



Home and Community-Based Services (HCBS) Individuals with Intellectual and Developmental Disabilities (IDD) and Individual and Family Supports (IFS) Waivers

Remote Supports Services Description of Services

DAY SERVICES

DAY HABILITATION REMOTE SUPPORTS SERVICE

Day Habilitation remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.

- 3) **Scheduled Check-In:** can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) **Drop In:** a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Day Habilitation remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Day Habilitation remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Day Habilitation remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Day Habilitation remote support services are aimed at developing activities and/or skills acquisition to support or further integrate community opportunities outside of an individual's home, to foster independence, autonomy or career exploration and encourage development of a full life in his/her community. Services are in group settings, but within these settings, individuals may receive services as part of a group or on an individualized basis.

For the requirements of Day Habilitation, refer to 29 DCMR § 1920.

Day habilitation remote support services shall consist of the following age-appropriate learning and/or habilitative activities that are based on what is important to and for the person as documented in the person's Individualized Support Plan (ISP) and reflected in their Person-Centered Thinking and Discovery tools:

- (a) Training and skills development that increase participation in community activities, enhance community inclusion, and foster greater independence, self-determination and self-advocacy;
- (b) A diversity of activities that allow the person the opportunity to choose and identify his or her own areas of interest and preferences;
- (c) Activities that provide opportunities for socialization and leisure activities in the community, community explorations, and activities that support the person to build and maintain relationships;

- (d) Training in the safe and effective use of one or more modes of accessible public transportation;
- (e) Activities to support community integration and inclusion;
- (f) Individualized or group services that enable the person to attain his/her maximum functional level based on the ISP and Plan of Care.

Time spent in transportation to and from the service shall not be included in the total amount of services provided per day. Time spent in transportation during activities is reimbursed under day habilitation.

Day habilitation services shall not be provided concurrently with Individualized Day Supports, Companion, Supported Employment or Employment Readiness services.

Day habilitation services shall include a Registered Nurse (RN) for the purposes of medication administration; staff training in components of the Health Care Management Plan (regardless of the author of the plan); and oversight of Health Care Management Plans (regardless of the author of the plan). The RN shall maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records.

Service and provider documentation for day habilitation through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;

- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

Day Habilitation services are available both as a one-to-one service for a person, and in small;-group settings, not to exceed 1:4. A waiver participant may utilize both one-to-one and small group Day Habilitation, per 29 DCMR § 1918.

A provider choosing to provide day habilitation remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Day Habilitation remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Day Habilitation hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Day Habilitation services cannot be delivered remotely one hundred percent (100%) of the time with a limitation on the number of hours that a person can participate in the services remotely per day. Four (4) hours of remote supports can be implemented consecutively or in increments, not to exceed 4 hours per day for day habilitation services.

Day Habilitation 1:2, Day Habilitation and small group remote supports services staffing ratio are 1:6 and must have an active, continuous engagement and contact with the remote support platform. Staff should be

available during the service hours and document that they are continuously engaged with the person and/or the remote supports responder platform to bill for hourly services rendered.

There shall be a Medicaid reimbursement rate for regular day habilitation services. Services shall be provided for a maximum of eight (8) hours per day. The billable unit of service for regular day habilitation services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.

There shall be a Medicaid reimbursement rate for day habilitation one-to-one services. The billable unit of service for day habilitation one-to-one services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.

There shall be a Medicaid reimbursement rate for small group day habilitation services. The billable unit of service for small group day habilitation services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes to be able to bill a unit of service.

EMPLOYMENT READINESS REMOTE SUPPORTS SERVICE

Employment Readiness remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of “as needed” live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Employment Readiness remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person’s ability to benefit at different levels/hours of Employment Readiness remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Employment Readiness remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Employment readiness remote support services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the person and their supports planning team through an ongoing person-centered planning process. Services should enable each person to attain the highest level of work in the most integrated setting and with the job matched to the person’s interests, strengths, priorities, abilities, and capabilities. Individuals receiving Employment Readiness Services must have employment-related goals and are reflected in their Individual Support Plan (ISP) and Person-Centered Thinking and Discovery tools to include the Positive Personal Profile and Job Search and Community Participation Plan.

Employment Readiness remote support services provide learning and work experiences, including volunteer work, and support persons on their pathway to competitive, integrated employment and consist of the following:

- (a) Providing opportunities for persons enrolled in the Waiver to develop general, non-job, task-specific strengths and skills that contribute to employability and are consistent with the person’s goals;

- (b) Assessment activities that occur annually or more frequently based upon the needs of the person, which require, at a minimum, a Positive Personal Profile and Job Search and Community Participation Plan, and may also include a customized employment assessment, and/or conducting a person-centered vocational and situational assessment and employment readiness assessments provided at community businesses and other community settings;
- (c) Social and soft skills training, including, but not limited to, the following:
 - (1) Following and interpreting instructions;
 - (2) Interpersonal skills, including building and maintaining relationships;
 - (3) Communication skills for communicating with supervisors, co-workers, and customers;
 - (4) Travel skills;
 - (5) Respecting the rights of others and understanding personal rights and responsibilities;
 - (6) Decision-making skills and strategies;
 - (7) Support for self-determination and self-advocacy; and
- (8) Budgeting and money management;
- (d) Developing work skills which shall include, at a minimum, teaching the person the following:
 - (1) Appropriate workplace attire, attitude, and conduct;
 - (2) Work ethics;
 - (3) Attendance and punctuality;
 - (4) Task completion;

- (5) Job safety;
- (6) Attending to personal needs, such as personal hygiene or medication management; and
- (7) Interviewing skills;
- (e) Coordinating transportation to community activities utilizing the Medicaid Non-Emergency Transportation Broker;
- (f) Employment exploration and/ or employment preparation in the community; and
- (g) Coordinating community-based, integrated, volunteer experiences.

