DSS Autism Waiver Service Descriptions

Clinical Behavioral Supports:

These are clinical and therapeutic services which are not covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community. This service is available to individuals who demonstrate an issue that results in the functional impairment of the individual and substantially interferes with or limits functioning at home or in the community. Clinical Behavioral Support services to include: 1) Assess and evaluate the behavioral and clinical need(s); 2) Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments; 3) Provide training to the individual's family and the support providers in appropriate implementation of the behavioral support plan and associated documentation; and 4) Evaluate the effectiveness of the behavioral support plan through the use of data analysis by monitoring the plan on a monthly basis, and by meeting with the team one month after the implementation of the behavioral plan, and in future intervals as needed. The service will include any changes to the behavioral plan when necessary and the professional(s) shall be available to the team for questions and consultation. The professional(s) shall make recommendations to the individual's support team and case manager for referrals to community physicians and other clinical professionals that support the recommendations of the assessment findings as appropriate. Use of this service requires the preparation of a formal comprehensive assessment and submission of any restrictive behavioral support program to the DSS for approval prior to implementation. Service can be provided face to face or using alternate means by all provider types

Social Skills Group:

Services assist individuals with the acquisition, improvement and/or retention of social skills necessary to achieve personal outcomes that increase an individual's independence, enhance an individual's ability to live and work in their community, and assist individuals in becoming responsible for their own actions as specified in the Individual Plan of Care. The service is intended for specific instruction and training in social skills. Service can be provided face to face or using alternate means by all provider types.

Weekly group sessions of between **4-6** individuals to work on specific social skills. Facilitated by a clinical psychologist.

Job Coaching:

Could include work, volunteer and apprenticeship experiences. Includes activities to support:

- Stabilization with job
- Measurement of production, social abilities, essentials and independence at the job
- Job satisfaction
- Social skills training, practice scripts and social autopsy
- Monitoring job performance
- Assessment of interests, strengths and opportunities for employment
- Training in activities to secure and sustain employment: interviewing skills, workplace etiquette, workplace culture, travel training
- Job development
- Task analysis
- Job analysis, natural supports at worksite

Life Skills Coach:

Assist with the acquisition, improvement and/or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in the individual service plan. This service is intended for specific instruction and training in a personal outcome. Provision of the service may be is limited to the person's own or family home and/or in their community. This service is expected to coordinate strategies with all other service providers and to adjust strategies as needed. This service may be self-directed or provided through a qualified agency.

Examples include:

- Instruction and training in one or more need areas
- Implementation of strategies to address needs identified in the Individual Service Plan.
- Data collection on target strategies
- Implementation of therapeutic recommendations including speech, communication, social skills, leisure/recreation skills, O.T., P.T.
- Identification and adjustment of strategies as needed
- Ongoing communication with service coordinator and all other service providers pertaining to implementation of strategies.
- Mobility training
- Adaptive communication training
- Provide training or practice in basic consumer skills such as banking, budgeting, and shopping.
- Provide instruction and training in one or more need areas to enhance the person's ability to live independently in their own home, and enhance the individual's ability to access in the community
- Assist the individual to complete daily living activities, including personal care and assistance to access other community resources.
- Services can be provided face to face or using alternate means by all provider types.

Community Mentor:

Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Examples include:

- Providing social interactions
- Assistance to or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping
- Assistance to access and attend community activities such as accompanying the individual while traveling to activities or helping the individual to access leisure activities.
- May provide some intermittent checking in by telephone call during periods of absence from the caregiver.

Individual Goods and Services:

Services, equipment or supplies that will provide direct benefit to the individual and support specific outcomes identified in the Individual Plan. The service, equipment or supply must either reduce the reliance of the individual on other paid supports, be directly related to the health and/or safety of the individual in his/her home, be habilitative or rehabilitative in nature and contribute to an individual's outcome, enhance the individual's ability to be integrated into the community, provide resources to expand self-advocacy skills and knowledge, and, the individual has no other funds to purchase the described goods or services. This service may be used only by participants who use participant directed services. This service may not duplicate any Medicaid State Plan service. It may not cover room

and board and may not cover any purchases of meals or food. Must be pre-approved by case manager supervisor and will be written in the individual plan outcomes and in the individual budget.

Personal Emergency Response Systems (PERS):

PERS is an electronic device, which enables certain individuals at high risk of institutionalization to secure help in an emergency.

Respite:

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. This service may be self-directed.

Assistive Technology:

An item, piece of equipment, or product system, that is used to increase maintain, or improve functional capabilities of participants. Assistive technology includes:

- Evaluation of the technology needs including a functional evaluation
- Services consisting of purchasing, leasing or otherwise providing
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- Coordination and use of necessary therapies, interventions, or services
- Training for the participant, family members and other individuals who provide services

Interpreter Services:

Service of an interpreter to provide accurate, effective and impartial communication where the individual or representative is deaf or hard or hearing or where the individual does not understand spoken English.

Non-Medical Transportation:

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

Nutrition:

Service consists of the clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and training for paid support staff to ensure compliance with the participant's dietary needs. The services

are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization

Specialized Driver Assessment:

Services provide a pre-driving evaluation to determine if an individual can safely operate a motor vehicle. The evaluation will include a medical review, which includes verification of potential contraindications for driving, an in-house clinical evaluation which includes comprehensive visual, cognitive and physical screenings, simulation and on-the-road testing using a dual-equipped vehicle. This service does not include driver's education. This service is limited to individuals 18 years of age or older. Services will be provided by a team including a licensed Occupational Therapist and a Certified Driver Rehabilitation Specialist.

Live-In Companion:

This service is intended to be used by participants who are capable of being alone for significant periods of time but who may be afraid to be alone at night or who may need assistance with accessing help if an emergency were to occur at night. The Live-In Companion agrees to provide regular companionship and support should an emergency arise. Other informal supports such as, occasional transportation, assistance with meal preparation, or participating in an activity such as going to the movies or bowling, may be provided by the Live-in Companion without any payment for the support. The residence must be leased/owned by the DSS consumer, his/her family or legal representative. Live-In Companion is NOT a staff relationship. The Live-In Companion cannot be related to the DSS consumer. The consumer is reimbursed by the Fiscal Intermediary for the additional cost of the rent and utilities that is related to having the additional person living with them. Payment will not be made when the participant lives in the companion's home or in a residence that is owned or leased by the provider of Medicaid services.

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