DRAFT — New disability waiver service: Specialized services

Introduction

The following outline is a proposal for a new service to replace positive support services and specialist services. This new service is tentatively called specialized services, but the title may change.

Definition

Specialized services are designed to address service needs, including behavior challenges, where a provider must have advanced skills and training to appropriately respond to a person's actions.

Eligibility

To be eligible for specialized services, a person must have:

1. Been assessed and determined eligible to receive home and community-based services under one of the following waivers:
    a. Developmental Disabilities (DD) Waiver
    b. Community Access for Disability Inclusion (CADI) Waiver
    c. Community Alternative Care (CAC) Waiver
    d. Brain Injury (BI) Waiver.
2. A documented need that other caregivers or staff, as well as other services, cannot adequately meet in one or more of the following areas:
    a. Behavior or mental health symptom support to:
        i. Increase behavior(s) that improve the person's quality of life
        ii. Decrease challenging behavior(s)
        iii. Strengthen effective emotional and behavioral functioning
        iv. Manage harmful symptom expressions or conduct that could harm the person or others
        v. Manage conflict
        vi. Improve problem solving skills
        vii. Improve social skills
        viii. Build resilience
        ix. Improve the person's safety while in the community.

b. A culturally specific care need.
c. Augmentative or alternative communication.
d. Functional motor skills.
e. Personal health skills.
f. Skills to live more independently or reduce reliance on caregivers.
g. Prepare for or respond to life changes where the person risks regression or instability.

Covered services

The following person-centered services are covered when necessary to address a documented need listed in the eligibility section:

1. Assessment of a person's current skills, abilities and needs.
2. Direct observation and evaluation of the function of both positive and challenging behavior and an assessment of how the following factors make a specific behavior more or less likely:
    a. Psychological factors
    b. Medical factors
    c. Social factors
    d. Environmental factors
    e. Quality of life factors.
3. Development, implementation, monitoring and updating of these or other supporting documents:
    a. Positive support strategies described under Minnesota Rules, part 9544.0020, subp. 41.
    b. A specialized services support plan, description or addendum.
    c. Intervention strategies or an intervention plan, like a positive support transition plan.
4. Providing daily care needs that include positive support or intervention strategies to prevent or respond to challenging behavior or mental health symptoms.
5. Teaching alternative positive behaviors or skills.
    a. This may include teaching cultural healing practices to improve the person's health or mental well-being.
6. Development and analysis of data collection methods that are specific to the outcomes of the service.
7. Consultation with, training of and providing feedback to the person and their expanded support team as necessary to:
    a. Implement support strategies and plans successfully.
    b. Help the person live in the least-restrictive setting of their choosing.
    c. Help with teaching or reinforcing new skills.

8. Consultation with and training of family, friends and roommates to help them and the person increase positive behavior and reduce challenging behaviors.
9. Collaboration/care consultation with other professionals or team members to make sure services are coordinated and consistent.
10. Transition planning to support the person when there are changes or anticipated changes in services, service providers or personal circumstances that could significantly impact the person's daily life, routines, relationships or wellbeing.
11. Preparing for and supporting the person with long-distance, high-intensity physical activities where staff are isolated from rapid backup in the event of an emergency, and the staff member may need to physically address challenging behaviors while experiencing other physical challenges (e.g. in water, after high-intensity exercise with the person). Covered activities include:
    a. Running, cross country skiing or snowshoeing into a wilderness area more than a half mile (one mile round trip) away from public vehicle access areas.
    b. Hiking, camping or biking in a wilderness area more than one mile (two miles round trip) away from public vehicle access areas.
    c. Kayaking, canoeing, tubing or paddleboarding down a river that is more than four feet deep at any point.

Billable indirect support activities

Billable indirect support activities include:

1. Care coordination and collaboration among different care providers and natural supports, like family members, friends, libraries, sports facilities, etc.
2. Coordination of services to make sure there is continuity of care between hospitals — or other facilities — and community-based settings.
3. Preparation and finalization of assessments.
4. Evaluation of service outcomes.
5. Monitoring service implementation and strategy development.
6. Training and providing feedback to staff, other caregivers and other relevant people.
7. Making, managing, assessing and modifying plans.
8. Designing data collection methods and assessing data.

For more information on billable indirect services, go to RMS User Manual – Quick reference guide on billable indirect time.