Employment Readiness remote support services may be furnished in a variety of locations in the community and are not limited to fixed-site facilities.

For the requirements of Employment Readiness, refer to 29 DCMR § 1922.

Medicaid reimbursable employment readiness services shall not be provided, or billed at the same time as the following services:

- (a) Day Habilitation;
- (b) Supported Employment;
- (c) In-Home Supports;
- (d) Companion;
- (e) Personal Care Services; and
- (f) Individualized Day Supports.

Service and provider documentation for employment readiness through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide employment readiness remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Employment Readiness remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Employment Readiness hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Employment Readiness services cannot be delivered remotely one hundred percent (100%) of the time with a limitation on the number of hours that a person can participate in the services remotely per day. Two (2) to four (4) hours of remote supports can be implemented consecutively or in increments, not to exceed 4 hours per day for Employment Readiness services.

Employment Readiness remote supports services staffing ratio is 1:6 and must have an active, continuous engagement and contact with the remote support platform. Staff should be available during the service hours and document that they are continuously engaged with the person and/or the remote supports responder platform to bill for hourly services rendered.

The billable unit of service for Medicaid reimbursable employment readiness services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes in order to be able to bill a unit of service.

SUPPORTED EMPLOYMENT REMOTE SUPPORTS SERVICE

Supported Employment remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;

- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) **Active Support:** real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) **On Demand Active Support:** real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) **Scheduled Check-In:** can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) **Drop In:** a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Supported Employment remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Supported Employment remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Supported Employment remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Supported Employment remote support services are designed to provide opportunities for persons with disabilities to obtain competitive work in integrated work settings, at minimum wage or higher and at a rate comparable to workers without disabilities performing the same tasks.

For the requirements of supported employment services, refer to 29 DCMR § 1933.

The three (3) models of Supported Employment remote support services are as follows:

- (a) An Individual Job Support Model, which evaluates the needs of the person and places the person into an integrated competitive or customized work environment through a job discovery process;
- (b) A Small Group Supported Employment Model, which utilizes training activities for groups of two (2) to four (4) workers with disabilities to place persons in an integrated community based work setting; and
- (c) An Entrepreneurial Model, which utilizes training techniques to develop on-going support for a small business that is owned and operated by the person.

Supported Employment remote support services may be delivered individually or in a small group, based upon the recommendations of the person and their support team, as reflected in the person's Individual Support Plan (ISP) and Plan of Care. For persons enrolled in small group supported employment services, the provider must make every effort to match the person with another person or persons of his or her choosing, or with a person who has similar skills or interests.

Individual services are designed to provide opportunities for people with disabilities to obtain competitive work in an integrated work setting, or employment in an integrated work setting in which individuals are working toward competitive work, consistent with strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. The level of employment participation may be full-time or part-time. These services and supports should be designed to support successful employment outcomes consistent with the individual's goals. Supported Employment services are also provided to people with ongoing support needs for whom competitive employment has not traditionally occurred. In addition to the need for an appropriate job match that meets the individual's skills and interests, individuals with the most significant disabilities may also need long term employment support to successfully maintain a job due to the ongoing nature of the individual's support needs, changes in life situations, or evolving and changing job responsibilities. Stabilization services are a component of Supported Employment Services and are ongoing services needed to support and maintain an individual in an integrated competitive employment site or customized home-based employment.

Individual services are not provided in specialized facilities that are not a part of the general workplace, does not include volunteer work (volunteer learning and training activities that prepare a person for entry into the paid workforce are addressed through employment readiness services), and does not include payment for supervision, training, or support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Supported Employment individual remote support services consist of the following activities:

- (a) Intake and assessment;
- (b) Job placement and development;

- (c) Job training and support; and
- (d) Long-term follow-along services

Supported Employment may include:

- (a) Vocational assessments: All vocational assessments, regardless of the individual's vocational placement, are conducted by supported employment providers;
- (b) Benefits counseling: Analysis and advice to help the person understand the potential impact of employment on his or her public benefits, including, but not limited to Supplemental Security Income, Medicaid, Social Security Disability Insurance, Medicare, and Food Stamps."
- (c) Individual placement: A supported employment placement strategy in which an employment specialist (job coach) places an individual into competitive employment through a job discovery process, provides training and support, and then gradually reduces time and assistance at the worksite.

On the job coaching Supported Employment services may be provided in person, or through phone or other technological means (e.g., Skype, Facetime), where approved by the person and his or her support team and documented in the ISP.

Small group are services and training activities provided in regular business, industry and community settings for groups of two (2) to four (4) workers with disabilities. Small Group Supported Employment must be provided in a manner that promotes integration into the workplace and interaction between the workers with disabilities and those without disabilities in those workplaces. Personal care/assistance may be a component part of supported employment, small group employment support services, but may not comprise the entirety of the service. Small Group Supported Employment includes benefits counseling, defined as analysis and advice to help the person understand the potential impact of employment on his or her public benefits, including, but not limited to: Supplemental Security Income, Medicaid, Social Security Disability Insurance, Medicare, and Food Stamps.

Small group is not provided in specialized facilities that are not a part of the general workplace, does not include volunteer work (volunteer learning and training activities that prepare a person for entry into the paid workforce are addressed through employment readiness services), and does not include payment for supervision, training, or support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Supported Employment small group remote support services consist of the following activities:

- (a) Job placement and development;
- (b) Job training and support; and
- (c) Long-term follow-along services.

Supported Employment entrepreneurial remote support services consist of the development and on-going support for micro-enterprises owned and operated by the individual. This assistance consists of the following activities:

- (a) Assisting the person to identify potential business opportunities;
- (b) Assisting the person in the development of a business and launching a business;
- (c) Identification of the supports that are necessary in order for the person to operate the business; and
- (d) Ongoing assistance, counseling and guidance once the business has been launched.

