports authorized under Section 1915(c).

Pennsylvania received approval from CMS for a supplemental payment for residential providers to move toward more integrated supports. **"Transition to Independent Living" payments are supplemental outcome-based payments made to support participants to successfully transition from a licensed Residential Habilitation service into Life Sharing or Supported Living services.** Supported Living is like Connecticut's In-Home Supports service, whereas Life Sharing has similarities to both Connecticut's Shared Living and Community Companion Home services. In Life Sharing, qualified adults provide support to individuals with I/DD. They live together in a home owned or rented either by the individual or the qualified provider. The program allows for up to two individuals with I/DD to live in a Life Sharing home supported by ODP funding.

Jeremy Yale, Bureau Director of the ODP Policy and Quality Management, highlighted that the Transition to Independent Living payment program was developed to encourage the transition of individuals with I/DD to independent settings due to improved quality of life outcomes and long-term cost savings.

The incentive structure is as follows:

- Initial $15,000 payment when the individual transitions to a Life Sharing or Supported Living setting.
- An additional $15,000 after six consecutive months of Life Sharing or Supported Living service by the provider if the participant is still residing in the setting to which the participant transitioned.

The Transition to Independent Living payments are applicable for participants transitioning from a licensed home in which Residential Habilitation is provided to four or fewer people to a Life Sharing or Supported Living service rendered by the same provider.

The funds are unrestricted, but the expectation is that they will help cover providers' structural costs and contribute to staff recruitment and retention, and potentially technology related costs. Providers must reserve room in the original service setting for the person to return for the first six months. For reference, the Connecticut Moving On Incentives only require 60 days for the original setting. ODP is using existing person-centered planning processes for the transitions of individuals and is not requiring additional safeguards specific to the program.

In launching this effort, ODP engaged stakeholders such as provider organizations, self-advocates, and workgroups. There are no program outcomes currently available since it was launched in the summer of 2022. The program will be limited to 20 individuals for the first year, with program growth expected in subsequent years.

2.8 Connecticut

I/DD HCBS Waivers

Connecticut utilizes three 1915(c) Medicaid waivers to provide services to individuals with I/DD. The **Comprehensive Supports Waiver (0437.R03.00)** offers a variety of supports to allow for individuals to choose a personalized package with day and residential services, as well as assistive technology and other environmental modifications. The **Individual and Family Support Waiver (0426.R03.00)** focuses on choice and provides many of the same services as the comprehensive waiver, but it does not include licensed residential settings such as Community Living Arrangements. The **Employment and Day Supports Waiver (0881.R02.00)** is designed to support individuals who live with family or in their own homes and have a strong natural support system. This waiver does not include any residential supports.

ARPA Efforts & Spend Plans

Connecticut allocated $239 million in enhanced Federal Medical Assistance Percentage (FMAP) ARPA funding for HCBS to the following:

- Enhance HCBS workforce.
- Expand integration and use of assistive technology.
- Enhance self-direction.
- Expand and enhance HCBS delivery transformation.
- Enhance provider infrastructure.
- Strengthen quality.

Within overall **HCBS workforce expansion**, Connecticut outlines several key activities for DDS including, funding temporary workforce and provider stabilization efforts. This is similar to many other states.

Connecticut also identified **expanding and integrating the use of assistive technology** as an ARPA priority. This includes DDS grant opportunities to support and expand the purchase and use of assistive technology in homes. In addition, DDS is developing an initiative to offer training to DDS and provider staff on the use of assistive technology equipment in the programs they provide. DDS is engaging self-advocates with I/DD to implement the "AT and Me" program designed to familiarize them with these technology supports and grow their confidence.

An emphasis on **self-direction** of supports is evident in Connecticut's plan in several places. The state is looking to create and implement an employment network to allow recipients greater choice over who enters their home and when. Additionally, Connecticut hopes to make it easier for people to self-direct their own supports through enhanced fiscal intermediary support in areas such as direct payment of employees, and resources to support employers in understanding their responsibilities.

As part of efforts to **expand and enhance HCBS delivery transformation,** Connecticut is allocating funds to expand supportive housing models that are integrated in community settings and encourage independence for individuals with I/DD. In terms of System Transformation, DDS is engaged in three initiatives:

- Develop **an incentive payment program** to "encourage providers to consolidate current vacancies in congregate settings" and utilize additional funds gained in this process to bring individuals off the state's residential waiting list.
- Stabilize the newly designed system **by issuing temporary payments** for "authorizations that move individuals to more independent residential settings or toward competitively-based employment."
- The Moving On initiative that works with provider organizations to develop **transformational plans focused on supporting alternatives to congregate settings** and promoting independence and integration in the community. This report's research will inform these efforts.

Of note, Connecticut is investing in a variety of quality improvement initiatives to **provide recipients with tools to understand what to expect from their supports** and to conduct a comprehensive review of universal assessment/level of need groupings among other efforts.

Residential Supports

Connecticut provides residential supports to qualified individuals with I/DD through several program categories including:

- Individualized Home Supports (IHS)
- Shared Living
- Community Companion Homes (CCH)
- Community Living Arrangements (CLA)
- Continuous Residential Supports (CRS)
- Intermediate Care Facilities for individuals with ID (ICF/IIDs)

According to the 2022-27 Five-Year Plan, DDS continues to **focus on independence and choice by moving toward community-based residential supports.** This includes transitioning people out of ICF/IIDs.

Connecticut DDS outlines the following additional priorities in their strategic plan:

- Ensure correct level of care.
- Promote most effective and least restrictive models.
- Support innovative solutions for independence, including use of assistive technology.
- Encourage flexibility.

Favarh, the Arc of the Farmington Valley and provider agency, shared an interesting case study around their organization's supportive housing complexes. Executive Director Steve Morris, Employment Services Director Gail Nebel, Director of Transition Services Tammy Annis, and Director of Residential Services Patricia Nadeau participated in the interview. Favarh participated in a DDS public housing funding opportunity in 2016 and worked directly with a developer to design a supportive housing complex that housed individuals with and without I/DD. Favarh worked with the developer and stakeholders from the beginning of this process, facilitating focus groups to understand the physical needs of individuals and potential roadblocks to independent living. With these insights, accessibility was a key part of the design with other add-ons and smart technology integrated in the design. Overall, individuals participating in this program have demonstrated greater independence. Favarh emphasized the importance of providers, agencies, DDS, and families being open to transitioning, as that they have had individuals flourish in independent settings that were not a likely candidate on paper. Favarh noted specific roadblocks to implementation. One of these issues is that fire marshal codes may prevent people who use wheelchairs from transitioning into clustered independent living settings, such as Favarh's supportive housing complexes, due to requirements around minimum staff onsite to assist in an evacuation. Favarh also noted difficulties with technology in terms of integration, as there are limited available options that have both commercial applications for day-to-day oversight (ability to monitor multiple units and devices at once) and management and residential functions (for use in individual units).

Pamela Fields, CEO of the MidState Arc, shared some context around the nonprofit's planned approach to transitioning individuals with I/DD from group home settings to a series of grouped studio apartments called "transition homes." **The transition homes are meant to be a steppingstone**, allowing individuals to shift out of 24-hour service settings into their own space and maintaining the community setting, before fully transitioning to a more independent setting. MidState is looking to expand this model, but zoning laws have made that challenging.

Pamela also emphasized the importance of staff training, especially for individuals with complex behavioral health needs or diagnoses. In an effort to improve supports for this population, MidState developed a **40-hour curriculum to train staff and hired a mentor to provide on-site assessments and support employees as they learned new methods of care delivery.** This has not only supported change management and transformation at MidState, but also helped improve staff retention. Pamela highlighted staff training (one time and on-going) as a key element to successful transformation.

Dawn Lambert, Co-leader of the Community Options Unit and Division of Health Services at the Connecticut Department of Social Services (DSS), shared the following lessons learned from transitioning individuals from facility settings to community-based settings in the MFP program:

- It is critical to clearly outline the details of what a transition will look like for individuals and families, and it is helpful to **prospectively outline a person-centered plan** with wraparound services focusing on the supports needed in the new setting.

- Transportation challenges can limit options for housing and create additional training challenges for providers and individuals.
- DSS explored and tried options for moving people to an intermediate setting to ease transitions before moving fully into the community, but Dawn noted that moving individuals twice was burdensome and created additional stress.

Dawn highlighted identifying risks as a critical part of the development of the transition plan. **Engaging individuals, families, and case managers to create and sign a shared responsibilities document with mitigations** to acknowledge potential challenges helped them understand the expectations of the transition.

