

Residential Habilitation Services Conditions of Participation

Effective: {Effective date of regulations - ___/___/_____}

Residential habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to maximize independence and to live in the most integrated setting appropriate to the recipient's wishes and needs. Based on the age and residence of the recipient, residential habilitation services are rendered as: family home habilitation services, supported-living habilitation services, group home habilitation services, in-home support habilitation services, specialized family home habilitation services, or specialized group home habilitation services.

The activities provided as residential habilitation services must be planned with the objective of maintaining or improving the recipient's physical, mental, and social abilities rather than rehabilitating or restoring such abilities. These services must be individually tailored, and may include personal care and protective oversight and supervision, in addition to skills development, but personal care, protective oversight, and supervision are considered ancillary to the residential habilitation services. The purpose of the residential habilitation service is to teach a recipient to acquire, retain, or improve skills to maintain or improve independence in home and personal skills, while personal care is a service that is done for the participant.

Residential habilitation services are provided, for the most part, in the recipient's residence, the home of a relative, a semi-independent or supported apartment or living arrangement, or a group home. Because some skills development may be enhanced by activities in community settings, services may be rendered in other environments provided the settings are appropriate for delivery of the services in a manner that will contribute the acquisition of skills necessary for daily living in the recipient's residence, and are approved in the recipient's Support Plan. Other environments where an individual can receive residential habilitation include community settings that relate to goals and objectives of residential habilitation, such as going to the grocery store to purchase food for the residence or going to the bank to make arrangements to pay the rent. These goals are to be documented in the participant's annual support plan.

The provider who chooses to offer residential habilitation services must be certified as a provider of residential habilitation services under 7 AAC 130.220(a)(1)(E), meet with the requirements of 7 AAC 130.265, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Residential habilitation services program administrator.
 - a. The provider must designate a residential habilitation services program administrator who is responsible for day-to-day management of the program including the following:
 - i. orientation, training, and supervision of direct service workers;
 - ii. implementation of policies and procedures;
 - iii. intake processing and evaluation of new admissions;

- iv. participation in the development of plans of care in collaboration with care coordinators and other service providers;
 - v. ongoing review of the delivery of services, including :
 - (A) monitoring the amount, duration, and scope of services to assure delivery as outlined in the plan of care;
 - (B) assessing whether the services assist recipients to attain the goals outlined in plans of care and recommending changes as appropriate; and
 - (C) evaluating the quality of care rendered by direct service workers;
 - vi. development and implementation of corrective action plans for identified problems or deficiencies in the service provided; and
 - vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.
- b. The provider may use a title other than program administrator for this position (e.g., program director, program manager, or program supervisor).
- c. The program administrator must:
- i. be at least 21 years of age;
 - ii. meet the following experiential requirements: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
 - iii. meet the following education requirements:
 - (A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field; or
 - (B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients; or
 - (C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting; or
 - (D) certification as a rural community health aide or practitioner, and one year of full-time, or equivalent part-time experience working with human services recipients.
- d. In addition to meeting education and experience requirements, the program administrator must possess the knowledge base and skills necessary to carry out the residential habilitation services program.
- i. The administrator knowledge base must include:
 - (A) the medical, behavioral, and habilitative conditions and requirements of the population to be served; and
 - (B) the laws and policies related to Senior and Disabilities Services programs.
 - ii. The administrator skill set must include:
 - (A) the ability to evaluate, and to develop a plan of care to meet the needs of the population to be served;
 - (B) the ability to organize, evaluate, and present information orally and in writing; and
 - (C) the ability to supervise professional and support residential habilitation services staff.

2. Residential habilitation services direct service workers.
 - a. Direct service workers must be at least 18 years of age; qualified through education or experience; and possess, or develop before providing services, the skills necessary to meet the needs of the recipient population.
 - b. Required education and alternatives to formal education:
 - i. high school or general education development (GED) diploma; or
 - ii. demonstration to the provider of the ability to communicate in English, including reading written instructions and making appropriate entries regarding services in the recipient record or file.
 - c. Required skill set:
 - i. the ability to communicate with his/her supervisor and with the recipient and the primary caregiver;
 - ii. the ability to understand the needs of, and to work with the recipient population;
 - iii. the ability to be guided by the plan of care; and
 - iv. the ability to respond in case of household, medical, or community emergencies.

B. Training.

1. The provider must provide orientation and training to direct service workers to ensure they are qualified to perform the services planned for recipients.
2. The provider must provide training to direct service workers in regard to the following at a minimum:
 - a. maintaining a safe environment while providing services;
 - b. universal precautions and basic infection control procedures; and
 - c. understanding the needs of the population to be served.
3. The provider must instruct direct service workers to notify the program manager, the supervisor, or the appropriate authority, when there is cause for concern about a recipient's health, safety, or welfare.

C. Monitoring services.

1. The provider must monitor the delivery of residential habilitation services by direct service workers as frequently as necessary to evaluate whether the following conditions are met:
 - a. the services are furnished in accordance with the plan of care and in a timely manner;
 - b. the services are delivered in a manner that protects the recipient's health, safety, and welfare; and
 - c. the services are adequate to meet the recipient's identified needs.
2. The provider must act to ensure substandard care is improved or arrange for service delivery from other direct service workers.

