

## ASD Waiver Services Definitions

### ASD Waiver Settings

The ASD Waiver is a home and community-based program. All supports are to be provided on a one-to-one basis, in person, and occur in the individual's home, place of employment, or community within the state. Services should not be provided in a school, hospital, or agency facility without a specific prior approved exception.

### Virtual Supports

Behavioral supports, Social Skills Group, and Life Skills Coaching have the option of being provided virtually.

- The individual and the team need to approve the use of virtual supports and the amount of the support to be provided virtually.
- If the team feels there is any question of the individual being able to independently utilize the virtual support equipment an assistive technology eval can be completed. Supports identified in the eval will be put in place for any virtual supports. Assistive Technology funds can be used to cover the cost of the evaluation and equipment.
- A protective case and screen protector will be added to any virtual support device.
- Virtual support will **NEVER** take place during any hygiene/personal hygiene/ADL tasks.
- All HIPPA standards will be ensured with virtual supports

## ASD Waiver Services Definitions

### Life Skills Coach

#### 1303Z- Life Skills Direct Hire

#### 1304Z- Life Skills Agency

#### Definition:

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 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, or to access the community.
- Periodic telephone or e-mail communication with individual receiving services as specified in plan

#### Qualification:

21 years of age possess a valid Connecticut driver's license Must have a high school diploma or equivalent. bachelor's degree from an accredited institution of higher education is accepted but not a requirement criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer Prior to being alone with the Individual: demonstrate competence and knowledge of state policies and procedures: abuse/neglect; incident reporting; mandated child abuse reporting;

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client rights and confidentiality; handling fire and other emergencies, prevention of abuse/neglect, knowledge of policies prohibiting the use of physical management techniques demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific outcomes as described in the Individual Plan ability to participate as a member of the team demonstrate knowledge of person-centered planning must have knowledge or have worked with individuals on the Autism Spectrum.

**Setting:** In individuals' home, place of employment, or the community. May be provided virtually

### Community Mentor:

#### 1395Z- Community Mentor Direct Hire

#### 1396Z- Community Mentor Agency

##### Definition:

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.

##### Qualifications:

Prior to Employment 18 years of age possess a valid Connecticut driver's license criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer Prior to being alone with the Individual: demonstrate competence and knowledge of state policies and procedures: abuse/neglect; incident reporting; mandated child abuse reporting; client rights and confidentiality; handling fire and other emergencies, prevention of abuse/neglect, knowledge of policies prohibiting the use of physical management techniques demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific outcomes as described in the Individual Plan demonstrate knowledge of person-centered planning ability to participate as a member of the team

##### Setting:

Individuals home or community

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### **Job Coaching:**

**1301Z-Job Coach Direct Hire**

**1302Z- Job Coaching Agency**

### **Definition:**

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

### **Qualification:**

Prior to Employment 21 years of age bachelor's degree from an accredited institution of higher education possess a valid Connecticut driver's license criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer Prior to being alone with the Individual: demonstrate competence in knowledge of state policies and procedures: abuse/neglect; incident reporting; mandated child abuse reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific outcomes as described in the Individual Plan ability to participate as a member of the team. demonstrate understanding of person-centered planning

### **Setting:**

Individuals home, community, or place of employment

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### Clinical Behavioral Support Services:

#### H2019-Clinical Behavioral Support

##### Definition:

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.

##### Qualifications:

Behavioral Specialist: BCBA National Certification

Professional Counselor: Master's degree in psychology, social work or a related field, special education certification. Proof of licensure or certification per CGS Chapter 383b (Licensed Clinical Social Worker), or licensure per CGS Chapter 383a or 383c (Marriage and Family Therapist or Professional Counselor) as applicable.

Psychologist: Doctorate and current licensure in psychology (Licensure per CGS Chapter 383)

21 years of age possess a valid Connecticut driver's license criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer Prior to being alone with the Individual: demonstrate competence in knowledge of state policies and procedures: abuse/neglect; incident reporting; mandated child abuse reporting; client rights and confidentiality; handling fire and

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other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan ability to participate as a member of the team if requested by the individual or guardian demonstrate understanding of person-centered planning demonstrate competence/knowledge in positive behavioral programming, working with individuals who experience moderate to severe psychological and psychiatric behavioral health needs.