Intake and assessment services determine the interests, strengths, preferences, and skills of the person in order to ultimately obtain competitive employment and to further identify the necessary conditions for the person's successful participation in employment. The purpose of the intake and assessment is to facilitate and ensure a person's success in integrated competitive employment.

Intake and assessment activities include, but are not limited to, the following:

- (a) Conducting a person-centered vocational and situational assessment based upon what is important to and for the person as reflected in his or her Person-Centered Thinking and Discovery tools and related ISP goals;
- (b) Developing a person-centered employment plan that includes the person's job preferences and desires, through a discovery process and the development of a Positive Personal Profile and Job Search and Community Participation Plan;
- (c) Assessing person-centered employment information, including the person's interest in doing different jobs, transportation to and from work, family support, and financial issues;
- (d) Engaging in community mapping to identify available community supports and assisting the person to establish a network for job development, placement and mentoring;
- (e) Counseling an interested person on the tasks necessary to start a business, including referral to resources and nonprofit associations that provide information specific to owning and operating a business;
- (f) Providing employment counseling, which includes, but is not limited to, the person's rights as an employee with a disability; and
- (g) Providing or coordinating access to benefits counseling, defined as analysis and advice to help the person understand the potential impact of employment on his or her public benefits.

Service and provider documentation for supported employment through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide supported employment remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Supported Employment services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Supported Employment remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Supported Employment hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Service Limitations:

1. Intake and Assessment activities shall not exceed 80 hours per calendar year.
2. Job Preparation, Development and Placement activities shall not exceed 240 hours per job placement per calendar year. Additional hours may be provided as prior authorized by DDS.
3. On the Job training shall not exceed more than 360 hours per placement per year. Additional hours may be provided as prior authorized by DDS.
4. This service is delivered no more than 40 hours per week, in combination with any other waiver day or vocational support services.
5. Supported employment services are delivered no more than forty (40) hours per week in combination with any other Waiver day or vocational support services.
6. Day Habilitation, Employment Readiness, In-Home Supports, and Individualized Day Supports shall not be used at the same time as this service.

Supported Employment remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1933, and will be revised per the outcome of the rate study.

RESIDENTIAL SERVICES

SUPPORTED LIVING REMOTE SUPPORTS SERVICE

Supported Living remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Video cameras/monitors are permitted only in common areas. Video cameras or monitors will not be installed in the bathrooms or bedrooms and will not be used for assistance with basic instrumental activities of daily living (IADLs), such as dressing or personal hygiene.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.

- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Supported Living remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Supported Living remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Supported Living remote supports shall be provided in real time, not via a recording, by awake staff at a Monitoring Base using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

For the requirements of Supported Living services, refer to 29 DCMR § 1934.

This service is provided to persons enrolled in the HCBS IDD Waiver who have limited informal supports and have an assessed need for assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, personal care, nursing, and other residential supports, who require assistance with the development of social and adaptive skills that are necessary to enable the person to reside in the community and successfully participate in community activities based upon what is important to and for the person as documented in the person's Individual Support Plan (ISP) and reflected in the person's Person-Centered Thinking and Discovery tools.

The home is owned or leased either by the agency or the individual. Supported Living remote supports may be provided in a home with either one (individualized supports), two (2) or three (3) residents. All Supported Living settings must fully comply with the requirements of the HCBS Settings Rule.

Supported living remote supports services for people who receive drop in/ periodic supports may be provided in person, or through phone or other technological means (e.g., Skype, Facetime), where approved by the person and his or her support team and documented in the ISP. For supported living periodic remote supports, the Remote Support Vendor shall have a backup power system (such as battery power and/or generator) in place at the monitoring base in the event of electrical outages. The Remote Support Vendor shall have other backup systems and additional safeguards in place which shall include, but are not limited to, contacting the backup on-call support person in the event the Monitoring Base system stops working for any reason. If services are unable to be delivered remotely, the on-call support person shall arrive at the individual's location within 30 minutes when a request for in-person assistance is made.

A provider choosing to provide Supported living remote supports services with transportation, must ensure the provision of transportation services are used to gain access to Waiver and other community services and activities for all persons living in the home.

Service and provider documentation for supported living through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Begin and end time of the remote support service when the backup on-call support person is needed on site;
- (k) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (l) Number of units of the delivered service per calendar day;
- (m) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (n) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (o) If, for example, a sensor alerts the remote caregiver staff, describe the occurrence that activated the sensor, when it happened, who was involved, response, and outcome;

- (p) Description of any communication between remote caregiver staff and person supported;
- (q) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (r) Provider quarterly report; and
- (s) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide Supported Living remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

This service may not be used at the same time as In-Home Supports, Host Home, or Residential Habilitation. However, a person in Supported Living may receive Personal Care Services if they are employed and/or in school.

When an individual receives supported living remote supports with paid on-call backup support, the remote support provider shall bill for the remote support and provide the remote support directly or through a contract with a remote support vendor that meets the requirements of the Remote Supports Service rule. In the event that the remote support staff contacts the remote support provider to request emergency or in-person assistance, the paid on-call backup support person's time will be included in the rate for remote support services. When remote supports are provided to multiple individuals who live in the same residence, the payment rate for remote support shall be divided equally among the individuals concurrently receiving remote support.

The transportation component of supported living with transportation remote supports and supported living periodic with transportation remote supports will maintain the same rates as in-person rates.

Supported Living with and without transportation (periodic) services may be delivered remotely, not to exceed one hundred percent (100%) of the total hours of services and requires monthly face-to-face contact based on the persons assessed needs and as documented in the remote supports plan and the person's ISP. A hybrid model may also be used for in-person and remote supports service Supported Living with and without transportation (periodic) hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours. Supported living with and without transportation (daily) requires in-person visits and may be delivered remotely up to seventy-five (75%) percent of the time per day.