Chief Financial Officer Cheryl Arora, Director of Community Support Division Julienne Giard, Division Director of Statewide Services Kim Karanda, and Housing and Homeless Services Unit Alice Minervino from the Department of Mental Health and Addiction Services (DMHAS) provided some context around their Continuum of Care Assistance program. It is primarily a community housing intervention. This program provides housing for people experiencing homelessness who have additional risk factors such as serious mental illness and HIV. In addition to housing, the program provides case management. Participants may select to then utilize additional services through case management. However, they do not need to receive services to maintain housing. Previously, program facilitators observed a loss in participation when services were required as part of the housing intervention. People needed to feel secure and established in their homes before they were ready to explore options like counseling and employment counseling. This is a reminder of the importance of programs and approaches which provide people with their preferred, appropriate service mix and adapt over time as needs and preferences change.

Non-Employment Day Supports

According to the Employment and Day Services division webpage, the division works with individuals, families, providers, community partners, and businesses to "prepare individuals for competitive employment and match them with jobs that meet their interests, skills, and abilities."

Services include:

- **Day Support Options**: lead to the acquisition, improvement, and retention of skills and abilities to prepare individuals for work or community participation, or support meaningful socialization, leisure, and retirement activities. Supports include the development, maintenance, or enhancement of independent functioning skills.
- **Adult Day Health**: provided through community-based programs designed to offer a variety of health, social and related supports.
- **Individual Day Supports**: individually tailored supports that help individuals gain or maintain skills to participate more fully and productively in work, leisure, or community activities.

Through these programs, Connecticut consistently ranks above the national average (per the National Core Indicators survey) in a variety of community inclusion indicators including recipient satisfaction with:

- Support in learning new things
- Ability to go out in the community to pursue hobbies
- Ability to take a vacation

- Ability to participate in community groups
- Ability to leave the home for entertainment

Although not part of I/DD services, the DMHAS team shared several interesting practices around provider engagement during the rollout of the Community Support Program. In order to build service-delivery knowledge and spread best practices across the state, the program convened providers on a regular basis to facilitate group training and knowledge sharing sessions. To inform these sessions, DMHAS developed a monitoring tool to capture gaps in provider knowledge that would then be spotlighted. This **provider learning collaborative** is now a standard model across program rollouts for DMHAS and is well-received by participants.

Employment Supports

Connecticut DDS is an **Employment First agency** and has moved with the national trend towards emphasizing competitive, integrated employment opportunities for individuals with I/DD. Connecticut participates in the Supported Employment Leadership Network (SELN) to collaborate and build on lessons learned from other participants nationally. Connecticut leverages the **Governor's Workforce Council** to develop innovative programs and craft communications to build competitive employment opportunities for individuals with I/DD. Services provided include:

- Customized Employment
- Individual Supported Employment
- Group Supported Employment
- Pre-Vocational
- Transitional Employment Services

The 2022-2027 DDS Strategic Plan, outlined the following Daily Life and Employment priorities:

- Continue to work toward integrated day/employment opportunities.
- Enhance with assistive technology.
- Promote flexibility.
- Educate community.

Additionally, as part of the state's partnership with SELN, Connecticut launched the **Reimagining Employment and Day Services program**. It gathers feedback from stakeholder groups on what the future of employment and day supports should look like. Implementation involves a dedicated Steering Committee and multiple subcommittees focused on driving progress and contributing to the Employment First vision**.** A significant component of this work involves communicating clearly and effectively with recipients and families so that they understand their options and have a more flexible service-delivery experience.

Favarh leadership provided details and insights around its Project SEARCH and Pathways Programs aimed at increasing workforce participation by individuals with I/DD. Project SEARCH is a transition program that supports young adults with I/DD by placing them in a 40-week supported internship with the goal of independent employment following the program. Favarh has seen high rates of success with individuals being hired either by their host company of from another Favarh partner organization. In many of these settings, they have implemented a **"business immersion model"** where individuals have a mentor within their department, but their job coach is not on-site at all times. Project SEARCH operates

internationally with Connecticut's chapter based out of UConn Health. This may present an opportunity for Connecticut to expand this program more widely within the state.

Favarh's Pathways Program is a hybrid of traditional day programs and employment supports, specifically for recent high school graduates. The opportunities provided through Pathways are a mix of volunteer-based activities and paid-employment, aimed at easing the transition from school to the working world.

Assistive Technology & Remote Supports

Connecticut has taken significant steps to incorporate assistive technology solutions into its service delivery models. DDS consistently encourages individuals and families to integrate these supports into their individual plans. As part of this effort, assistive technology is a core element in Connecticut's use of the Charting the LifeCourse framework.

In addition, DDS continues to integrate assistive technology and interactive demonstration sites at family respite centers so individuals and families can learn more about and test available options. DDS is also working to roll out Remote Support for eligible waiver participants which enables an individual to receive remote support through virtual, two-way communication with in-person support if necessary. Connecticut has also provided grants to support providers to adopt assistive technology in their service delivery models.

Connecticut outlines separate waiver services for Remote Supports, which involve remote staff engaging with an individual via two-way communication systems and other monitoring equipment like:

- GPS tracking
- Motion sensing systems
- Radio frequency identification capabilities
- Live video and/or audio feeds
- Web-based monitoring systems

Individuals have flexibility in how and when they use remote supports, including on-demand requests, scheduled appointments, or as follow up on an alert from one of the above monitoring devices.

Laurie Herring, Chief Operations and Quality Officer, and Kathleen Stauffer, CEO, at the Arc Eastern Connecticut (Arc ECT) shared that their organization has made significant progress in assistive technology implementation and utilization over the past ten years. This is despite concern from some individuals that assistive technology or remote supports could replace their in-person staff and supports. Peer coaches and trainers have been a successful way to mitigate concern among individuals who receive supports and increase adoption to enable more independence.

Pamela Fields (MidState Arc) discussed the success of their **Assistive Technology Center** which is focused on provider and staff training. The Center provides support to MidState staff, as well members both in and outside of Connecticut. The programming takes several forms, including assistive technology demonstrations, monthly technology spotlights, and technology assessment training. One of the primary goals of the Center is to expand the breadth of assistive technology/remote supports expertise across provider agencies to rely less on single experts and integrate these principles into typical service delivery.

Payment Methodologies

Payment rates are developed by the DDS Operations Center and based on a direct wage baseline with adjustments for indirect, supervision, and provider administrative costs that are reported on their Annual Report of Day and Residential Services. An individual's overall budget for waiver services is based on a Level of Need (LON) assessment and Connecticut's DDS funding guidelines. Waiver services are paid under the fee-for-service payment model.

Rates for Community Living Services include direct care staff salary (with adjustments for supervision), benefits, indirect expense, and other costs.

In a conversation with the DMHAS team, the group shared their approach to outcome-based payment during the launch of the Assertive Community Treatment (ACT) program. This program is also known as a Hubs and Spokes approach. ACT is an evidence-based practice that leverages a multidisciplinary team to reach a pool of individuals with severe mental illness at risk of psychiatric crisis and hospitalization. This team convenes on a daily basis to decide who will support which individuals at a given time, and how hours will be broken down based on the needs of the individuals in the program. Individuals participating in this program are living in their own homes that they lease or rent personally or with their family. When ACT began, there was a withheld incentive. Following a national fidelity scale, teams had to reach fidelity for everyone within six months to receive the withheld payment. Note that ACT is not fee-for-service, and most of the program funding comes from grant dollars.

3.0 Appendix

3.1 Residential Service Highlights

This section includes text taken directly from waiver service definitions. In 1915(c) waivers this is in Appendix C: Participant Services, C-1/C-3: Service Specification, Service Definition. When a state includes a service in multiple I/DD waivers, the definition is only from one.

Service Comparison Summary

At a Glance				
		Who can own/lease/rent home?		
State	**Service Name**	**Individual receiving supports**	**Caregiver/ Provider**	**Relatives can provide supports**
CT	Shared Living	✓	✓	✓
	Community Companion Home (CCH)		✓	✓
AR	Supportive Living	✓	✓*	✓
DE	Shared Living	✓	✓	✓
	Supported Living	✓		
ME	Adult Foster Care/Shared Living		✓	✓
MO	Shared Living	✓	✓	✓
PA	Life Sharing	✓	✓	✓
PA	Supported Living	✓		

* Service description includes alternative living settings with a provider owned group home as an example.