Non-covered services

1. Specialized services cannot duplicate individualized home supports when a person's only documented need is skills to live more independently or reduce reliance on caregivers.
2. A person is not eligible for specialized services while receiving crisis respite services.
3. Specialized services cannot be provided at the same time as 24-hour emergency assistance services. For example, a person can have both specialized services and 24-hour emergency assistance services on their plan. However, they should not call 24-hour emergency assistance for support when the specialized services provider is at their home. The support plan must outline how these services are coordinated to make sure there is no duplication.
4. Specialized services do not cover administrative costs to provide other waiver services.
5. Specialized services do not replace or cover services that duplicate:
    - Services available through other funding sources (e.g., Medicare, private insurance, etc.)
    - Minnesota state plan services
    - Case management
    - Hospital inpatient and outpatient services.
6. Specialized Services cannot replace but can supplement other waiver services such as Community Residential Services when:
    - There is a health or safety concern for the person or other people.
    - The person needs more support to be more independent or maintain stability.
7. Specialized services cannot cover sporting equipment supplies or rentals, park passes/memberships, parking passes or similar expenses. However, the person might get some equipment through CBSM – Specialized equipment and supplies or CBSM – Assistive technology.

Remote support

Specialized services can be delivered through remote support, except for providing daily care needs and physical activity support. Services delivered through remote support must meet all the requirements listed in CBSM – Remote support.

Service locations

Specialized services may be provided in:

1. A person's own home or family home
2. A person's place of employment
3. Homes owned or managed by 245D-licensed service providers
4. Service settings authorized to provide customized living
5. Hospitals
6. Shelters
7. Other community locations.

Hospital settings

Specialized services may be authorized for a person who is an in-patient at an acute care hospital to make sure there is a smooth transition between the hospital and home and community-based settings, as well as preserve or build the person's functional abilities.

Covered services must be individualized to the person. Covered services cannot:

1. Duplicate supports met through hospital services.
2. Substitute for services that the hospital must provide under state and federal law, including activities of daily living.
3. Require a person be at a specific external location (e.g., workplace or other public community space).

Outcomes

In collaboration with a person and their support team, the specialized services provider must:

1. Meet requirements in Minn. Stat. §245D.071.
2. Notify the lead agency as needed when other experts should be consulted to support a person's documented needs.

3. Once a year:
    - Outline what skills or stable supports the person needs in order to discontinue specialized services, as well as how the provider supported and will support the person in working towards those skills or supports.
    - Ask for and write down feedback from the person and their support team about whether they think specialized services have helped them make progress toward addressing the person's documented needs.
    - Write down how the provider responded to and addressed any feedback from the person and their support team.

There is no time limit for this service if the outcomes information is updated at least once a year and the person continues to have a documented need.

Lead agency responsibilities

At least once a year, before authorizing specialized services, a lead agency must help the person find lower cost services that meet their needs, if available.

The lead agency must do the following to inform the types of supports or address the person's documented needs, if applicable:

1. Get documentation of a mental health diagnostic, cognitive, neuropsychological, neurological, individualized educational plan (IEP) or similar assessment within the past three years for adults and within the past year for a person age 17 or younger.
2. Write down recommendations in the support plan from applicable assessments.
3. Update the support plan to make sure mental health supports and specialized services are integrated and coordinated.
4. Help the person get recommended supplementary services.

A lead agency must explain the following in a person's support plan:

1. Why specialized services are necessary and what documented needs the person has that cannot be met by other services.
2. The amount and frequency of specialized services during the service agreement timeframe.
3. Which covered services each professional will do and a reason why more than one is needed, if applicable.

Staff levels

There are two staff levels associated with specialized services:

1. Advisory professional
2. Implementation professional.

A specialized services provider must have a license under Minn. Stat. §245D as an intensive support services provider and must follow Minn. R. 9544. The provider can be licensed for one or both staff levels. A professional must inform the lead agency of their professional scope of practice related to the covered services they offer.

To provide specialized services, providers must have a background study. For more information, go to the required DHS background studies for direct-contact services section of CBSM – Waiver/AC service provider overview.

Staff level authorizations

A lead agency can authorize one or both staff levels. The lead agency must authorize the lowest cost professional who meets a person's documented needs.

If necessary, a lead agency may authorize more than one professional to:

1. Protect the health and safety of the person or other people, or
2. Cover multiple documented needs when one professional does not meet experience requirements for every need. For example, one professional is authorized to work with a person to support their mental health symptom(s) and another professional is authorized to help them build communication skills.

Advisory professional

The advisory professional can perform any covered service except providing daily care needs and long-distance physical activity support.

Experience requirements

When the professional has demonstrated experience in the covered services they provide, the following supporting licenses or education qualify a person to work as advisory professional:

1. Behavior analyst licensed under Minn. Stat. §148.9983, or a supervised board certified assistant behavior analyst.
2. Occupational therapist licensed under Minn. Stat. §148.6408.
3. Speech-language pathologist or audiologist licensed under Minn. Stat. §148.515.
4. Tier 3 or 4 teacher licensed under Minn. Stat. §122A.
5. Alcohol and drug counselor licensed under Minn. Stat. §148F.025.
6. Mental health professional listed under Minn. Stat. §245I.04, subd. 2.
7. Physician licensed under Minn. Stat. §147.
8. Registered nurse licensed under Minn. Stat. §148.171 to 148.285.
9. Person with a master's or doctorate in a behavioral science or related field.
10. Person with a master's in social work.

