

## Planning Team Recommendation for Waiver Services (Section 21)

The planning team recommends the following service categories. See plan narrative for details.

\_\_\_\_\_ **Home Support** is direct support provided to improve and maintain a member's ability to live as independently as possible in his or her home. Home Support may be provided in a Licensed or unlicensed residential setting, in a Shared Living arrangement, or in any other residential setting. Home Support is direct support to a member and includes habilitative training and/or personal assistance (self-care, self management), development and personal well-being. Home Support may be provided as either a regularly scheduled "round the clock" service or as less intensive individual hours, or blocks of hours, of service.

(\_\_\_ Per Diem) (Hourly, \_\_\_ hrs/week) (\_\_\_ Shared Living) (\_\_\_ Family-centered, \_\_\_ persons served)

\_\_\_\_\_ **Community Support** is Direct Support provided in order to increase or maintain a member's ability to successfully engage in inclusive social and community relationships and to maintain and develop skills that support health and well-being. This is a habilitative service with a focus on community inclusion, personal development, and limited support in areas of daily living skills if necessary.

Estimated average \_\_\_ hrs./week

\_\_\_\_\_ **Employment Specialist Services** include services necessary to support an individual in maintaining Employment. Services include: (1) periodic interventions on the job site to identify an individual's opportunities for improving productivity, minimizing the need for formal supports by promoting natural workplace relationships, adhering to expected safety practices, and promoting successful employment and workplace inclusion; (2) assistance in transitioning between employers when an individual's goal for type of employment is not substantially changed, including assistance identifying appropriate employment opportunities and assisting the individual in acclimating to a new job.

Estimated average \_\_\_ hours per week

\_\_\_\_\_ **Work Support** is a therapeutic and supportive service provided to improve a member's ability to independently maintain productivity and employment. This service is commonly provided after a period of stabilization and encompasses adherence to workplace policies and productivity. It may also include training and assistance in areas such as hygiene, self-care, dress code, and related issues. Work Support is provided in a member's place of employment and may be provided in a member's home in preparation for work.

Estimated average \_\_\_ hours per week

\_\_\_\_\_ **Home Accessibility Adaptations** are those physical adaptations to the home, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home.

(Describe in narrative)

\_\_\_\_\_ **Specialized medical equipment and supplies** include devices, controls, or appliances, specified in the plan of care, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and nondurable medical equipment not available under the MaineCare Benefits Manual. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the MaineCare Benefits Manual and exclude those items that are not of direct medical or remedial benefit to the participant

(Describe in narrative)

\_\_\_\_\_ **Communication Aids** are devices or services necessary to assist individuals with hearing, speech impairments to effectively communicate with service providers, family, friends, and other community members. Communication Aids include:

a) Communicators (including repair and maintenance) such as direct selection, alphanumeric, scanning and encoding communicators;

b) Speech amplifiers (includes hearing aids), aids and assistive devices (including repair and maintenance) if not otherwise covered for reimbursement under other sections of the MaineCare Benefits Manual;

c) Facilitated communication. Providers must submit a written plan for DHHS's approval defining the facilitated communication services that will be offered to the Member. The provider of this service must have a Certificate of Clinical Competence-Speech Pathology (CCC-SP)

(Describe in narrative)

\_\_\_\_\_ **Non-Traditional Communication Consultation** is provided to members and their direct support staff and others to assist them in to maximize communication ability as determined from assessment. The goal is to allow for greater participation in the service planning process and to enhance communication within the member's environment. The provider of this service must be a Certified Visual Gestural Communicator.  
(Describe in narrative)

\_\_\_\_\_ **Non-Traditional Communication Assessments** determine the level of communication present via gesture, sign language or unique individual communication style. The assessment examines signed or gestured vocabulary for every day objects or actions and. the ability to combine gestures, as well as the ability to understand similar communication. Assessment recommendations are made to optimize communication to maximize social integration. The provider of this service must be approved by The Department of Health and Human Services Office of Deaf and Multi-cultural Services.  
(Describe in narrative)

\_\_\_\_\_ **Consultation Services** are services provided to persons responsible for developing or carrying out a member's Personal Plan. Consultation Services include:

- a) Reviewing evaluations and assessments of the member's present and potential level of psychological, physical, and social functioning made through professional assessment techniques; direct interviews with the member and others involved in the Personal Plan; review and analysis of previous reports and evaluations, and review of current treatment modalities and the particular applications to the individual member.
- b) Technical assistance to individuals primarily responsible for carrying out the member's Personal Plan in the member's home, or in other community sites as appropriate.
- c) Assisting in the design and integration of individual development objectives as part of the overall Personal Planning process, and training persons providing direct service in carrying out special habilitative strategies identified in the member's Personal Plan.
- d) Monitoring progress of a member in accordance with his or her Personal Plan and assisting individuals primarily responsible for carrying out the member's Personal Plan in the member's home or in other community sites as appropriate, to make necessary adjustments.
- e) Providing information and assistance to the member and other persons responsible for developing the overall Personal Plan.

\_\_\_\_ Occupational Therapy    \_\_\_\_ Physical Therapy    \_\_\_\_ Speech    \_\_\_\_ Psychology

\_\_\_\_\_ **Counseling** is a direct service to assist the member in the resolution of the member's behavioral, social, mental health, and alcohol or drug abuse issues. Counseling services, as recommended in the Personal Plan, are approved by DHHS. The provider of this service must be a Licensed Clinical Social Worker (LCSW) or a Licensed Clinical Professional Counselor (LCPC).  
(Describe in narrative)

\_\_\_\_\_ **Crisis Intervention Services** are direct intensive support provided to individuals who are experiencing a psychological, behavioral, or emotional crisis. The scope, intensity, duration, intent and outcome of Crisis Intervention must be documented in the Personal Plan. Crisis intervention is commonly provided on a short-term intermittent basis.  
(Describe in narrative)

\_\_\_\_\_ **Crisis Assessment** is a comprehensive clinical assessment of a member who has required intervention by the state Crisis Team on at least three occasions within a two-week period. The assessment includes: a clinical evaluation to identify causes or conditions that may precipitate the crisis, specific crisis prevention activities, and to develop a plan for early intervention and stabilization in the event of a crisis. The required members of a clinical team are a psychiatrist or licensed psychologist and a clinical liaison. Depending upon client need other team members may include: physician, occupational, physical or speech therapist.  
(Describe in narrative)

\_\_\_\_\_ **Transportation Service** offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This 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 does not replace them. Transportation services under the waiver are offered in accordance with the member's service plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized.  
(Describe in narrative)