Connecticut: Shared Living

Comprehensive Supports Waiver (047.R03.00)

A residential option that matches a participant with a Shared Living caregiver/provider. Shared Living is an individually tailored supportive service developed based on the individual support needs can be less than 24-hour support.

Shared Living is available to participants who need daily structure and supervision. Shared Living includes supports that assist with the acquisition, retention, or improvement of skills related to living in the community. This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), connect to local resources such as adult educational opportunities, social and leisure skill development, protective oversight and supervision.

Shared Living integrates the participant into the usual activities of family and community life. In addition, there will be opportunities for learning, developing and maintaining skills including in such

areas as ADL's, IADL's, social and recreational activities, and personal enrichment. The Qualified Provider provides regular and ongoing oversight and supervision to the caregiver.

The caregiver/provider lives with the participant at the residence of the participants choice. Participant should have the opportunity to hold the lease and the same protection rights as all renters in CT. Shared Living qualified provider recruit caregivers, assess their abilities, coordinate placement of participant or caregiver, train and provide guidance, supervision and oversight for caregivers and provider oversight of participants' living situations, coordinate respite and additional support as needed. The caregiver may not be a legally responsible family member.

Settings: The service should be provided in the Participants own home or the caregiver/provider residence. Any Participant who chooses to reside in the caregiver/provider residence must receive prior approval based upon review of the lease to ensure adequate protections for the participant. Participants should have the opportunity to hold the lease and the same protection rights as all renters in CT.

Connecticut: Community Companion Home

Comprehensive Supports Waiver (047.R03.00)

Assist with the acquisition, improvement and /or retention of skills and provide necessary support to achieve personal outcomes that enhance an individuals ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day. Examples of the type of support that may occur in these settings include:

- Provision of instruction and training in one or more need areas to enhance the individuals ability to access and use the community;
- Implement strategies to address behavioral, medical or other needs identified in the Individual Plan;
- Implement all therapeutic recommendations including Speech, O.T., P.T., and assist in following special diets and other therapeutic routines;
- Mobility training;
- Adaptive communication training;
- Training or practice in basic consumer skills such as shopping or banking; and,
- Assisting the individual with all personal care activities.

Provision of these services is limited to licensed Community Companion Homes. Payments for services in these settings do not include rent. Community Companion Homes provide residential habilitation services and cannot be used in combination with CLA, CRS or Shared Living Not included in the payment for services in CCH is an average of 30 hours per week when it is expected that participants will be receiving Adult Day Health, Prevocational, Group Supported employment, Senior Supports, Transitional Services, Group Day, Individualized Day Supports or Individual Supported Employment.

Arkansas: Supportive Living

Community & Employment Support Waiver (0188.R06.00)

Supportive living is an array of individually tailored habilitative services and activities to enable members to reside successfully in their own home, with family or in an alternative living setting (apartment, or provider owned group home). Supportive living services must be provided in an integrated community setting.

Supportive living includes activities that directly relate to achieve goals and objectives set forth in the member's service plan. It excludes room and board expenses, including general maintenance, upkeep, or improvement to the home.

Supportive living to assist the member to acquire, retain, or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community. The habilitation objective to be served by each activity should be documented in the member's person-centered service plan. Examples of supportive living include:

- Decision making, including the identification of and response to dangerously threatening situations, making decisions and choices affecting the member's life, and initiating changes in living arrangements or life activities;
- Money management, including training, assistance or both in handling personal finances, making purchase and meeting personal financial obligations;
- Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, administration of medication (to the extent permitted by state law), proper use of adaptive and assistive devices and household appliances, training on home safety, first aid, and emergency procedures;
- Socialization, including training and assistance in participating in general community activities and establishing relationships with peers. Activity training includes assisting the member to continue to participate in an ongoing basis;
- Community integration experiences, including activities intended to instruct the member in daily living and community living in integrated settings, such as shopping, church attendance, sports, and participation sports.
- Mobility, including training and assistance aimed at enhancing movement within the member's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community;
- Communication, including training in vocabulary building, use of augmentative communication devices, and receptive and expressive language;
- Behavior shaping and management, including training and assistance in appropriate expression of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors. The Supportive Living Provider is responsible for developing and overseeing the Behavioral Prevention and Intervention Plan.
- Reinforcement of therapeutic services, including conducting exercises reinforcing physical, occupational, speech, behavioral or other therapeutic programs;
- Companion activities and therapies, or the use of animals as modalities to motivate members to meet functional goals established for the member's habilitative training, including language skills, increased range of motion, socialization, and the development of self-respect, self-esteem, responsibility, confidence, an assertiveness; and
- Health maintenance activities, which include tasks that members would otherwise do for themselves or have a family member do, with the exception of injections and IV medication administration. It is not considered administration, with the exception of injections and IV medications, when the paid staff assist the client by getting the medication out of the bottle or blister pack. Supportive living may be provided in clinic setting (i.e. physician office visit, wound clinic etc.) to facilitate appropriate care and follow-up. If health maintenance activity is performed in a hospital setting for supportive care of the individual while receiving medical care. supportive living cannot exceed 14 consecutive days nor exceed approved prior authorized rate for the service in place prior to hospitalization. If provided in acute care hospital, supportive

living must meet following criteria a) be provided to meet needs of the individual that are not met through the provision of acute care hospital services; b) must be in addition to and may not substitute for the services the acute care hospital is obligated to provide; c) must be identified in the individual's PCSP and d) service must ensure smooth transition between the acute care setting and community-based setting to preserve the individual's functional abilities.

Delaware: Shared Living (included in Residential Habilitation service)

DE DDDS Lifespan Waiver (0009.R08.00)

Residential Habilitation may be provided in a neighborhood group home setting, a supervised or staffed apartment (aka community living arrangement), or a shared living arrangement.

Services provided under a shared living arrangement include personal care and supportive services (e.g., homemaker, chore, attendant care, companion, medication oversight (to the extent permitted under State law)) provided in a DDDS-certified private home by a principal care provider who lives in the home. A Shared Living arrangement is furnished to adults who receive these services in conjunction with residing in the home. DDDS prefers one-person Shared Living homes but allows for exceptions to the one-person rule for married couples or the preference of the individual, including siblings or friends who desire to live in the same home. Exceptions may be granted for the maximum number of 3. Separate payment is not made for homemaker or chore services furnished to a participant receiving shared living arrangement services, since these services are integral to and inherent in the provision of shared living arrangement services.

The Residential Habilitation provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person-centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don’t like.

Residential Habilitation services may be delivered out-of-state (i.e. out of network) because services within the State are unavailable or insufficient to meet the person's needs. In making this determination, careful consideration must be given to the reason for providing the services, as well as alternatives which may contribute more to an individual's ability to receive quality supports in a community-based setting. When this occurs, the provider must either agree to meet all of the provider requirements under the DDDS waiver or DDDS may accept the provider qualification standards of the other state or DDDS may enter into an interstate agreement with the other state that will specify the role of each state in ensuring that waiver services are delivered in accordance with specified standards. DDDS remains responsible for the assurance of the health and welfare of the beneficiary even where on-site monitoring may be performed by the home state under the interstate agreement.

In these cases the provider of out-of-State services must be chosen just as freely as the provider of in-State services. The provider must have a provider agreement with the Medicaid agency and Medicaid payment must be made directly to the provider.

DDDS may authorize a retainer payment to a Shared Living provider for periods when the waiver member is hospitalized or is temporarily absent from the home for reasons other than hospitalization.

For hospitalizations DDDS may authorize up to 7 days within each 30 day period. The 30-day count begins with the first day of hospitalization or the first day of a new hospitalization following a previous 30-day period and return back to the shared living residence. An individual may be absent from the shared living provider's home for reasons other than hospitalization for a period of 18 days per year without interruption of reimbursement as long as the reasons for such absences are documented in the individual's person-centered plan.

Delaware: Supported Living

Supported Living is support that is very individualized and is provided in a non-provider-managed residence that is owned or leased by the waiver participant. The amount and type of supports provided are dependent upon what the individual needs to live successfully in the community and must be described in their Person Centered Plan (PCP) but cannot exceed 40 hours per week for each participant. Daily hours of support may vary based on the needs of the individual. Supported living encourages maximum physical integration into the community and is designed to assist the individual in reaching his or her life goals in a community setting.