Supported living remote support service staffing ratio for awake (daytime) hours is 1:6 and must have active, continuous engagement and contact with the remote support platform. Supported Living overnight staffing ratio is 1:15. Staff should be available during the service hours and document that they are continuously engaged with the person and/or the remote supports responder platform to bill for hourly services rendered.

Corresponding on-call remote supports staffing ratio during waking (day) hours is 1:10 and sleeping hours is 1:20. The on-call remote staff will be connected to each person assigned via the remote platform.

- a. Supported living basic (3) (Remote Overnight) (R-ON)
 - 1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
 - ii. Supported living basic (3) (R-ON) + 1
 - 1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
 - iii. Supported living basic (3) (R-ON) + 2
 - 1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- b. Supported living moderate (3) (R-ON)
 - 1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
 - ii. Supported living moderate (3) (R-ON) + 1
 - 1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
 - iii. Supported living moderate (3) (R-ON) + 2
 - 1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- c. Supported living intensive (3) (R-ON)
 - 1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).

- ii. Supported living intensive (3) (R-ON) + 1
 - 1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- iii. Supported living intensive (3) (R-ON) + 2
 - 1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- d. Supported living basic (2) (R-ON)
 - 1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
- ii. Supported living basic (R-ON) + 1
 - 1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- iii. Supported living basic (R-ON) +2
 - 1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- e. Supported living moderate (2) (R-ON)
 - 1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
- ii. Supported living moderate (2) (R-ON) + 1
 - 1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- iii. Supported living moderate (2) (R-ON) + 2

1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- f. Supported living intensive (2) (R-ON)
1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
- ii. Supported living intensive (2) (R-ON) + 1
1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- iii. Supported living intensive (2) (R-ON) + 2
1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- g. Supported living One-to-one (R-ON)
1. The person receives six (6) to eight (8) hours of remote supports overnight (ON).
- ii. Supported living One-to-one (R-ON) + 1
1. The person receives two (2) to four (4) hours of remote supports and six (6) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.
- iii. Supported living One-to-one (R-ON) + 2
1. The person receives six (6) to eight (8) hours of remote supports and a maximum of two (2) hours of in-person supports during the day. For overnight (ON), the person will receive two (2) hours of in-person support in which staff will be available at the beginning and end of the night for at least an hour each, and eight (8) hours of remote supports.

CLINICAL SERVICES

BEHAVIORAL SUPPORTS REMOTE SUPPORTS SERVICE

Behavioral Supports remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system;
- (g) Another device that facilitates live two-way communication; or
- (h) Other devices that may effectively facilitate therapy services.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.

- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Behavioral Supports remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Behavioral Supports remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Behavioral Supports remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Behavioral support remote support services are designed to assist people who exhibit behavior that inhibits their ability to live safely in the community and/or who need support to build alternative and more communication skills; achieve positive personal outcomes including their Individualized Support Plan (ISP) goals, based on what is important to and important for the person; and interact more effectively in the community. Behavioral support remote support services are designed by a licensed professional or behavior management specialist supervised by a licensed professional.

Behavioral support remote support services may include:

- (a) Assessment and evaluation of the person's behavioral need(s);
- (b) Development of a behavior support plan that includes intervention techniques for increasing adaptive positive behaviors, and decreasing maladaptive behaviors;
- (c) Provision of training for the individual's family and other support providers to appropriately implement the behavior support plan;
- (d) Evaluation of the effectiveness of the behavior support plan by monitoring the plan on at least a monthly basis.
- (e) The service will also include needed modifications to the plan; and
- (f) The provider shall be available and responsive to the team for questions and consultation.
- (g) Training to create positive environments and coping mechanisms, as well as developing interventions, teamwork, and evaluation strategies to assess the effectiveness of interventions;
- (h) Consultative services to assist in the development of person-specific strategies; and
- (i) Follow-up services, including personal progress assessment.

Behavioral support remote support services shall be provided in one of three tiers, based upon the assessed needs of the person:

- (a) Tier 1, or Low Intensity Behavioral Support: This service provides up to 12 hours per year of behavioral support consultation and training for a person, his or her family, and/ or support team to provide technical assistance to address behaviors that interfere with a person's ability to achieve their ISP goals, but which are not dangerous, and to support skill building. Tier One Behavior Support Services may also be used to support a fade plan or develop a less restrictive option for any allowable modifications of the requirements of the HCBS Settings Rule (specifically Section 441.710, paragraphs (a)(1)(vi)(A) through (D)) that has been supported by a specific assessed need and justified in the person-centered service plan.
- (b) Tier 2, or Moderate Behavioral Support: This service provides up to 50 hours per year (plus up to 26 hours of counseling services) for a person who exhibits challenging behavior that either impacts a person's ability to retain a baseline level of independence (i.e. loss of job, loss of natural supports, eviction/ loss of residence, or causes a higher level of supervision than would otherwise be necessary); or that interferes with the person's quality of life (i.e. desired outcomes, relationships, exposure to and opportunities for engagement in a range of community activities).
- (c) Tier 3, or Intensive Behavioral Support: This service provides up to 100 hours per year (plus up to 52 hours of counseling service) to assist a person who exhibits behavior that is extremely challenging and frequently complicated by medical or mental health factors. This level of services is for a person who exhibits behaviors that, due to their frequency, severity or intensity, pose a threat to the person's health or safety or to the health and safety of others. Behavior support services for a person in Tier 3 may incorporate one or more restrictive measures.

For the requirements of Behavioral Supports, refer to 29 DCMR § 1919.

To be eligible for behavioral support services, the provider shall develop a Diagnostic Assessment that is a clinical and functional evaluation of a person's psychological and behavioral condition. Based on this evaluation, the provider shall develop a Diagnostic Assessment Report (DAR). The Diagnostic Assessments shall determine whether the person may benefit from a Behavioral Support Plan (BSP), based on the person's presenting problems and behavioral goals. The Diagnostic Assessments shall also evaluate the person's level of readiness and motivation to respond to behavioral interventions. The DAR must be requested as a service in the ISP. All Behavioral Support Services must be in accordance with the recommendations made by the DAR within the past 36 months.