**Setting:** In individuals' home, place of employment, or the community. May be provided virtually

### **Respite:**

- 1402Z -Respite – Facility Based Out of Home Per Diem**
- 1404Z- Respite Agency In Home Individual Per 15 Minutes**
- 1405Z- Respite Direct Hire Out Of Home Individual Per 15 min**
- 1406Z- Respite Agency Out Of Home Individual Per 15 Minutes**
- 1407Z - Respite Direct Hire Out Of Home Individual Per Diem**
- 5151C- Individual Respite Direct Unskilled Respite Care Not Hospice; Per Diem**
- 5151D- Individual Respite Agency Unskilled Respite Care Not Hospice; Per Diem**
- 5151E- Individual Respite Direct Hire Unskilled Respite Care Not Hospice; Per 15 Minu**

### **Definition:**

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. FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Relatives/Legal Guardians who reside in the same household as the individual may not provide respite. The services under the Respite service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

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Respite may be provided for up to 30 consecutive days. Respite services beyond 30 consecutive days will require review and prior approval from DSS.

### **Qualification:**

18 years of age have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer criminal background checks registry checks Prior to being alone with the Individual: demonstrate competence and knowledge of state policies and procedures: abuse/neglect; mandated child abuse reports; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of abuse/neglect, knowledge of policies prohibiting the use of physical management techniques demonstrate competence/knowledge in topics required to safely support the individual as described in the service plan ability to participate as a member of the team demonstrate knowledge of person-centered planning must pass competency tests for Autism Program Orientation Training Level I and II within three months.

### **Setting:**

Individuals home or alternate location as deemed appropriate

### **Social Skills Group:**

#### **1305Z- Social Skills Group**

### **Definition:**

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. The Autism Waiver Case Managers will be responsible for adding the service to the client's care plan that involves an alternate means of the delivery. Provider reports will indicate how the service was delivered as will a billing procedure code modifier to indicate an alternative means of service delivery. Allowing services to be delivered in an alternative way will enable individuals to still receive services when they are unable leave their home environment and remain safe and successful. By allowing social skills groups to be delivered in a virtual means important services in a client's plan can contribute to enhanced and increased independence by not allowing any interruption in services, Delivering services in alternate means can continue to teach skills that are important to the participant for

## ASD Waiver Services Definitions

community interaction and integration. The participant will need to attest that they are in a private place in their environment, they consent to the alternatively delivered service and this will need to be documented in the providers report. Any remote monitoring will meet HIPAA requirements and be accepted by the state's HIPAA compliance officer. This will be documented in the provider report and the case manager will document on client's service plan. The case manager will assess back up plan prior to implementation and/or authorization of remote monitoring. The use of remote monitoring and associated equipment will be individualized assessment and a part of the person-centered service plan. Ongoing monitoring and evaluation will be in place to confirm ongoing need for remote monitoring vs. in person services and supports. The state does not plan to utilize cameras that control does the individual have over the equipment. During development of person-centered service plan, participant will be advised of option to turn off remote monitoring device and/or equipment. In-person activities continue to be a priority for the participant and telehealth will be used to supplement the scheduled in-person service based on the person-centered planning process. Telephonic and virtual technology with 2-way video capability will be used. The State does not provide the participant with equipment. The equipment being used is their own device which could be a laptop computer, tablet, telephone, or cellphone. The participant will know when their own equipment is on use. They will have the ability to relocate their own equipment to the setting in their environment in which they are most comfortable completing the visit.

This service may be used in combination with life skills coach, community mentoring or clinical behavioral supports services. This should be documented in the Individual Plan. The services under the Social Skills Group Service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

### **Setting:**

Can be in person or virtual. Provision of these services is provided to groups of two or more participants who are limited to participating in only one group session per week.

### **Qualifications:**

Psychologist

Licensed Clinical Social Worker

Licensed Marriage & Family Therapist

Licensed Professional Counselor

21 years of age criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required Prior to being alone with the Individual: demonstrate competence and knowledge of state policies and



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procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of abuse/neglect, knowledge of policies prohibiting the use of physical management techniques demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan demonstrate knowledge of person-centered planning

### **Nutrition:**

#### **S9470- Nutrition**

##### **Definition**

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

##### **Service Settings**

This service may only be delivered in the individual's home, or in the community as described in the Individual Plan. This service is limited to 25 hours of service per year.