The types of supports provided in these settings are tailored supports that provide assistance with acquisition, retention, or improvement in skills related to:

- Activities of daily living, such as personal grooming and cleanliness, domestic chores, or meal preparation, including planning, shopping, cooking, and storage activities;
- Social and adaptive skills necessary for participating in community life, such as building and maintaining interpersonal relationships, including a circle of support that includes natural supports;
- Locating and scheduling appropriate medical services;
- Instrumental activities of daily living such as learning how to maintain a bank account, conducting banking transactions, managing personal finances in general;
- Learning how to use mass transportation;
- Learning how to select a housemate;
- How to acquire and care for a pet
- Learning how to shop
- Facilitating connections to community-based activities

The individual may want to learn a new skill or may have some proficiency in certain parts of a skill but want to learn how to complete the entire task independently. Supported Living includes self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices.
Supported living must be provided based on the individualized needs of each waiver participant and at naturally occurring times for the activity, such as banking and those related to personal care.

Supported living is provided on a one-on-one basis. If services are provided with two or more individuals present, the amount of time billed must be prorated based on the number of consumers receiving the service. Payments for Supported Living do not include room and board.

Maine: Adult Foster Care/Shared Living

ME Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (047.R03.00)

Adult Foster Care or "Shared Living" is direct support and personal care (e.g., homemaker, chore, attendant care, companion) and medication oversight (to the extent permitted under State law) provided to a participant in a private home by a principal care provider (shared living provider) who lives

in the home. This setting is a provider-owned or controlled setting. The service consists of an oversight agency who contracts with an adult "shared living provider" who agrees to share their home and family life with the participant. The Shared living oversight agency ensures an appropriate match between the participant and a Shared living provider. The oversight agency must ensure the shared living provider can meet the existing and long-term needs of the participant prior to placement. The oversight agency employs intensive support to the shared living provider and must be available for both the participant and the provider with a minimum of monthly face to face contact in the home required.

Shared living providers deliver individualized supportive and habilitative services to improve and maintain the participants' goals and desires related to independent living and community integration; promote optimal mental and physical wellness; provide opportunities to increase social skills and connection with a family environment. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skill development that assist the participant to reside in the most integrated setting appropriate to their needs.

The service facilitates the participant's full access to the greater community, including opportunities to seek employment and work in competitive, integrated settings; engage in community life, control personal resources, and receive services in the community like individuals without disabilities. Residential habilitation also includes protective oversight and supervision. Services are provided according to the participant's Person-Centered Plan to identify health and safety needs. A participant's essential personal rights of privacy, dignity, and respect, and freedom from coercion and restraint are protected. A provider may not have more than three participants that they care for in one home.

Personal Resources refers to anything that is considered an individual's personal property, including but not limited to (a) an individual's financial resources which include cash, earnings from employment, credit and debit card(s), bank accounts and other vehicles for holding, saving, and/or investing financial resources (e.g. Certificates of Deposit, retirement accounts, investment accounts, etc.); (b) individual clothing, toiletries, food, or other personal items either purchased for the individual by the individual or by the individual's family, guardian, or support network; and (c) any technology or media, including but not limited to cell phones, computers, or other electronic devices.

A shared living provider must maintain documentation that supports meaningful adherence to the participant's needs, strengths and goals within their person-centered plan. The oversight agency must ensure the shared living home has safeguards and through monthly face to face visits ensure the service is being delivered as designed. The oversight agency must review documentation on a monthly basis to ensure the home is meeting the expectations of the individual as outlined in the person-centered plan. Any deficiencies noted by the oversight agency may result in delaying the stipend and a report of deficiency to the Office of Aging and Disability Services.

Missouri: Shared Living

MO Developmental Disabilities (DD) Comprehensive Waiver (0178.R07.00)

Shared Living is an arrangement in which an individual chooses to live with a couple, another individual, or a family in the community to share their life experiences together. Shared Living can be provided in the home of the care giver (Host Home Services) or in the individual's home (Companion Services).

A Host Home or Companion Home is a private home, certified by the Division of DD, where a family accepts the responsibility for caring for up to three individuals with DD. Shared living offers a safe and nurturing home by giving guidance, support and personal attention. The provider plays an active role in the individual's team and the collaborative development of a support plan. The support plan is based on the team's knowledge of the individual's personal challenges, strengths, skills, preferences and desired outcomes. The support plan provides guidelines and specific strategies that address the person's needs in the social, behavioral and skill areas and is designed to lead to positive lifestyle changes. Living in a home environment presents daily opportunities to acquire and use new skills. The host family or companion helps the individual participate in family and community activities and facilitate a relationship with the person and his/her natural family and the general community. They help the person learn and use community resources and services as well as participate in activities that are valued and appropriate for the person's age, gender and culture. The provider ensures that the person's identified health and medical needs are met and comply with licensure or certification regulations of the Division of DD.

A single family host or companion home may be certified by and directly contract with DMH, or the host family or companion may be directly employed by or under contract with an agency certified by and under contract with DMH to provide Host Home and/or companion services.

Host Home and Companion services include the following: a) Basic personal care and grooming, including bathing, care of the hair and assistance with clothing; b) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from the bathroom or assisting the individual with bedpan routines; c) Assisting the individual with self-medication or provision of medication administration for prescribed medications, and assisting the individual with, or performing health care activities; d) Performing household services essential to the individual's health and comfort in the home (e.g. necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home); e) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare; f) Light cleaning tasks in areas of the home used by the individual; g) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals; h) Personal laundry; i) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying the individual for short walks outside the home; j) Skill development to prevent the loss of skills and enhancing skills that are already present that will lead to greater independence and community integration. k) Transportation is included in the Shared Living rate.

Payment to the host or companion home is a flat monthly rate to meet the individual's support needs, and is exempt from income taxes. The Host Home will be paid on the basis of intensity and difficulty of care. The rate methodology is described in the waiver application.

Depending on the needs and compatibility of the individuals, no more than three (3) individuals, regardless of funding source, may choose to live in the same-shared living location. Funding sources could include Waiver, private pay, Children's Division foster care, etc. Individuals receiving host home services and sharing a home with housemates shall each have a private bedroom, unless they choose otherwise.

For individuals hospitalized, staffing supports normally provided through Shared Living services may be provided to assist with supports, supervision, communication, and any other supports that the hospital is unable to provide. The service will: be identified in an individual's person-centered service plan; provided to meet needs of the individual that are not met through the provision of hospital services; not substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and be designed to ensure smooth transitions between acute care settings and HCB settings, and to preserve the individual's functional abilities.

Pennsylvania: Life Sharing

PA Community Living Waiver (1486.R01.00)

Life Sharing services are direct and indirect, provider agency managed services that occur in one of the following locations:

- Private home of a host family. The host family can be the participant's relative(s), legal guardian, or persons who are not related to the participant.
- Private home of the participant where a host family who is not related to the participant moves into the participant's home and shares the participant's home as their primary residence.

For the purposes of Life Sharing the following definitions apply:

- Relative - All relatives may provide Life Sharing services. In accordance with 55 Pa.Code § 6500.4, a host home that is owned, rented, or leased by a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew does not need to be licensed. Relatives whose relationship to the participant are not specified in this list may require licensure based on the amount of care the participant requires as specified at 55 Pa. Code § 6500.3(f)(5). When Life Sharing is provided by a relative to a participant who is younger than 18 years of age, this service may only be used to provide extraordinary care. A relative is responsible to meet the needs of a participant who is younger than 18 years of age, including the need for assistance and supervision typically required for children at various stages of growth and development. A relative can, however, receive payment for Life Sharing services when this support goes beyond what would be expected to be performed in the usual course of parenting, and when needed support exceeds what is typically required for a child of the same age. Further, the provider agency must develop a pre-service agreement with relatives that states the Life Sharing program requirements that the relative(s) must comply with to be a host family and the conditions that will result in termination of the relative(s) as a host family from the Life Sharing program.
- Private home - A home that is owned, rented or leased by the participant or the host family. Homes owned, rented or leased by a provider are not private homes. Homes owned, rented or leased by a provider and subsequently leased to a participant or his or her relatives are also not private homes.
- Host family - One or more persons with whom the participant lives in a private home, such as the participant's relative(s), legal guardian, or persons who are not related to the participant. The host family is responsible for, and actively involved in, providing care and support to the participant in accordance with the service plan.

This service is built on the principle that every participant has the capacity to engage in lifelong learning. As such, through the provision of this service, participants will acquire, maintain, or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in

community life. To the extent that Life Sharing is provided in community settings outside of the residence, the settings must be inclusive rather than segregated.

Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and positive reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources.