Individuals authorized to provide professional behavioral support services without supervision shall consist of the following professionals:

- (a) A psychiatrist;
- (b) A psychologist;
- (c) An APRN or a Nurse-Practitioner (NP) ; and
- (d) A Licensed Independent Clinical Social Worker (LICSW).

Individuals authorized to provide paraprofessional behavioral support services under the supervision of qualified professionals described above shall consist of the following behavior management specialists:

- (a) A licensed Professional Counselor;
- (b) A licensed Social Worker (LISW);
- (c) A licensed Graduate Social Worker (LGSW);
- (d) A board Certified Behavior Analyst;
- (e) A board Certified Assistant Behavior Analyst; and
- (f) A registered Nurse.

The Behavioral Support Plan (BSP) identifies strategies and services necessary to support and encourage the person in his or her decision to reside within the community; decrease the impact of a behavioral event; to assist the person in developing alternative and more effective communication, adaptive and coping mechanisms; and enable the person to achieve positive personal outcomes. The BSP is based on an understanding that there are reasons for challenging behaviors and those in a person's life must work to understand the underlying reasons. Therefore, BSPs must be based on a thorough and thoughtful functional assessment that results in a BSP with steps and methods to help the individual address his/her challenging behaviors and to assist the persons with development of positive behaviors as a replacement for challenging behaviors.

Medicaid reimbursable one-to-one behavioral support services provided by a Direct Support Professional (DSP) shall not be provided concurrently with in-home supports, day habilitation, companion or individualized day supports one-to-one services unless authorized by DDS, required by court order or

otherwise necessary to support a person or persons who have complex behaviors or medical needs that involve a risk to the health, safety or well-being of the person based on the intensity of the person's behavioral or medical needs.

Service and provider documentation for behavioral supports through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and

(q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide behavioral supports remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Behavioral Supports services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Behavioral Supports remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Behavioral Supports hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Behavioral Supports remote supports service rates will reflect the same professional in-person rates, per 29 DCMR § 1919.

OCCUPATIONAL THERAPY REMOTE SUPPORTS SERVICE

Occupational Therapy remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system;
- (g) Another device that facilitates live two-way communication; or
- (h) Other devices that may effectively facilitate therapy services.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) **Active Support:** real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) **On Demand Active Support:** real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) **Scheduled Check-In:** can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) **Drop In:** a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Occupational Therapy remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Occupational Therapy remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Occupational Therapy remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Occupational therapy remote support services are designed to maximize independence, prevent further disability, and maintain health. To be eligible for occupational therapy services, the person's need for occupational therapy services must be demonstrated by a physician's order to include the name of the professional who will provide the occupational therapy services. The scope of the occupational therapy services provided should be documented in the person's Individual Support Plan (ISP) and Plan of Care as reviewed by the person's support team.

For the requirements of Occupational Therapy services, refer to 29 DCMR § 1926.

Occupational therapy remote supports services shall consist of the following activities:

- (a) Consulting with the person, their family, caregivers and support team to develop the therapy plan;
- (b) Implementing therapies described under the therapy plan;
- (c) Any matter requiring follow-up on the part of the service provider of DDS;
- (d) Routinely assessing (at least annually and more frequently as needed) the appropriateness, quality and functioning of adaptive equipment to ensure it addresses the person's needs; and
- (e) Conducting periodic examinations and modified treatments for the person, as needed.

Occupational therapy services can be delivered in the person's home or day service setting.

Service and provider documentation for occupational therapy through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-

1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;

- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide occupational therapy remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Services are limited to four (4) hours per day and one hundred (100) hours per year. Requests for additional hours may be approved when accompanied by a physician's order or if the request passes a clinical review by DDS to provide oversight on clinical services.

Occupational Therapy services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Occupational Therapy remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Occupational Therapy hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Occupational Therapy remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1926.

SPEECH, HEARING AND LANGUAGE REMOTE SUPPORTS SERVICE

Speech, Hearing and Language remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;

- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system;
- (g) Another device that facilitates live two-way communication; or
- (h) Other devices that may effectively facilitate therapy services.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Speech, Hearing and Language remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Speech, Hearing and Language remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Speech, Hearing and Language remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate

connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Speech, Hearing and Language remote support services are therapeutic interventions to address communicative and speech disorders to maximize a person's expressive and receptive communication skills. These services may be delivered at a person's home, day service setting, and/or in the community.

For the requirements of Speech, Hearing and Language services, refer to 29 DCMR § 1932.

To be eligible for speech, hearing and language services shall be used to address the following conditions:

- (a) Swallowing and feeding disorders;
- (b) Receptive and expressive communication disorders;
- (c) Voice impairments; and
- (d) Articulatory and motor speech disorders.

Speech, hearing, and language remote support services shall be:

- (a) Ordered by a physician, if the person has a medically-related condition such as a history of aspiration, swallowing problems, tube feeding, or a tracheotomy;
- (b) Recommended by the Support Team, if the person has a non-medical condition such as a receptive or expressive speech delay or disorder;
- (c) Delivered to a person that is over the age of twenty-one (21), except that services may also be provided to a person enrolled in the Waiver who is between the ages of eighteen (18) and twenty-one (21) years old, in accordance with § 1932.15;
- (d) Reasonable and necessary to treat the person's medical or non-medical communicative disorder; and
- (e) Included in the person's Individual Support Plan (ISP) and Plan of Care.