II. Program operations

A. Evaluation of capacity to provide services.

The provider must collaborate with the recipient and the recipient's care coordinator to determine whether, given the recipient's choices, diagnosis, and needs, its direct service workers have the capacity to provide residential habilitation services for that recipient.

B. Services and activities.

The provider must offer services and activities that are:

1. habilitative and supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the plan of care;
2. varied to meet the interests of the recipient and to promote participation in the greater community;
3. social, intellectual, cultural, emotional, physical, or spiritual in nature;
4. age appropriate to foster independence and promote dignity; and
5. planned jointly by staff and recipients taking into consideration recipient health, abilities and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and life experiences and skills.

III. Family home habilitation services

A. Setting.

The provider must:

1. render family home habilitation services in a licensed assisted living home or licensed foster home where an individual who is not a member of the recipient's immediate family is the paid, primary caregiver; and
2. implement a written service agreement that complies with 7 AAC 130.220 (o) and that is signed by the provider, and the recipient or the recipient's representative and the primary caregiver in residence, prior to the delivery of services in a family home habilitation services site.

B. Family home site agreement.

The agreement must address, at a minimum:

1. compliance with 7 AAC 130.265 (c) regarding limitations on the number of residents in the family home habilitation services site;
2. compliance with 7 AAC 130.224 regarding critical incident reporting, and 7 AAC 130.229 regarding use of restrictive interventions;
3. provider monitoring of services including access to the site and to recipient records maintained at the site;
4. responsibilities for discussing with the provider possible new admissions or changes in household composition;
5. responsibilities for informing the provider within 24 hours of changes regarding the licensure of the site; and
6. termination of a placement , including stopping payment and the steps that will be taken to protect recipients if
 - a. the provider finds a risk to recipient health, safety, or welfare through monitoring activities;
 - b. the licensure of the services site is suspended, revoked, or found to be expired; or
 - c. the terms of the agreement are not met.

C. Onsite monitoring.

The provider must monitor the provision of services in each family home habilitation services site through an onsite evaluation at least once a month, including one unannounced evaluation during any six-month period.

D. Evaluation of changes in household composition.

1. The provider must, upon notification of possible new admissions or changes in household composition, evaluate whether the changes would
 - a. violate the terms of the service agreement;
 - b. cause noncompliance with Medicaid regulations, or Senior and Disabilities Services Conditions of Participation, or policies and procedures; or
 - c. create risks for recipient health, safety, and welfare.
2. The provider must inform the recipient or the recipient's representative, the recipient's care coordinator, and Senior and Disabilities Services of any findings regarding violations of the service agreement, noncompliance with program requirements, and risks to recipient health, safety, and welfare.

IV. Supported-living habilitation services

A. Setting.

The provider

1. may render supported-living habilitation services for recipients who are 18 years of age or older and who live full time in private residences; and
2. if the recipient's private residence is owned by the provider, must implement a written service agreement that complies with 7 AAC 130.220(o) and that is signed by the provider, and the recipient or the recipient's representative, prior to the delivery of services in that setting.

B. Staffing.

The provider must render supported-living habilitation services with a staffing ratio of at least one direct service worker to one recipient to supplement, but not displace, care provided by natural supports.

V. Group home habilitation services

A. Setting.

The provider:

1. may render group home habilitation services for recipients who are 18 years of age or older and who live full time in a residence that is licensed as an assisted living home for two or more recipients. The department may allow group home habilitation services to be provided to recipients 16 years of age and older if the department determines that they have needs that cannot be met by other non-specialized home and community-based residential habilitation services under 7 AAC 130.265. The group home habilitation service provider may not serve more than one individual 16 or 17 years of age in any one setting, regardless of whether those individuals receive any form of financial support from a public or private source; and
2. must implement a written service agreement that complies with 7 AAC 130.220(o) and that is signed by the provider, and the recipient or the recipient's representative prior to the delivery of services in that setting.

B. Staffing.

The provider:

1. must employ a sufficient number of direct service workers to meet the scheduled and unscheduled needs of all recipients residing in a group home site and to provide 24 hour on-site supervision and oversight, unless otherwise approved in a recipient's plan of care; and

2. must render group activities with a staffing ratio of at least one direct service worker to not more than 2-5 recipients in a group.

VI. In-home support habilitation services

A. Setting.

The provider may render in-home support habilitation services for recipients who are younger than 18 years of age and who live full time in private residences where their unpaid primary caregivers also reside.

B. Staffing.

The provider must render in-home support habilitation services with a staffing ratio of at least one direct service worker to one recipient to supplement, but not displace, care provided by natural supports.

VII. Specialized family home habilitation services

Specialized Family Home Habilitation services are intended to provide intensive habilitation supports in a family-like setting. The recipient must receive prior authorization from the Department for this service. The provider must work with the individual's planning team with the goal of moving toward a less intensive service, if appropriate. In addition to the requirements for Family Home Habilitation under III-A, the provider must meet the following requirements:

A. Provider specifications

The provider certified to provide specialized family home habilitation must be named on the foster home's community care license or the assisted living home license and must be independently enrolled at the location where the service is taking place.