Life Sharing services may be provided up to 24 hours a day based on the needs of the participant receiving services. The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological, medical, or emotional assistance established through an assessment or screening (including the Health Risk Screening Tool) and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with their personal preference and to achieve their desired outcomes.
Life Sharing services are often the primary residence of the participant and as such, it is their home. Respect for personal routines, rhythms, rights, independence, privacy and personalization are intrinsic to the service as is access to experiences and opportunities for personal growth.

The Life Sharing provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (prompting, instruction, modeling, positive reinforcement) will be provided as needed to enable the participant to:

- Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
- Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.
- Manage or participate in the management of their medical care including scheduling & attending medical appointments, filling prescriptions and self-administration of medications, ensuring that there is a sufficient amount of medical supplies so the participant will not be at risk of not having the supplies, and keeping health logs and records.
- Manage his or her mental health diagnosis & emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. The service should include: a comprehensive behavior assessment; design, development and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.
- Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
- Make decisions in identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.

- Manage the participant's home; including arranging for utility services, paying bills, home maintenance, and home safety.
- Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and utilizing programs such as ABLE accounts.
- Communicate with providers, caregivers, family members, friends and others face-to-face & through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for participants whose primary language is not English.
- Use a range of transportation options such as buses, trains, cab services, driving, and joining car pools. Life Sharing providers are responsible to provide transportation to activities related to health, community involvement and the participant's service plan. The Life Sharing provider is not responsible for transportation for which another provider is responsible.
- Develop and manage relationships with individuals residing in the same home as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
- Develop and maintain relationships with members of the broader community and to manage problematic relationships.
- Exercise rights as a citizen and fulfill their civic responsibilities such as voting and serving on juries; attending public community meetings; participating in community projects and events with volunteer associations and groups; serving on public and private boards, advisory groups, and commissions, as well as developing confidence and skills to enhance their contributions to the community.
- Develop personal interests, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.
- Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.

The Life Sharing provider is responsible for identification of risks to the participant and the implementation of actions such as reporting incidents as required by ODP, OAPSA, the Adult Protective Services Act and the CPSL, and/or calling emergency officials for immediate assistance. The Life Sharing provider is also responsible for providing physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

Life Sharing services include the support of a life sharing specialist for each participant with overall responsibility for supporting the participant and the host family in the life sharing relationship. The life sharing specialist provides oversight & monitoring of the habilitative outcomes, health & wellness activities, ongoing assessment of supports and needs of the participant as identified in the service plan, as well as coordination of support services, such as relief, for the host family.

When a participant's rights as specified in 55 Pa. Code §§ 6100.182 and 6100.183 are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. When any participant rights are modified due to requirements in a court order, the modification must still be included in the service plan and the plan must be implemented. Because the origin of the rights modification is a court order, team agreement is not a requirement for implementation of the modification. Decisions made in the provision of services to participants under

the age of 18 that mimic typical parental decisions, such as bedtime and nutrition do not rise to the level of a modification based on an assessed need, and do not need to be documented in the service plan.

Life Sharing services may only be used to meet the exceptional needs of the participant who is under age 18 that are due to his or her disability or medical needs and are above and beyond the typical, basic care for a child that all families with children may experience.

Life Sharing services must be delivered in PA. During temporary travel this service may be provided in other locations per ODP's travel policy.

No more than 4 people unrelated to the host family can reside in a private home where Life Sharing services are provided. No more than 2 people may receive Life Sharing services in a private home.

Room and board is not included in the rate for the Life Sharing service. The provider agencies should collect room & board payments in accordance with regulatory requirements. Life Sharing may not be provided when the host family is also a foster home for the participant.

Pennsylvania: Supported Living

PA Community Living Waiver (1486.R01.00)

These are direct and indirect services provided to participants who live in a private home that is owned, leased or rented by the participant or provided for the participant's use via a Special or Supplemental Needs trust and located in Pennsylvania. Supported Living services are provided to protect the health and welfare of participants by assisting them in the general areas of self-care, health maintenance, wellness activities, meal preparation, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources. Through the provision of this service participants will be supported to live in their own home in the community and to acquire, maintain or improve skills necessary to live more independently and be more productive and participatory in community life.

This service is billed as a day unit and includes indirect support for periods of time that the participant does not need direct support in his or her home and community. The Supported Living provider, however, must ensure that direct support is provided as needed to achieve desired outcomes, facilitate participation in the community and mitigate risks. The Supported Living provider must also ensure that on-call staff are available to support the participant 24 hours a day. The type and degree of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment (including the Health Risk Screening tool) and person-centered planning processes.

The Supported Living provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (which includes prompting, instruction, modeling and reinforcement) will be provided as needed to enable the participant to:

- Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
- Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to

emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.

- Manage or participate in the management of their medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records. The staff providing this support may also administer medications in accordance with applicable regulatory guidance.
- Manage their mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. The service should include: a comprehensive behavior assessment; design, development and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.
- Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
- Make decisions including identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
- Manage their home including arranging for utility services, paying bills, home maintenance, and home safety.
- Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and programs such as ABLE accounts.
- Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
- Use a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc. The Supported Living provider is responsible to provide transportation to activities related to health, community involvement and the participant's service plan. The Supported Living provider is not responsible for transportation for which another provider is responsible.
- Develop and manage relationships with roommates as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
- Develop and maintain relationships with members of the broader community (examples include but are not limited to: neighbors, coworkers, friends and family) and to manage problematic relationships.
- Exercise rights as a citizen and fulfill their civic responsibilities such as voting and serving on juries; attend public community meetings; participate in community projects and events with volunteer associations and groups; serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community. 14. Develop personal interests; such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.

- Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services. The supported living provider is responsible for the identification of risk to the participant and the implementation of actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, the Adult Protective Services Act and the Child Protective Services Law, and/or calling emergency officials for immediate assistance.

The Supported Living provider is also responsible for the provision of physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

This service is billed as a day unit and may be provided at the following levels:

- Needs Group 1
- Needs Group 2

Supported Living services include the support of a supported living specialist for each participant with overall responsibility to provide oversight and monitoring of the habilitative outcomes, health and wellness activities, ongoing assessment of supports and needs of the participant as identified in their service plan, as well as coordination of support services, both direct and indirect related to the Supported Living service.

Supported Living services may not be provided in licensed or unlicensed residential habilitation settings, licensed or unlicensed Life Sharing homes, Adult Training Facilities (55 Pa. Code Chapter 2380) or Vocational Facilities (55 Pa Code Chapter 2390).

In emergency situations or to meet a participant's temporary medical or behavioral needs, participants authorized to receive Supported Living may also be authorized to receive Supplemental Habilitation for no more than 90 calendar days unless a variance is granted by the AE.

Supplemental Habilitation may be delivered in an acute care hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:

- Identified in the participant's service plan;
- Provided to meet needs of the participant that are not met through the provision of hospital services;
- Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant's functional abilities; and
- Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.

This service can only be provided in an acute care hospital to assist the participant with one or more of the following:

- Communication;
- Intensive personal care; or
- Behavioral support/stabilization as enumerated in the behavior support plan.

The following services may not be authorized for participants who receive Supported Living services: Life Sharing; Unlicensed Residential Habilitation, Respite (15-minute or Day); Homemaker/Chore; In-Home and Community Supports; Behavioral Supports; Therapies; Shift Nursing; Consultative Nutritional

Services; and Specialized Supplies. Transportation is included in the cost of Supported Living and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the participant's service plan. Companion services may only be authorized as a discrete service when it is used to support a participant in-person at their place of community integrated employment in alignment with the Companion service definition.

Participants authorized to receive Supported Living services:

- May receive Assistive Technology to purchase or lease devices or equipment that will be used exclusively by the participant for the delivery of remote supports as a method of Supported Living service delivery. The devices or equipment must meet the Assistive Technology service definition requirements.
- May not receive the discrete Remote Supports service. Remote supports is intended to reduce the participant's need for direct support that is available a part of the Supported Living service. As such, remote supports is built into the Supported Living rate and cannot be authorized as a separate service in the service plan. Requirements for the delivery of remote supports as a method of Supported Living service delivery is in the Main Module- Additional Needed Information (Optional) section of this waiver.
- May receive Vehicle Accessibility Adaptations when the vehicle being adapted and utilized by the participant is not agency owned, leased or rented.
- May not be authorized to receive Supports Broker services unless the participant has a plan to self-direct his or her services through a participant-directed services model in a private home.

The rate includes Behavioral Support. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or to maintain employment when provided at the participant's place of employment.

Settings enrolled on or after the effective date of the 55 Pa. Code Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have ODP-funded Residential Habilitation, Life Sharing or Supported Living being provided.