Speech, hearing and language remote supports consist of the following service delivery activities:

- (a) Conduct a comprehensive assessment;
- (b) Develop and implement a speech, hearing, and language treatment plan, that describes treatment strategies, including direct therapy, training of caregivers, monitoring requirements and instructions, and the anticipated and measurable, functional outcomes, based upon what is important to and for the person as reflected in his or her Person-Centered Thinking tools and the goals in his or her ISP;

- (c) Assist persons with voice disorders to develop proper control of vocal and respiratory systems for correct voice production, if applicable;
- (d) Conduct aural rehabilitation by teaching sign language and lip reading to people who have hearing loss, if applicable;
- (e) Assess the need for the use of adaptive equipment to include routinely assess (at least annually and more frequently as needed) the appropriateness and quality of adaptive equipment to ensure it addresses the person's needs;
- (f) Conduct periodic examinations to modify treatments, as appropriate, for the person receiving services and ensure that the speech pathologist's or audiologist's recommendations are incorporated into the ISP; when necessary.

Speech, hearing, and language services may be delivered at a person's home, day service setting, and/or in the community.

Service and provider documentation for Speech, Hearing and Language through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;

- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide Speech, Hearing and Language remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Speech, Hearing and Language remote supports service is available both as one-to-one service for a person, and in small-group settings not to exceed 1:3, based upon the recommendation of the person's support team as reflected in the person's Individual Support Plan (ISP). For persons enrolled in small group Speech, Hearing and Language services, the provider must make every effort to match the person with another person or persons of his or her choosing, or with a person who has similar skills or interests. A person served through the waiver may utilize both one-to-one and small group Speech, Hearing and Language services.

Speech, Hearing and Language services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Speech, Hearing and Language remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Speech, Hearing and Language hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Speech, Hearing and Language remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1932.

WELLNESS SERVICES REMOTE SUPPORTS SERVICE

Wellness Services remote support services are the provision of bereavement counseling, fitness training, nutrition evaluation/consultation and sexuality education supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system;
- (g) Another device that facilitates live two-way communication; or
- (h) Other devices that may effectively facilitate therapy services.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) **Active Support:** real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) **On Demand Active Support:** real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) **Scheduled Check-In:** can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) **Drop In:** a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Wellness Services remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Wellness Services remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Wellness Services remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Wellness remote support services are designed to promote and maintain good health. The provision of these services shall be based upon what is important to and for the person as reflected in their Person-Centered Thinking tools and the goals in their Individual Service Plan (ISP). Wellness services assist in increasing the person's independence, participation, prevent further disability, maintain health and increase emotional well-being, and productivity in their home, work, and community.

For the requirements of wellness services, refer to 29 DCMR § 1936.

The wellness remote support services include:

- (a) Bereavement Counseling;
- (b) Fitness Training;
- (c) Nutrition Evaluation/Consultation; and
- (d) Sexuality Education.

Wellness remote support services may be utilized to:

- (a) Assist in increasing the person's independence, participation, emotional well-being and productivity in their home, work and community;
- (b) Provide training or therapy to a person and/or their natural and formal supports, necessary to either develop critical skills that may be self-managed by the person or maintained according to the person's needs;
- (c) Perform assessments and/or re-assessments and recommendations;
- (d) Provide consultative services and recommendations; and
- (e) Provide necessary information to the person, family, caregivers, and/or team to assist in planning and implementing plans per the approved Plan of Care.

To be eligible for bereavement counseling:

- (a) The person must have experienced a loss through death, relocation, change in family structure, or loss of employment;
- (b) The service must be requested by the person and/or recommended by the person's support team; and
- (c) The service shall be identified as a need in the person's ISP and Plan of Care.

Bereavement counseling is limited to 100 hours per ISP year. Additional hours may be authorized before the expiration of the ISP year and when the person's health and safety are at risk and the person is demonstrating progress towards achieving established outcome and/or maintenance of goals. Requests for additional hours may be approved when accompanied by a physician's order or if the request passes a clinical review by staff designated by DDS.

To be eligible for sexuality education, the services shall be:

- (a) Requested by the person and/or recommended by the person's support team; and
- (b) Identified as a need in the person's ISP and Plan of Care.

Sexuality education is limited to 52 hours per ISP year. An extension of additional hours, up to one hundred (100) hours per year, may be authorized with approval by the DDA Deputy Director based upon the person's assessed medical or clinical need.

To be eligible for fitness training, the services shall be:

- (a) Requested by the person and/or recommended by the person's support team;
- (b) Identified as a need in the person's ISP and Plan of Care; and
- (c) Ordered by a physician.

Fitness training is limited to 52 hours per ISP year for persons who use Host Home, Supported Living, Supported Living with Transportation, Residential Habilitation, or In-Home Supports, or who otherwise have natural supports available that can help the person practice the skills learned in fitness training and achieve

their fitness goals. Limited to 104 hours per year for persons who live in natural homes, without In-Home Supports, and who do not have such natural supports available (e.g., people who live with aging parents).

To be eligible nutritional evaluation/consultation services, each person shall meet one or more of the following criteria:

- (a) Have a history of being significantly above or below body weight;
- (b) Have a history of gastrointestinal disorders;
- (c) Have received a diagnosis of diabetes;
- (d) Have a swallowing disorder; or
- (e) Have a medical condition that can be a threat to health if nutrition is poorly managed.
- (f) Ordered by a physician.

Nutrition evaluation/consultation services is limited to 26 hours ISP per year for persons who have natural or paid supports available who can help them implement the skills learned and achieve their nutrition goals outside of time spent with the nutritionist. An extension of up to 104 hours per year may be authorized with approval by the DDA Deputy Director, based upon the person's assessed medical or clinical need.

The person may utilize one (1) or more wellness services in the same day, but not at the same time.

Service and provider documentation for wellness services through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;

- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide wellness services remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Wellness services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Wellness services remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Wellness Services hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Wellness services remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1936.

PROFESSIONAL SUPPORT SERVICES

CREATIVE ARTS THERAPIES REMOTE SUPPORTS SERVICE

Creative Arts Therapies remote support services are the provision of art, dance, drama and music therapy supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system;
- (g) Another device that facilitates live two-way communication; or
- (h) Other devices that may effectively facilitate therapy services.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.

- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Creative Arts Therapies remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Creative Arts Therapies remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Creative Arts Therapies remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Creative Arts Therapies services utilize art, dance, drama, and music therapy to provide therapeutic supports to help a person with disabilities express and understand emotions through artistic expression and the creative process. Creative Arts Therapies shall be based upon what is important to and for the person as reflected in their Person-Centered Thinking tools and the goals in their Individual Support Plan (ISP). Through these therapeutic services and processes, people can increase awareness of self and others, cope with symptoms of stress and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of engaging in these types of therapies.

The goal of Creative Arts Therapies is to assess and treat a variety of mental health problems including anxiety, depression, substance abuse, and or other addictions. The art therapist contributes consultative services and recommendations to the ISP to assist the team in determining service utilization. Creative Arts Therapy services include:

- (a) Art Therapy
- (b) Dance Therapy
- (c) Drama Therapy
- (d) Music Therapy

For the requirements of Creative Arts Therapies, refer to 29 DCMR § 1918.

The services shall be:

- (a) Ordered by a physician or a practitioner listed in rule for Creative Arts Therapies;

- (b) Reasonable and necessary for the treatment of social and emotional difficulties related to a number of mental health issues including disability, illness, trauma, loss, and physical and cognitive problems; and
- (c) Recommended by a person's support team and included in the person's Individual Support Plan (ISP) and Plan of Care.

Creative Arts Therapies remote support services may be utilized to:

- (a) Assist in increasing the person's independence, participation, emotional well-being and productivity in their home, work and community;
- (b) provide training or therapy to a person and/or their natural and formal supports necessary to developing critical skills that may be self-managed by the person or maintaining the person's skills;
- (c) perform assessments and/or re-assessments and recommendations; provide consultative services and recommendations specific to the expert content; and
- (d) provide necessary information to the person, family, caregivers, and/or team to assist in planning and implementing plans per the approved ISP/Plan of Care.

Any combination of Creative Arts Therapies services shall be limited to a maximum dollar amount per person, per calendar year, and delivered in accordance with the person's ISP and Plan of Care. Creative Arts Therapies may be billed on the same day, but cannot be billed concurrently with day vocational services, including but not limited to Day Habilitation and Employment Readiness services.

Service and provider documentation for creative arts therapies through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;

- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

Creative Arts Therapies services are available both as a one-to-one service for a person, and in small;-group settings, not to exceed 1:4. A waiver participant may utilize both one-to-one and small group Creative Arts Therapies, per 29 DCMR § 1918.

A provider choosing to provide creative arts therapies remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Creative Arts Therapies services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Creative Arts Therapies remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Creative Arts Therapies hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Creative Arts Therapies remote supports service rates will reflect the same professional in-person rates, per 29 DCMR § 1918.

FAMILY TRAINING REMOTE SUPPORTS SERVICE

Family Training remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.

- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Family Training remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Family Training remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Family Training remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Family training remote support services are training, counseling, and other professional support services offered to uncompensated caregivers who provide support, training, companionship, or supervision to persons enrolled in the waiver. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion or co-worker, who provides uncompensated care, training, guidance, companionship or support to persons served through the waiver.

For the requirements of family training services, refer to 29 DCMR § 1924.

Family training remote support services shall include the following activities:

- (a) Instruction about treatment regimens and other services included in the person's ISP and Plan of Care;
- (b) Instruction on the use of equipment specified in the person's ISP and Plan of Care;
- (c) Counseling aimed at assisting the unpaid caregiver in meeting the needs of the person; and
- (d) Follow up training necessary to safely maintain the person at home.

Medicaid reimbursement shall not be available when family training services that are included in a person's ISP are provided concurrently with the following waiver services:

- (a) Supported living and supported living with transportation, with the exception of family training services which may be provided to uncompensated caregivers for people receiving supported living periodic or supported living with transportation periodic services;

(b) Residential habilitation; or

(c) Host home without transportation.

Service and provider documentation for family training through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;
- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;

- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide family training remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Family Training remote supports service is available both as a one-to-one service for a person, and in small-group settings not to exceed 1:4, based upon the recommendation of the person's support team as reflected in the person's Individual Support Plan (ISP). For persons enrolled in small group family training services, the provider must make every effort to match the person with another person or persons of his or her choosing, or with a person who has similar skills or interests. A person served through the waiver may utilize both one-to-one and small group Family Training services.

Family Training may be delivered by clinical professionals or by qualified peers, i.e., a qualified peer is an individual who meets the qualifications and standards as a family training provider. Services are limited to 100 hours per year. Requests for additional hours may be approved by DDS, based upon the person's needs as documented in their ISP.

Family Training services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Family Training remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Family Training hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Family Training remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1924.

The billable unit of service for Medicaid reimbursable family training services shall be fifteen (15) minutes. A provider shall provide at least eight (8) minutes of service in a span of fifteen (15) continuous minutes in order to be able to bill a unit of service.

PARENTING SUPPORTS REMOTE SUPPORTS SERVICE

Parenting Supports remote support services are the provision of supports by staff of an appropriately certified provider at a remote location and/or through an electronic method of service delivery who are engaged with individual(s) through equipment with the capability for live two-way communication. Equipment rental/purchase shall be through Assistive Technology service. Equipment used to meet this requirement shall include one or more of the following components:

- (a) Motion sensing system;
- (b) Radio frequency identification;
- (c) Live video feed;
- (d) Live audio feed;
- (e) Web-based monitoring system;
- (f) Sensor detection monitoring system; or
- (g) Another device that facilitates live two-way communication.