##### **Qualifications:**

Dietitian/Nutrition Licensure per CGS Chapter 384b

### **Live in Companion:**

#### **T2030- Live In Companion**

##### **Definition:**

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 in an emergency situation 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 support. The residence must be leased or owned by consumer, his/her family or legal representative. The Live-in Companion cannot be related to the consumer. The services under the Live in Caregiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

##### **Qualifications:**

21 yrs. of age criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required by the employer

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Prior to being alone with the Individual: Demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques Demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan Ability to participate as a member of the team if requested by the individual Demonstrate understanding of person center planning

### **Specialized Driving Assessment:**

#### **1306Z- Specialized Driving Assessment**

##### **Definition:**

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

##### **Qualifications:**

Occupational Therapist

Certified Driver Rehabilitation Specialist

The agency must carry all applicable insurance. The agency ensures that employees meet the following qualifications: 21 years of age possess a valid Connecticut license criminal background check registry check have ability to communicate effectively with the individual/family have ability to complete record keeping as required. Prior to being alone with the Individual: demonstrate competence and knowledge of state policies and procedures: abuse/neglect: incident reporting; client rights and confidentiality, handling of fire and other emergencies, prevention of abuse/neglect.

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### **Non-Medical Transportation:**

#### **S0215- Non-Medical Transport Per Mile**

#### **T2003- Non-Medical Transport Per Trip**

#### **Definition:**

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. The services under the non medical transportation service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

#### **Qualifications:**

Valid Connecticut driver's license  
Proof of insurance if transporting in employee's vehicle  
18 years of age  
criminal background check  
registry check  
have ability to communicate effectively with the individual/family  
have ability to complete record keeping as required by the employer  
Prior to being alone with the Individual: demonstrate competence in knowledge of state policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of abuse/neglect, knowledge of policies prohibiting use of physical management techniques.

#### **Insurance**

In the absence of specific Agency requirements, the Contractor shall obtain and maintain the following insurance coverage at its own cost and expense for the duration of the Contract:

(a) Commercial General Liability. \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. Coverage shall include Premises and Operations, Independent Contractors, Products and Completed Operations, Contractual Liability, and Broad Form Property Damage coverage. If a general aggregate is used, the general aggregate limit shall apply separately to the services to be performed under this Contract or the general aggregate limit shall be twice the occurrence limit.

(b) Automobile Liability. \$1,000,000 combined single limit per accident for bodily injury. Coverage extends to owned, hired and non-owned automobiles. If the vendor/contractor does not own an automobile, but one is used in the execution of this Contract, then only hired and non-owned coverage is required. If a vehicle is not used in the execution of this Contract then automobile coverage is not required.

(c) Professional Liability. \$1,000,000 limit of liability, if applicable; and/or

(d) Workers' Compensation and Employer's Liability. Statutory coverage in compliance with the compensation laws of the State of Connecticut. Coverage shall include Employer's Liability with minimum limits of \$100,000 each accident, \$500,000 Disease – Policy limit, \$100,000 each employee.

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### Individual Goods and Services:

#### T2025- IGS Funds

##### Definition:

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. The services under the Individual Goods and Services service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. Total cannot exceed \$1000.00 per year.

### Interpreter:

#### T1013- Interpreter

##### Definition:

Service of an interpreter to provide accurate, effective and impartial communication where the waiver recipient or representative is deaf, hard of hearing or where the individual does not understand spoken English. The services under the Interpreter service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

##### Qualifications:

Certified to provide Interpreter Services by DDS. Sign language interpreter: Certified by National Association of the Deaf or National Registry of Interpreters for the Deaf. Sign language interpreters must be registered with the Department of Aging and Disability Services

For any other language interpreter the agency will verify that the person meets the following qualifications: Prior to Employment 21 years of age criminal background check registry check have ability to communicate effectively with the individual/family be proficient in both

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languages be committed to confidentiality understand cultural nuances and emblems understand the interpreter's role to provide accurate interpretation

### Personal Emergency Response System:

#### 1222Z-PERS Install

#### 1223Z- PERS Ongoing Service

#### Definition:

An electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. Personal Emergency Response System (PERS) services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The services under the PERS service are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

#### Qualifications:

Provide trained emergency response staff on a 24-hour basis Have quality control of equipment Provide service recipient instruction and training Assure emergency power failure backup and other safety features Conduct a monthly test of each system to assure proper operation Recruit and train community-based responders in service provision Provide an electronic means of activating a response system to emergency medical and psychiatric services, police or social support systems.

### Assistive Technology/Adaptive Equipment :

#### 1397Z- Assistive Technology/Adaptive Equipment

#### Definition:

An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: a) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the

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participant in the customary environment of the participant; b) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant; c) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; d) training or technical assistance for the participant, or, where appropriate, the family members or authorized representatives of the participant; and e) training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the participant. The services under Assistive Technology are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Items available under the individual's medical insurance are excluded. May use up to \$5000 for a 5-year period. Prior approval for these devices is required.