Supported Living services must be delivered in a private home located in Pennsylvania or other community settings. During temporary travel, however, this service may be provided in Pennsylvania or other locations per the ODP travel policy.

3.2 Additional Service Definitions

This section provides the waiver definitions of less common services discussed in the report. The text is taken directly from waiver service definitions. In 1915(c) waivers this is in Appendix C: Participant Services, C-1/C-3: Service Specification, Service Definition. When a state includes a service in multiple I/DD waivers, the definition is only from one.

Arkansas: Community Transition Services

Community and Employment Support (0188.R06.00)

Community Transition Services are non-recurring set-up expenses for members who are transitioning from an institutional or provider-operated living arrangement, such as an ICF or group home, to a living arrangement in a private residence where the member or his or her guardian is directly responsible for his or her own living expenses.

Community Transition service activities include those necessary to enable a member to establish a basic household, not including room and board, and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the member's health and safety such as pest eradication and one-time cleaning prior to occupancy; and (e) moving expenses.

Community Transition Services should not include payment for room and board; monthly rental or mortgage expense; regular food expenses, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Delaware: Community Transition Service

DE DDDS Lifespan Waiver (0009.R08.00)

Community Transition Service Payments may be made for Community Transition to facilitate transition from an institution to a community setting, consistent with SMDL 02-008, for individuals who transition from provider-operated settings to their own private residence in the community. Community Transition will enable individuals whose means are limited to furnish and decorate his or her bedroom in a manner of his or her choosing consistent with the HCBS Settings Rule and to foster independence. Community Transition includes the reasonable, documented cost of one-time expenses and services necessary to occupy a domicile in the community, including:

- Essential furnishings, including: Bed frame, mattress and box spring or futon, dresser, wardrobe, chair, trash can, lamps, desk, small table/nightstand, bookcase, linens and pillows, window covering, wall decorations, mirrors
- Bath mats & shower curtain, grab bars and other free-standing implements to increase stability in the bathroom
- Small appliances including blow dryer, vacuum cleaner, coffee maker, toaster
- Toiletries
- Kitchen items, including: hand towels, dishes, drinkware, flatware & utensils, knives, cookware, bowls and food storage
- Initial supply of cleaning supplies and laundry
- Initial supply of bathroom supplies
- Clothing
- Moving expenses
- Security deposits
- Set-up fees and deposits for utility access (telephone, electric, utility, cable)
- Pest eradication
- Cleaning service prior to occupancy
- Lock and key

Community transition services shall not include monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely recreational purposes such as televisions or DVD players. Community transition expenses must included in the individual's person centered plan and must be approved by DDDS in advance. If an individual for whom waiver funds have been used for community transition expenses moves from one waiver-funded residential setting to another, they will be able to take any such furnishings with them to their new residence. Community

Transition Services are furnished only to the extent that they are reasonable and necessary as determining through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources.

Delaware: Community Participation (included in Day Habilitation Service)

DE DDDS Lifespan Waiver (0009.R08.00)

Community Participation services are part of Delaware's Day Habilitations services, and are the provision of scheduled activities outside of an individual's home that support acquisition, retention, or improvement in self-care, sensory-motor development, socialization, daily living skills, communication, community living, and social skills. Community Participation services include supervision, monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills and training and education in self-determination. Community Participation may include self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices. Each individual receiving Community Participation services works toward acquiring the skills to become an active member of the community. Services are furnished consistent with the participant's person-centered plan (PCP). Because Community Participation is very individualized and is heavily focused on community exploration, it can only be provided in staffing ratios of one staff to each participant or one staff to two participants.

Community Participation services focus on the continuation of the skills already learned in order to build natural supports in integrated settings. The individual is ready to interact and participate in community activities and needs the supports of staff to facilitate the relationship building between the individual and other non disabled participants within the community activities. Ideally, the paid staff will fade or decrease their support as the natural supports become sufficient to support the individual in the integrated settings and activities. Community Participation may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub during the scheduled program delivery day. Other than the brief period at the beginning or end of the day, Community Participation cannot be delivered in a provider owned or managed setting.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Transportation to and from the planned service location for each day, including a "hub", is a component part of Community Participation and the cost of this transportation may be included in the rate paid to providers of community participation services if it is provided.

Delaware: Benefits Counseling / Financial Coaching Plus

Pathways to Employment Waiver (DE-01)

Benefits Counseling

Benefits Counseling provides work incentive counseling services to Pathways to Employment participants seeking to work while maintaining access to necessary healthcare and other benefits. Benefits counseling will provide information to individuals regarding available benefits and assist individuals to understand options for making an informed choice about going to work while maintaining essential benefits.

This service will assist individuals to understand the work incentives and support programs available and the impact of work activity on those benefits. This service will assist individuals to understand their benefits supports and how to utilize work incentives and other tools to assist them to achieve self-sufficiency through work.

This service will also include the development and maintenance of proper documentation of services, including creating Benefits Summaries and Analyses and Work Incentive Plans.

Services must be delivered in a setting that complies with HCB standards and in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation/interpretation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

This service is in addition to information provided by the Aging and Disability Resource Centers (ADRC), SHIP or other entities providing information regarding long-term services and supports.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Delaware will ensure that individuals do not otherwise have access to this service through any other source, including SSA and WIPA.

Financial Coaching Plus

Financial Coaching Plus uses a financial coaching model to assist individuals in establishing financial goals, creating a plan to achieve them, and providing information, support, and resources needed to implement stated goals in the financial plan. The financial coach will assist the client seeking to improve his/her financial well-being in order to improve economic self-sufficiency. Financial Coaching Plus includes the development of a personal budget and identifies reliable and trusted savings, credit, and debt programs that promote financial stability. The content and direction of the coaching is customized to respond to the individual financial goals set by the participant. Financial coaching is provided to the client one-on-one in a setting convenient for the client over a time-limited series of sessions and follow-up to increase the opportunity for self-directed behavior skills learning.

The Financial Coaching will:

- Assist the client in developing financial strategies to reach participant's goals with care to ensure that personal strategies reflect considerations related to benefits, as identified through benefits counseling;
- Ensure that individuals understand the availability of various tax credits such as the Earned Income Tax Credit, Child Care Tax Credit, and others;
- Refer individuals as needed to benefit counselors;

- Provide information to complement information provided through benefits counseling regarding appropriate asset building;
- Use an integrated dashboard of available community-based asset building opportunities and financial tools/services to ensure participants are leveraging all resources to increase economic self-sufficiency;
- Provide information about how to protect personal identify and avoid predatory lending schemes;
- Provide assistance with filing yearly taxes either through the IRS VITA program or its virtual program that involves self-filing.

The Financial Coaching Plus service will include the collection and maintenance of proper documentation of services provided as required by the Department that will track goals, actions, and outcomes of individual participants.

The Financial Coaching Plus service may complement information provided on the use of public benefits and/or work incentives through Benefits Counseling or other services.

Services must be delivered in a setting that complies with HCB standards.

Documentation is maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) or other services.

Missouri: Benefits Planning

Benefits Planning is a service designed to inform an individual about competitive integrated employment and assist them to assess if it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides information to the participant regarding the full array of available work incentives for essential benefit programs including Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, food stamps, ABLE accounts, etc.

The service also will provide information, education, consultation and technical assistance to the individual regarding:

- Income reporting requirements for public benefit programs, including the Social Security Administration
- Formalized development of Plans for Achieving Self Sufficiency (PASS), Property Essential to Self-Support (PESS)
- Assistance with utilization of social security work incentives
- Coordination of Social Security and Medicaid work incentives and benefits support
- Individual benefit verification, consultation, education and ongoing analysis/planning.

Benefits Planning can be provided to individuals considering or seeking competitive integrated employment, career advancement or to individuals who need financial problem-solving assistance to maintain competitive integrated employment. This service may include activity on behalf of the individual to assist in provision of the benefits planning service.

The service can be provided in person or virtually based on the individual's informed choice. Benefits Planning may only be provided if a Certified Work Incentives Counselor through a Missouri-based Social Security Supported Work Incentives Planning and Assistance (WIPA) program were sought and it is documented by the Support Coordinator that such services were not available, accessible or applicable

due to either ineligibility or because of wait lists that would result in services not being available within 30 calendar days (this is only required once per year; i.e., it must be repeated if Benefits Planning is needed in a subsequent year).

Benefits Planning services are limited to a maximum of 60 units per in annual support plan for any combination of initial benefits planning, supplementary benefits planning when an individual is evaluating a job offer/promotion or a self-employment opportunity, or problem-solving assistance to maintain competitive integrated employment. Additional units may be approved by the Division's Regional Director or designee in exceptional circumstances.