Advisory professionals that do not have a supporting license or qualifying education must have:

1. Five years of experience studying or providing the covered services they deliver as a specialized services provider. Experience may be a combination of:
    - Supervised on-the-job training
    - College or university training
    - Other competency programs approved by the DHS commissioner.
2. Two years of supervised experience supporting people with intellectual/developmental disabilities or mental health care needs.
3. Demonstrated expertise in de-escalation strategies.

Implementation professional

The implementation professional can do any covered service except training other service providers or caregivers.

Experience requirements

The implementation professional must have:

1. Two years of experience studying, practicing or providing the covered services they deliver as a specialized services provider. Experience may be a combination of:
    a. Supervised on-the-job training.
    b. Coached fitness or military training (for long-distance physical activity support only).
    c. College or university training.
    d. Other competency programs approved by the DHS commissioner.
2. Two years of supervised experience supporting people with intellectual/developmental disabilities or mental health care needs.
3. Demonstrated expertise in de-escalation strategies.

Also, implementation professionals who provide long-distance physical activity support must have:

1. Demonstrated their physical ability to engage in the person's chosen activity and travel distance while carrying:
    a. A first aid kit and any medications the person receiving support might need.
    b. Drinking water for themselves and the person receiving support.
    c. An emergency electronic communication device.
2. Current certification in wilderness first aid training or remote first aid training — including the prerequisite training — equivalent to training offered by the American Red Cross.

Authorization, rates and billing

[Content will be added after the service components are outlined.]

Service examples

Implementation professional only

Sam has trouble telling staff what he needs when he rides in the car with his residential supports provider. Sam often pulls at or hits the driver to show them what he wants. This behavior has caused one car accident and two close calls. Staff members are nervous to drive with Sam. Staff members have been teaching Sam to use a communication device, but he only knows a few buttons and does not use it regularly.

The team brings in Mariana — an implementation professional — who has many years of experience teaching people to use this communication device during her time working as a special education teaching assistant. Mariana rides along in the car with Sam and his staff for two hours a day, five days a week. Mariana creates a clear plan based on understanding of why Sam might behave this way. The plan includes:

- Going to more places in the community over time.
- Teaching Sam new words on his device.
- Helping Sam stay calm in the car.

While a staff member drives, Mariana sits with Sam and shows him how to use his device instead of touching the driver when he needs something. After working together for three years, Sam consistently uses his device to communicate in the car. The team decides Sam no longer needs Mariana's extra support during car rides.

Advisory professional only

Thuy enjoys meeting new people, playing softball and spending time with her friends. Recently she experienced a stroke that affects her ability to socialize with others. An advisory professional completed an assessment and created a plan to:

- Provide staff members with written guidance to support Thuy in social situations, including prompting and cueing for social, leisure and recreational behaviors.
- Train staff on how to practice skills with Thuy before events.
- Demonstrate and model prompting and cueing procedures so staff know what to do and when to do it.
- Provide ongoing training to staff members, based on Thuy’s recovery and skill acquisition.

Implementation and advisory professionals

David lives in his own apartment with support from caregiving staff. Recently, David began destroying his apartment. He throws furniture, punches holes in walls and has injured three different staff members by hitting and biting them. His support team has been tracking when these incidents happen. However, they cannot figure out what causes David to become upset.

The care team brings in two implementation professionals with a lot of experience supporting people who show aggressive behavior and cause property destruction. Aisha works weekdays and Marcus covers weekends. Both work alongside David's regular staff during evening hours when the incidents usually happen. The team also brings in an advisory professional, Vicky, who is a licensed behavior analyst, to help figure out what may cause David's behavior.

Aisha and Marcus collect detailed information about what happens before, during and after each incident while they help David according to his positive support plan. They report their observations to Vicky, who does a thorough functional behavior assessment. After reviewing all the data, Vicky suspects David might have an undiagnosed mental health condition that causes distress.

The care team starts working with Dr. Patel, a mental health professional who specializes in supporting people with intellectual disabilities. After several meetings and assessments, Dr. Patel diagnoses David with a mental health condition and adjusts his treatment plan. Aisha, Marcus and David‘s regular staff carefully track how David is doing and share updates with Dr. Patel, which helps him adjust David’s treatment plan over time.

After eight months of mental health treatment, David's aggressive episodes become much less frequent and severe. He no longer punches holes in his walls, and staff feel safe supporting him again. The care team agrees David no longer needs Aisha and Marcus's evening support, but Vicky continues checking in monthly to go over data and make sure David’s progress stays positive. By the end of the year David is doing so well that the specialized services end. However, David keeps working with Dr. Patel to manage his mental health condition.