B. Certification

In addition to meeting all certification requirements under 7 AAC 130.220, a specialized family home habilitation provider must:

1. have been certified to provide family home habilitation services under 7 AAC 130.265(b) or group home habilitation services under 7 AAC 130.265(f), and
 - (a) have maintained certification under B(1) without interruption for a minimum of 10 years as determined by the department's review of the provider's compliance with the certification requirements under 7 AAC 130.220 in the preceding certification periods;
or
 - (b) hold an accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA).
2. have the following professional staff available to provide consultation and training to staff on an ongoing basis and as needed:
 - (a) a licensed psychologist or licensed medical professional such as a physician, physician's assistant or nurse practitioner, who has expertise and training in psychiatric, behavioral health, or mental health treatment;
 - (b) a licensed registered nurse; and
 - (c) a behavioral health professional trained in behavioral modification techniques who is available to consult with and train direct support staff as needed.

C. Staffing

The provider must designate a primary caregiver or caregivers who reside at the home and provide specialized family home habilitation services and are responsible for meeting the scheduled and unscheduled needs of all residents residing at the specialized family home habilitation site. The specialized family home services site must provide 24-hour care. The provider must deliver continuous service, and in the event of staffing absences or a crisis situation, provide emergency coverage to ensure the health, safety and welfare of the participant, other residents, and staff.

Due to the intensity of care, the department may, on a case-by-case basis, allow the primary caregiver or caregivers providing specialized family home habilitation services in a licensed assisted living home to rotate. The rotation must be authorized by Residential Licensing, may not be more frequent than once a month, and the primary caregivers rotating must be named as the primary caregivers listed in the staffing plan. Any primary caregiver changes must be reported to and approved in writing by Residential Licensing. Providers who are approved to rotate are not eligible for respite services. Providers who are not rotating primary caregivers are eligible for respite services.

The primary caregiver or caregivers providing specialized family home habilitation services in a foster home with a community care license may not rotate but are eligible to receive respite under 7 AAC 130.280.

Providers must ensure that the professional staff listed in B-II provide ongoing consultation and training to the primary caregiver or caregivers, to the department's satisfaction, in a manner that is person-centered, specific to the participant, and supports the participant's emotional and psychological health and physical safety. The training must also support the emotional and psychological health and physical safety of other residents and staff. Training must be documented and approved by professional staff listed in B-II and retained in an employee file.

The provider may utilize direct service workers who do not reside at the specialized family home habilitation site, in addition to the primary caregiver residing at the home, as part of the staffing plan to meet residents' needs.

VIII. Specialized group home habilitation services

Specialized Group Home Habilitation services is intended to provide intensive habilitation supports. The recipient must receive prior authorization from the department for this service. The provider must work with the individual's planning team with the goal of moving towards a less intensive service if appropriate. In addition to the requirements for Group Home Habilitation under V-A, the provider must meet the following requirements:

A. Provider specifications

The provider is certified to provide specialized group home habilitation must be named on the assisted living home license and must be independently enrolled at the location where the service is taking place.

B. Certification

In addition to meeting all certification requirements under 7 AAC 130.220, a specialized group home habilitation provider must:

1. have been certified to provide family home habilitation services under 7 AAC 130.265(b) or group home habilitation services under 7 AAC 130.265(f), and
 - (a) have maintained certification under B(1) without interruption for a minimum of 10 years as determined by the department's review of the provider's compliance with the certification requirements under 7 AAC 130.220 in the preceding certification periods; or
 - (b) hold an accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA).
2. have the following professional staff available to provide consultation and training to staff on an ongoing basis and as needed:
 - (a) a licensed psychologist or licensed medical professional such as a physician, physician's assistant or nurse practitioner, who has expertise and training in psychiatric, behavioral health, or mental health treatment;
 - (b) a licensed registered nurse; and
 - (c) a behavioral health professional trained in behavioral modification techniques who is available to consult with and train direct support staff as needed.

C. Staffing

Due to the intensity of care required for specialized group home habilitation, the provider must deliver continuous service to ensure health, safety, and welfare of the recipient, other residents, and staff. Additionally, the following staffing specifications must be met:

1. Must employ a sufficient number of direct service workers to meet the scheduled and unscheduled needs of all recipients residing at the specialized group home habilitation site and to provide 24-hour on-site supervision and oversight;
2. In the event of staffing absences or a crisis situation, provide emergency coverage;
3. Submit a detailed staffing pattern to the care coordinator to be included on the recipient's support plan;
4. Providers must ensure that the professional staff listed in B-II provide ongoing consultation and training to the direct support professionals, to the department's satisfaction, in a manner that is person-centered, specific to the participant, and supports the participant's emotional and psychological health and physical safety. The training must also support the emotional and psychological health and physical safety of other residents and staff; and
5. Training must be documented and approved by professional staff listed in B-II and retained in an employee file.