Pennsylvania: Community Participation Supports

PA Consolidated Waiver (0147.R07.00)

Community Participation Support (CPS) provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. CPS should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting their desired outcomes related to employment, community involvement and membership. To achieve this, each participant must be offered opportunities and needed support to participate in community activities that are consistent with the participant's preferences, choices and interests.

CPS is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.

CPS is expected to result in the participant developing and sustaining a range of valued social roles and relationships; building natural supports; increasing independence; increasing potential for employment; and experiencing meaningful community participation and inclusion. Activities include supports for:

- Developing skills and competencies necessary to pursue competitive integrated employment;
- Participating in community activities, organizations, groups, or clubs to develop social networks;
- Identifying and participating in activities that provide purpose and responsibility;
- Fine and gross motor development and mobility;
- Participating in community opportunities related to the development of hobbies or leisure/cultural interests or to promote personal health and wellness such as yoga class or hiking groups;
- Participating in volunteer opportunities or community adult learning opportunities;
- Opportunities focused on training and education for self-determination and self-advocacy;
- Learning to navigate the local community, including learning to use public/private transportation and other transportation options available in the local area;
- Developing and/or maintaining social networks & reciprocal relationships with members of the broader community (neighbors, coworkers, and other community members who do not have disabilities and who are not paid or unpaid caregivers) through natural opportunities and invitations that may occur;
- Assisting participants, caregivers, and providers with identifying and utilizing supports not funded through the waiver that are available from community service organizations, such as churches, schools, colleges/universities and other post-secondary institutions, libraries, neighborhood associations, clubs, recreational entities, businesses and community organizations focused on exchange of services (e.g time banks); and

- Assisting participants and caregivers with providing mutual support to one another (through service/support exchange) and contributing to others in the community. CPS includes planning & coordination for:
- Developing skills & competencies necessary to pursue competitive integrated employment;
- Promoting a spirit of personal reliance & contribution, mutual support & community connection;
- Developing social networks & connections within local communities;
- Emphasizing, promoting & coordinating the use of unpaid supports to address participant & family needs in addition to paid services; and
- Planning & coordinating a participant's daily/weekly schedule for CPS.

Support provided may include development of a comprehensive analysis of the participant in relation to following:

- Strongest interests & personal preferences.
- Skills, strengths, & other contributions likely to be valuable to employers or the community.
- Conditions necessary for successful community inclusion and/or competitive integrated employment

Pennsylvania: Housing Transition and Tenancy Sustaining Service

PA Consolidated Waiver (0147.R07.00)

This service includes pre-tenancy and housing sustaining supports to assist participants in being successful tenants in private homes owned, rented or leased by the participants.

Housing Transition services are direct and indirect services provided to participants. Indirect activities that cannot be billed include driving to appointments, completing service notes and progress notes, and exploring resources and developing relationships that are not specific to a participant's needs as these activities are included in the rate. The following direct and indirect activities are billable under Housing Transition:

- Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
- Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
- Assisting the participant with the process of searching for a home that is located in an integrated setting that is dispersed in the community in a noncontiguous location not located on a campus setting. Housing Transition cannot be used to find homes that are located in any development or building where more than 25% of the apartments, condominiums, or townhouses have ODP waiver funded participants residing.
- Assisting the participant with the housing application process, including assistance with applying for housing vouchers/applications.
- Assisting the participant with identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.

- Ensuring that the living environment is safe and ready for move-in.
- Assisting the participant in arranging for and supporting the details of the move.
- Developing a housing support crisis plan with the individual that includes prevention and early intervention services when housing is jeopardized to assist individuals with planning, locating and maintaining a home of their own.
- Assisting the participant with establishing and building a relationship for community integration.
- Assisting the participant with obtaining and identifying resources to assist the participant with financial education and planning for housing. Activities include assistance with budgeting for house and living expenses. Assistance with completing applications for subsidies or other entitlements such as energy assistance, or public assistance. Assistance with identifying financial resources to assist with housing for the participant including special needs trusts and ABLE accounts.
- Working with the Supports Coordinator and service plan team to identify needed assistive technology or home accessibility adaptations, which are necessary to ensure the participant's health and well-being. • Assisting the participant with coordinating the move from a congregate living arrangement or from a family home to a more independent setting; providing training on how to be a good tenant.
- Working collaboratively with other service providers and unpaid supports.
- Assisting the participant with identifying resources to secure household furnishings and utility assistance. Activities will include identifying and coordinating resources that may assist with obtaining a security deposit, first month rent, or any other costs associated with the transition. Financial support that constitutes a room and board expense is excluded from federal financial participation in the waiver.

This service is also available to support participants to maintain tenancy in a private home owned, rented or leased by the participant. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

- Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- Education and training on the role, rights and responsibilities of the tenant and landlord.
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assistance with activities such as supporting the participant in communicating with the landlord and/or property manager; developing or restoring interpersonal skills in order to develop relationships with landlords, neighbors and others to avoid eviction or other adverse lease actions; and supporting the participant in understanding the terms of a lease or mortgage agreement.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- Assisting the participant with the housing recertification process.
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Tenancy support services may not be authorized for participants who are authorized to receive Residential Habilitation, Life Sharing or Supported Living services. Housing Transition services may be authorized when the participant has a plan to move from the home where Residential Habilitation or Life Sharing is provided into a private home that the participant will own, rent or lease.

3.3 Resources

Resource Name	Resource Location
General Resources	
Association of People Supporting Employment First (APSE) Report on Subminimum Wage and 14(c)	https://apse.org/wp-content/uploads/2021/10/10_20_21-APSE-14c-Update-REV.pdf
Case for Inclusion State Scorecards	https://caseforinclusion.org/data/state-scorecards
Centers for Medicare and Medicaid Services (CMS) State Waivers List	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html
Medicaid.gov Money Follows the Person Page	https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html
State Employment Leadership Network Site and 2020-2022 Accomplishments Report	https://www.selnhub.org/home https://static.prod01.ue1.p.pcomm.net/umass/content/AR%202020-2022/AR_2022_F_R.pdf
Arkansas	
Adult Development Day Treatment services	https://humanservices.arkansas.gov/divisions-shared-services/developmental-disabilities-services/services-for-adults-with-dd-id-needs/day-treatment-addt/
ANCOR Stateside Report (2021): Summit Community Care (SCC) Provider-led Transformation	https://www.ancor.org/connections/provider-led-shared-savings-entity-program-positively-impacts-lives-people/
ANCOR Stateside Report (April 2022): Arkansas ARPA Updated for Workforce Retention	https://www.ancor.org/stateside-report/2022-04-04/
Arkansas DDS Policy Document: PASSE (Provider-led Arkansas Shared Savings Entity) Medicaid Provider Program	https://humanservices.arkansas.gov/divisions-shared-services/developmental-disabilities-services/division-policies/
Arkansas Home and Community Based Services Waiver	https://humanservices.arkansas.gov/wp-content/uploads/CES_AR0188R0601_Approved_2022_08_01.pdf

Resource Name	Resource Location
Arkansas Supported Employment Services	https://humanservices.arkansas.gov/divisions-shared-services/developmental-disabilities-services/supported-employment-services/
Arkansas Waiver Factsheet	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/AR
ARPA Workforce Stabilization Provider Incentive Program Operations Plan	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumanservices.arkansas.gov%2Fwp-content%2Fuploads%2FARPA_Provider-Incentive-Operations-Plan_2.17.22.docx&wdOrigin=BROWSELINK
Community Employment Supports Waiver Fact Sheet	https://humanservices.arkansas.gov/wp-content/uploads/CES.Waiver_Fact_.Sheet_110520_.pdf
HCBS Spend Plan Draft (updated 2/2022)	https://humanservices.arkansas.gov/wp-content/uploads/HCBS-Spending-Plan-Draft_DMS-9.17.21-AMENDED_Final_09.17.21-updated-2.17.22.docx
HHS Approves Arkansas' Medicaid Waiver to Provide Medically Necessary Housing and Nutrition Support Services	https://www.hhs.gov/about/news/2022/11/01/hhs-approves-ar-medicaid-waiver-to-provide-medically-necessary-housing-nutrition-support-services.html
iCan Assistive Technology Program	https://ar-ican.org/about-ican/
Press Release: Governor Addressing Waitlist for Services for Arkansans with Developmental Disabilities	https://humanservices.arkansas.gov/news/governor-addressing-waitlist-for-services-for-arkansans-with-developmental-disabilities/#:~:text=12%2F14%2F2021&text=%E2%80%94%20Arkansas%20Governor%20Asa%20Hutchinson%20announced,in%20their%20homes%20and%20communities.
The Blue Umbrella Program	https://www.blueumbrellaar.org/
Delaware	
1915(i) State Plan HCBS Administration and Operation	https://www.dhss.delaware.gov/dhss/DSAAPD/files/pathways_amendment.pdf
Application for HCBS Waiver	https://www.dhss.delaware.gov/dhss/ddds/files/HCBS_Waiver_effective_2022.10.01.pdf
Delaware ARPA Overview	https://dhss.delaware.gov/dhss/dmma/rescue_act.html
Delaware HCBS Federal Match Increase Spend Plan (FY23)	https://dhss.delaware.gov/dhss/dmma/files/de_fy2023_q2_hcbs_spending_plan_october_2022.pdf
Delaware HCBS Overview	https://dhss.delaware.gov/dhss/ddds/comserv.html
Delaware Waiver Factsheet	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/DE