Remote Services can be delivered in the following delivery models, as applicable to the person's need(s) and waiver services implemented:

- 1) Active Support: real time oversight during scheduled times. The remote caregiver is monitoring the system in real time and responding immediately as needed.
- 2) On Demand Active Support: real time oversight only when needed. This type of "as needed" live real support is typically started when a triggering event occurs (from a sensor of some type) indicating the need for immediate support.
- 3) Scheduled Check-In: can be applicable to residential and non-residential services provided remotely. A remote caregiver checks-in with the person at scheduled times to provide support or services. These are typically centered around providing support with IADLs, identified outcomes, and/or conducting wellness checks.
- 4) Drop In: a remote caregiver checks in at random times to ensure the wellness of the person supported to determine if they need any assistance.

Parenting Supports remote support services are provided to persons enrolled in the Home and Community Based Services (HCBS) Waiver who are able to utilize equipment/technology needed for remote supports

services as recommended by the support team and assessed by a shift enabling technology provider. The support team will utilize the Assessing Interest in Remote Supports and Technology tool to assess the person's ability to benefit at different levels/hours of Parenting Supports remote supports service engagement to determine how many hours the person can engage in this service. The service can be implemented partially in-person and partially remote support. Remote supports service does not isolate the person from the community or interacting with people without disabilities. Parenting Supports remote supports shall be provided in real time, not via a recording, by awake staff using the appropriate connection. While remote support is being provided, the remote support staff shall not have duties other than remote support.

Parenting supports remote support services assist people who are or will be parents in developing appropriate parenting skills. Parents will receive training that is individualized and focused on the health and welfare and developmental needs of their child, as well as building necessary parenting skills. This service may include training of individuals who provide unpaid support, training, companionship or supervision to persons served through the waiver to reinforce strategies provided to the person served.

For the requirements of parenting supports services, refer to 29 DCMR § 1942.

Parenting support remote support services consist of the following service delivery activities:

- (a) Conduct assessments to include a background review and current functional review of the person's parenting capabilities in different environments; an environmental review in the person's home, and other community site as necessary; and
- (b) Develop and implement a parenting support plan that describes strategies, and the anticipated and measurable, functional outcomes, based upon what is important to and for the person as reflected in their Person-Centered Thinking tools and the goals in their ISP and Plan of Care.

Parenting supports remote support services will be authorized when:

- (a) The person is an expectant parent, a parent with physical custody or visitation with his or her child, or a parent who is pursuing reunification with his or her child;
- (b) The person requests the service and/or it is recommended by the person's support team; and
- (c) Parenting support services is included in the person's Individual Support Plan (ISP) and Plan of Care.

Parenting supports remote support services may be provided by any of the following agency provider types:

- (a) In-Home Supports;
- (b) Supported Living;

- (c) Supported Living with Transportation; and
- (d) Host Home Without Transportation.

Parenting supports services shall be provided in the person's home or in a variety of community based settings, based upon the person's needs and choices.

Parenting supports services do not include activities that are the responsibility of Supported Living, Supported Living with Transportation, Residential Habilitation, Host Home or In-Home Supports and can be offered in combination with any ID/DD Waiver residential services.

Service and provider documentation for parenting supports through remote supports shall include each of the following to validate payment for Medicaid services:

- (a) Type of service;
- (b) Date of service;
- (c) Place of service;
- (d) The use of Remote Supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method of service (e.g. two-way, real-time interactive video-audio communication or audio-only communication);
- (e) Start and end time of service;
- (f) Name of individual receiving service;
- (g) Medicaid identification number of individual receiving service;
- (h) Name of provider;
- (i) Name of staff person providing service;
- (j) Written or electronic signature of the person delivering the service, or initials, of the person delivering the service if a signature and corresponding initials are on file with the provider;
- (k) Number of units of the delivered service per calendar day;
- (l) Description and details of the services delivered that directly relate to the services specified in the approved Individual Support Plan (ISP) as the services to be provided;
- (m) Notes to verify service provision during the shift/day/hourly/units in which service delivery in accordance with Section 1909 (Records and Confidentiality of Information), Subsections 1909.1-1909.12, of Chapter 19 of Title 29 DCMR, and Section 9006 (Records and Confidentiality of

Information), Subsections 9006.1- 9006.13 of Chapter 90 of Title 29 DCMR, as applicable to the HCBS waiver the person is enrolled;

- (n) Description of any communication between remote caregiver staff and person supported;
- (o) Staff attendance logs with staff initials for the time segments each was directly involved in providing remote supports during that time frame, if applicable;
- (p) Provider quarterly report; and
- (q) Complete any incident reports as applicable to DDS Incident Management Policy.

A provider choosing to provide parenting supports remote supports must meet the following criteria, as specified in the Remote Supports Service rule: SHIFT Training to include Enabling Technology (Enabling Technology Credential (ETC) and/or Enabling Technology Integration Specialist (ETIS); Phase I, II, & III trainings with the exemption of CPR and Medication Administration (TME). Providers must comply with the rules set forth in the Remote Supports rule for provider qualifications, service delivery, and documentation of services and delivery of services.

Parenting Supports remote supports service is available both as a one-to-one service for a person, and in small-group settings (i.e. 1:2, 1:3 and 1:4 staffing ratios) not to exceed 1:4. For persons enrolled in small group parenting support services, the provider must make every effort to match the person with another person or persons of his or her choosing, or with a person who has similar skills or interests. Parenting Supports is limited to 1460 hours per ISP year of individualized child-focused direct training per week. Support is available from the first trimester until the eligible participant's child transitions from high school.

Parenting Supports services cannot be delivered remotely one hundred percent (100%) of the time and have a requirement for in-person visits.

Parenting Supports remote supports service will be issued a separate service authorization indicating the frequency of usage. A hybrid model may also be used for in-person and remote supports service Parenting Supports hours where two service authorizations will be issued to cover the in-person service hours and the remote support service hours.

Parenting Supports remote support service rates will reflect the same professional in-person rates, per 29 DCMR § 1942.