Resource Name	Resource Location
Delaware PATHWAYS to Employment	chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://na.eventscloud.com/file_uploads/f816198f3d1763d9e7ac6da4fa9b90be_PathwaysPresentationPowerPoint52016.pdf
Maine	
ARPA Implementation Plan	https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine-HCBS-FMAP-Quarterly-Report-To-CMS-FFY-2023-Q1.pdf
Maine CITE	https://mainecite.org/about/
Maine Employment Services	https://www.maine.gov/dhhs/oads/get-support/employment-services
Maine Office of Aging and Disability Services (OADS) Listening Session on Technology Access	https://www.maine.gov/dhhs/oms/providers/provider-bulletins/office-aging-and-disability-services-virtual-listening-session-access-technology
Maine Shared Living Services	https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism/shared-living
Maine Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver Description	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81901
Maine Waiver Factsheet	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/ME#0159
MaineCare Support Leads to Jump in Housing Access for Adults with Intellectual and Developmental Disabilities	https://www.maine.gov/dhhs/blog/mainecare-support-leads-jump-housing-access-adults-intellectual-and-developmental-disabilities-2022-07-28
Missouri	
Employment First Missouri	https://employmentfirstmo.org/pages/about.html
Employment Services	https://dmh.mo.gov/dev-disabilities/programs/employment/services
Level of Care Transformation	https://health.mo.gov/seniors/hcbs/loc-transformation.php
Missouri Application for HCBS Waiver	https://dss.mo.gov/mhd/files/mocdd-vbp-amendment-082522.pdf
Missouri Technology First Overview	https://dmh.mo.gov/dev-disabilities/technology-first

Resource Name	Resource Location
Missouri Waiver Manuals	https://dmh.mo.gov/dev-disabilities/programs/waiver/manuals
Model Employer Executive Order	https://www.sos.mo.gov/library/reference/orders/2019/eo16
Tiered Supports Overview	https://dmh.mo.gov/dev-disabilities/tiered-supports
Value Based Purchasing	https://dmh.mo.gov/media/pdf/value-based-purchasing
Pennsylvania	
Assistive Technology Overview	https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Assistive-Technology.aspx
Everyday Lives ISAC Annual Report	https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Everyday%20Lives/ISAC_Annual_Report_2021_FINAL.pdf
Everyday Lives Program Overview	https://www.dhs.pa.gov/docs/Publications/Pages/Everyday-Lives.aspx
DirectCourse CMS Core Competencies Training Overview	https://directcourseonline.com/cms-core-competencies/
Grant for Competitive Employment	https://www.media.pa.gov/pages/Labor-and-Industry-details.aspx?newsid=732
Life Sharing Services	https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Lifesharing.aspx
National Association for Dual Diagnosis Accreditation DSP Certifications Page	https://thenadd.org/dsp-cert-home-2/
Pennsylvania ARPA Spending Plan Update (2021)	https://www.medicaid.gov/media/file/pa-dhs-quaterly-rev-ii-aug-2021.pdf
Pennsylvania Assistive Technology Foundation	https://patf.us/what-we-do/
Pennsylvania Employment First Overview	https://www.dli.pa.gov/Individuals/Disability-Services/employment-first/Pages/default.aspx
Pennsylvania HCBS Waivers Overview	https://www.dhs.pa.gov/Services/Assistance/Pages/Home-and-Community-Based%20Services.aspx
Pennsylvania Waiver Factsheet	https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/PA
Temple Institute on Disabilities	https://disabilities.temple.edu/about
Connecticut	

Resource Name	Resource Location
Application for a 1915(c) Home and Community Based Services Waiver	https://portal.ct.gov/-/media/DDS/Waiver/Comp_Waiver_2021.pdf
ARPA Spend Plan Overview	https://www.medicaid.gov/media/file/ct-9817-spending-plan.pdf
Assistive Technology Overview	https://portal.ct.gov/DDS/General/AssistiveTechnology/Assistive-Technology-About-Us
Case Management Portal	https://portal.ct.gov/DDS/Family/Supports-and-Services/Case-Management
Charting the LifeCourse	https://portal.ct.gov/DDS/LifeCourse/Charting-the-LifeCourse
Community Living Services	https://portal.ct.gov/DDS/Family/Supports-and-Services/Community-Living-Services
Connecticut Employment First Overview	https://portal.ct.gov/DDS/EmploymentDayServices/Employment-First/Employment-First-Overview
Day and Employment Support Options	https://portal.ct.gov/DDS/EmploymentDayServices/Employment-and-Other-Day-Service-Options
DDS Five-Year Plan	https://portal.ct.gov/DDS/General/FiveYearPlan/DDS-Five-Year-Plan
Project SEARCH Favarh	https://health.uconn.edu/human-resources/services/organization-and-staff-development/projectsearch/
Reimagining Day and Employment Supports Initiative	https://portal.ct.gov/DDS/Media/LatestNews2019/Reimagining-Employment-and-Day-Services
State of CT 2022 Recovery Plan Performance Report	https://portal.ct.gov/-/media/OPM/Coronavirus/CT2022-SLFRF-Recovery-Plan-Performance-Report.pdf
DDS American Rescue Plan Act	https://portal.ct.gov/DDS/General/ARPA/American-Rescue-Plan-Act-of-2021-ARPA

3.4 Interviews

State	Interviewee(s)	Date
Arkansas	**Division of Developmental Disabilities Services** Melissa Weatherton (Director)	12/5/2022

State	Interviewee(s)	Date
Delaware	**Division of Developmental Disabilities Services** Marissa Catalon (Division Director) Katie Howe (Director, Program Integrity) Stacy Watkins (Assistant Director, Community Services) Dione Grant (Director, Service Integrity and Enhancement) Ramona Savage (Director, Day and Transition Services)	12/12/2022
Maine	**Office of Aging and Disability Services, Developmental Disability and Brain Injury Services** Betsy Hopkins (Associate Director)	11/21/2022
Missouri	**Missouri Division of Developmental Disabilities** Duane Shumate (Director, Employment and Community Engagement) Holly Reiff (Provider Relation Specialist for Assistive Technology) Jessica Bax (Director) Rhiannon Evans (Statewide Targeted Prevention Coordinator) Emily Luebbering (Director of Federal Programs Unit)	 11/16/2022 11/17/2022 11/23/2022
Pennsylvania	**Office of Developmental Programs** Jeremy Yale (Bureau Director, Policy and Quality Management)	11/29/2022
Connecticut	**Department of Mental Health and Addiction Services (DMHAS)** Cheryl Arora (Chief Financial Officer) Julienne Giard (Director of Community Support Division) Kim Karanda (Division Director of Statewide Services) Alice Minervino (Housing and Homeless Services Unit) **Department of Developmental Services (DDS)** Krista Ostazewski (Health Management Administrator) **Department of Social Services (DSS)** Dawn Lambert (Co-leader of the Community Options Unit) **Favarh** Stephen Morris (Executive Director) Gail Nebel (Employment Services Director) Tammy Annis (Director of Transition Services) Patricia Nadeau (Director of Residential Services) **The Arc ECT** Kathleen Stauffer (Chief Executive Officer)	10/27/2022 10/28/2022 11/21/ 2022 11/22/2022 11/22/2022

State	Interviewee(s)	Date
	Lorri Herring (Chief Operations and Quality Officer) **Bureau of Rehabilitation Services** Lynn Frith (Education Consultant) **MidState Arc** Pamela Fields (CEO)	 11/29/2022 11/30/2022